P-0873 – Trend of unhealthy lifestyle behaviors and glycemia control among elderly with T2DM in rural China from 2014 to 2018

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Background

In China, most of DM patients are followed-up at diabetic clinics that are run by general practitioners and/or internist at primary health care centers that are spread across the country. However, there is limited data about unhealthy lifestyle behaviors and glycaemic control at primary health care centers in China.

Aims

To analyze the changes in of unhealthy lifestyle behaviors, glycemic control and pharmacotherapy of type 2 diabetes mellitus (T2DM) in Chinese rural primary health care center 2014-2018.

Method

This was a cross-sectional study carried out in rural primary health care center in northern China from 2014-2018. Type 2 diabetic outpatients were included. Data on general characteristics, unhealthy lifestyle behaviors(smoking, drinking, and No/Less Exercise), treatment regimen, complications and blood glucose levels were collected using a questionnaire interview. A glycated HbA1c of less than 7.0% was set as treatment target. Data were analyzed using descriptive statistics.

Results

From 2014 to 2018, 2356, 2551, 2400, 2610, 2719 elderly people were enrolled, including 251(10.65%), 312 (12.23%), 386 (16.08%), 462(17.70%), 520(19.12%) patients with T2DM respectively. The rate with at least one concomitant disease in each year were 59.8%, 66.7%, 66.3%, 65.4%, and 68.8%, respectively. In 2018, the average HbA1c level was 7.82%, in addition, the patients reaching the target of HbA1c (<7%) was 29.2%. The most common concomitant disease were hypertension. The unhealthy lifestyle behaviors accounted for 73.7%, 59.9%, 49.2%, 60.6%, and 75.4%, respectively.

Discussion

The overall rate of achieving HbA1c control target remained low among Chinese T2DM patients in rural areas. About 50% of T2DM patients had at least one concomitant disease and unhealthy lifestyle behaviors. The study call for an early, comprehensive intervention strategies of diabetes in primary health care settings in rural China.

Keywords Diabetes mellitus, type 2; HbA1c; Lifestyle behaviors ; Glycemic control; Primary Health Care; Elderly

Table 1 Unhealthy behavior and glycemic control goals of T2DM patients conveyed from 2014 to 2018

Characteristics	Year				
	2014	2015	2016	2017	2018
DM patients	251	312	386	462	520
Smoking (n [%])	35(13.9)	50(16.0)	57(14.8)	78(16.9)	80(15.4)
Drinking (n [%])	14(5.6)	26(8.3)	35(9.1)	55(11.9)	64(12.3)
No/Less Exercise	169(67.3)	152(48.7)	146(37.8)	233(50.4)	358(68.8)
Unhealthy behavior (any of three unhealthy behavior)	185(73.7)	187(59.9)	190(49.2)	280(60.6)	329(75.4)
Totally unhealthy	6(2.4)	10(3.2)	7(1.8)	18(3.9)	24(4.6)
Hypertension, n (%)	150(59.8)	208(66.7)	256(66.3)	302(65.4)	358(68.8)
Dyslipidemia, n (%)	97(38.7)	117(37.4)	150(38.9)	181(39.3)	196(37.8)
HbA1c (Mean±SD, %)	7.76±2.46	8.12±2.95	7.69±1.85	7.98±1.74	7.82±2.45
HbA1c <7%	62(24.7)	84(26.8)	97(25.1)	139(30.0)	152(29.2)
≥7%	189(75.3)	228(73.2)	289(74.9)	323(70.0)	368(70.8)

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