PERCEIVED HEALTH AND CLINICAL STATUS IN ADULTS WITH TYPE 2 DIABETES: A MULTICENTER OBSERVATIONAL STUDY

Leonardi S.*, RN, PhD Candidate[1]; **Fabrizi D.,** RN, PhD, Postoctoral Research Fellow in Nursing[1]; **Baroni I.,** RN, PhD, Clinical research nurse[2], **Caruso R.,** RN, PhD, Associate Professor of Nursing[1,3] ; **Luciani M.,** RN, PhD, Assistant Professor of Nursing[1]; **Ausili D**., RN, PhD, Full Professor of Nursing[1],
1 School of Medicine and Surgery, University of Milano - Bicocca, Monza, Italy
2 I.R.C.C.S.Policlinico San Donato, Italy
3 IRCCS MultiMedica Sesto San Giovanni, Italy
**Presenting author*

Type 2 Diabetes (T2DM) represents over 90% of diabetes cases. It causes severe complications, and guidelines promote a multidimensional approach. Patient-Reported Outcome Measures (PROMs) assess patients' perspectives beyond medical tests, supporting self-care behaviors central to managing chronic conditions. T2DM differs from other chronic conditions because symptoms often don't appear immediately, leading to a mismatch between clinical status and perceived health. Managing T2DM is challenging, resulting in poor control and high complication rates. No studies have explored how objective clinical data and subjective perception relate within the complex self-care process.

Aim

To evaluate the relationship between clinical outcomes and perceived health using PROMs for functional and mental health, quality of life, and diabetes distress, considering self-care behaviors.

Method

A multicentre cross-sectional study was conducted in adults with T2DM.Considered clinical indicators were glycated hemoglobin (A1c) and diabetes complications. Perceived health status was measured using Short Form12, EuroQoL-5, Problem Areas in Diabetes-5 and Self Care of Diabetes Inventory. Multivariable linear regression models on perceived health status measures were used to evaluate their relationships with A1c and complications.

Results

Participants (N = 300) were mostly male (64%) with a median age of 70 years [64-77]. A1c was above the goal of < 7% (53 mmol/mol) in 36% of patients (n = 101), while 32% had at least one diabetes complication. No significant association was observed between A1c and the scales of interest. However, the presence of diabetes complications was significantly associated with lower physical status scores (β = -3.67; 95% CI: -5.94, -1.39). Self-care maintenance (β = -.31; 95% CI: -.56, -.07), self-care management (β = .21; 95% CI: .07, .35), and self-care self-efficacy (β = -.21; 95% CI: -.41, -.01) were associated with diabetes distress.

Conclusions

In T2DM patients, perceived health often misaligns with actual clinical status. Lack of symptom recognition skills can lead to poor outcomes. Future studies should enhance patient awareness and skills, even without obvious signs, to reduce complications, relapses, and hospitalizations. Healthcare professionals should support patients in becoming more aware of their health.

Keywords. Type 2 Diabetes Mellitus; Health Status Perception; SF-12; HbA1c; A1c; Diabetes complications, self-care