A STUDY TO ASSESS THE SELF PERCEIVED BURDEN AMONG PATIENT ADMITTED WITH DIABETIC FOOT ULCER IN SRM GENERAL HOSPITAL POTHERI

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ABSTRACT

Introduction: Diabetic foot ulcer is one of the chronic complications of DM in which patients end up with disability and death if it is not effectively prevented and controlled Diabetic foot ulcers and lower extremity amputations are a common, complex, costly, and disabling complication of diabetes. **Objective:** The present study was used to assess the self perceived burden among patient admitted with diabetic foot ulcer in SRM hospital potheri. **Method:** Research design selected for this study was descriptive design and 100 samples from patient in SRM general hospital. The sampling technique used in this study was non-probability convenient sampling. A structured questionaries' will be used as a tools for data collection. **Result:** The result of the study concluded that burden of life among diabetic foot ulcer patient in SRM hospital was moderate burden 78%. **Conclusion:** Finally, the investigator would like to recommend other researchers to conduct interventional studies in order to determine the magnitude of DFU decreased by preventive education program.

Keywords - Assess ,self perceived, burden , diabetes, foot ulcer

Introduction

Diabetes mellitus is a non-communicable disease¹ and has become an epidemic worldwide².WHO defines diabetes as a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin its produces³. According to statistics from International diabetes federation, India has more diabetic than any other nation of the world, by the year 2030, over 100 million people in India are likely to suffer from diabetes say researchers⁴.In Chennai 1 in 10 people in Tamil nadu is diabetic and every two persons in a group are in the pre diabetic stage⁵. Foot ulceration is a common and costly complication of diabetes^{6,7}. It is a common and debilitating complication of diabetes affecting 15 % of the more than 150 million people with diabetic individuals at some time^{8,9}. The burden of diabetic foot disease is expected to increase given the increasing global prevalence of T2DM10. Recurrence of foot infection is commonly seen and is mainly due to the presence of neuropathy and peripheral vascular disease¹¹.

Methodology

Research design selected for this study was descriptive design and the 100 samples from patient in SRM general hospital. The sampling technique used in this study was non-probability convenient sampling. A structured questionaries' will be used as a tools for data collection. The structured teaching programme on self perceived burden of diabetic foot ulcer patient. The tool consists of two sections and it contained 20 multiple choice question. Analysis of demographic data was done in items of frequency and percentage distribution deviation was computed for the knowledge and inferential statistics like chi-square test was used in client relationship between two variables.

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Table 1: Frequency percentage distribution of demographic variable of the participants

N=100

S. No.	Demographic variable	Classifications	No. of respondents	Percentage
1		18 - 24 years	0	0%
	Age	25 - 30 years	0	0%
		30 - 50 years	3	3%
		Above 50 years	97	97%
2	Candan	Male	50	50%
	Gender	Female	50	50%
3		Hindu	50	50%
	Religion	Christian	30	30%
		Muslim	20	20%
4	Marital Status	Married	100	100%
		Unmarried	0	0%
5	Educational Qualifications	No formal education	40	40%
		Middle school	20	20%
		High school	25	25%
		UG/PG	15	15%
6	Occupation	Professional	30	30%
		Business	45	45%
		Others	25	25%
7	T	Nuclear family	50	50%
	Type of family	Joint family	50	50%
8	Casia Francuia Citata	Lower Class	55	55%
	Socio Economic Status	Middle/Upper class	45	45%

Table 2: Frequency percentage distribution of self perceived burden among patient with diabetic foot ulcer

N=100

S. No	Questions	No. of Respon	Percentage	
1	Do you feel releved?	Yes	51	51%
	Do you feel relaxed?	No	49	49%
2	Are you active?	Yes	6	6%
		No	94	94%
3	Are you satisfied with your life?	Yes	40	40%
		No	60	60%
4	Do you feel diabetic is well regulated?	Yes	28	28%
		No	72	72%
5	Do you afraid of your disease?	Yes	100	100%
		No	0	0%
6	You feel tired to take medication?	Yes	100	100%
		No	0	0%
7	Are you worried about the risk of hypoglycemic events?	Yes	100	100%
		No	0	0%
8	Do you feel burden of your diabetes?	Yes	100	100%
	bo you reel builden of your diabetes?	No	0	0%
9	Did you have access to a doctor?	Yes	100	100%

		No	0	0%
10	Did you have access to diabetic	Yes	30	30%
	education?	No	70	70%
11	Do you work outside the home?	Yes	70	70%
	Do you work outside the nome:	No	30	30%
12	Have you ever had leg pain/blurred	Yes	100	100%
	vision?	No	0	0%
13	Are you worried about your	Yes	40	40%
13	caregiver?	No	60	60%
14	Do you have diabetic foot ulcer?	Yes	100	100%
17		No	0	0%
15	Do you call others for your help?	Yes	100	100%
13	Do you can others for your help:	No	0	0%
16	Do you have confident about your	Yes	100	100%
10	caregivers?	No	0	0%
17	A takin a diah atia diat9	Yes	10	10%
	Are you taking diabetic diet?	No	90	90%
18	A	Yes	10	10%
	Are you doing exercise/walking?	No	90	90%
19	Did insulin make any complication to	Yes	0	0%
	you?	No	100	100%
20	Do you feel cheerful in your life?	Yes	61	61%
20	Do you feel cheerful in your life?	No	39	39%

 $Table\ 3: Association\ of\ self\ perceived\ burden\ among\ patient\ admitted\ with\ diabetic\ foot\ ulcer.$

N = 100

	Demographic variable		Self Perceived Burden			Ch:	Dagmag of	
s.no		Classifications	Mild Burden	Moderate Burden	Severe Burden	Chi- Square	Degrees of Freedom	P-Value
1	Age	30 - 50 years	3	0	0	27.835	2	0.000**
		Above 50 years	7	78	12			
2	Gender	Male	10	40	0	22.051	2	0.000**
		Female	0	38	12			
3	Religion	Hindu	10	40	0	40.513	4	0.000**
		Christian	0	18	12			
		Muslim	0	20	0			
4	Educational Qualifications	No formal education	10	30	0	55.385	6	0.000**
		Middle school	0	20	0			
		High school	0	13	12			
		UG/PG	0	15	0			
	Occupation	Professional	10	20	0	40.171	4	0.000**
5		Business	0	33	12			
		Others	0	25	0			
6	Type of family	Nuclear family	10	40	0	22.051	2	0.000**
		Joint family	0	38	12			
7	Socio Economic Status	Lower Class	10	45	0	23.077	2	0.000*
		Middle/Upper class	0	33	12			

Discussion

The first objectives of the study are, to identify the knowledge level of burden among diabetic foot ulcer patient. A similar descriptive study was conducted on 100 samples on type 2 diabetic patients' knowledge on self care activities were accessed by using interview schedule and Likert's scale. The result shows that 48% at the patients had inadequate knowledge, 35% of the patients had moderately adequate knowledge and 17% of patients had adequate knowledge. The researcher concluded that, most of the patients were inadequate knowledge about diabetes mellitus. So proper health education can improve the patients knowledge onself care activities 12.

The second objectives of the study are to associate the knowledge level on burden of diabetic foot ulcer patient With selected demographic variables. A similar study was conducted to examine the relationship between diabetes specific family support and other psychological factors with regard to diet and exercise self care among older Mexican American with type 2 diseases. The study result shows that, higher level of perceived family support and greater self efficiency were associated with higher reported levels of diet and exercise self care¹³.

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