

Abstract Type : Poster

Abstract Submission No. : PO-1024

Effects of Case Management Program for Patients Type 2 Diabetes Mellitus with Chronic Kidney Disease Stage 3 in Wangwiset Hospital, Trang Province, Thailand

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Objectives: The aim of this study was to investigate the effects of case management on serum creatinine with estimated glomerular filtration rate (*eGFR*) and glycemic control glycosylated hemoglobin [HbA_{1c}] of patients Type 2 Diabetes with Chronic Kidney Disease Stage 3.

Methods: This study used the quasi-experimental one-group pre-post test designed to measure the effects of the intervention using serum creatinine with estimated glomerular filtration rate (*eGFR*) and glycemic control glycosylated hemoglobin [HbA_{1c}] of patients Type 2 Diabetes with Chronic Kidney Disease Stage 3. Thirty patients in Wangwiset Hospital selected by means of purposive, qualification-based sampling were given a case management program based on the National Case Management Task Force, the CMSA's Board of Directors [2009] including comprehensive health assessment, a clinical pathway developed by a multidisciplinary team, health education, a workshop to exchange the knowledge to healthy and DASH diet such as low sodium diets, avoidance of sodium-containing seasonings, reduced fat diets and high fiber diets from vegetables and fruits in community and consultation with nurse case manager of diabetes mellitus and hypertension, a home visits, follow-up telephone calls and individual learning activities serum creatinine with estimated glomerular filtration rate (*eGFR*) and glycemic control glycosylated hemoglobin [HbA_{1c}] tests was collected before and after the program in the twenty-fourth weeks. Descriptive statistics and paired t-tests were used to analyze the data.

Results: After the twenty-fourth weeks, it was found that serum creatinine with estimated glomerular filtration rate (*eGFR*) test increased and glycemic control in glycosylated hemoglobin [HbA_{1c}] test decreased significantly [p-value < .05]. The study findings support the effect of the case management program.

Conclusions: The findings of this study proved that the case management program is an essential component in the management of patients Type 2 Diabetes with Chronic Kidney Disease Stage 3 and should be applied for other chronic disease.