

Diabetes clinical management guidelines

A self reported survey of GPs' awareness, attitudes and use

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Diabetes is a serious health problem. Its substantial morbidity and premature mortality, primarily from chronic complications, can often be prevented if detected and treated early. Principles of Diabetes Care and Guidelines for the Clinical Management of Diabetes Mellitus in Adults¹ (the guidelines) are based on evidence and consensus and developed by the New South Wales Health Department. They focus on seven key areas of diabetes management.

In 1996 we conducted a postal survey of 115 divisions of general practice, and focus groups with general practitioners, patients, and allied health professionals that assessed the perceived value and use of the guidelines.² We also collected information about divisions' diabetes shared care projects. We approached divisions in Sydney (NSW) identified with an interest in establishing diabetes projects to participate in this subsequent survey of division member GPs. We were interested in GPs' attitudes to and level of use of the guidelines, their perceived usefulness for strategies of implementing them, and GPs' current diabetes management practices. The GPs of three divisions, South Eastern Sydney, St George and Sutherland Shire, took part.

Methods

This was a cross sectional survey in June/July 1998 of all GP members of the three divisions which had responded on behalf of their GPs in 1996. The questionnaire comprised eight questions and was modified from an existing instrument.³ Questionnaires were mailed with a covering letter and a self addressed envelope. Follow up calls were made to nonresponders two weeks later, and questionnaires were re-mailed or faxed on request. We estimated frequencies of responses, and statistical significance of associations between GP characteristics and categorical question responses, using the χ^2 test. Statistical significance was defined as $p < 0.05$.

Results

Of the 545 GPs surveyed, 44 did not respond because they were no longer at the address provided, 215 responded, giving a response rate of 215/501 (43%). Their demographic characteristics were: 59% of the GPs were 41–60 years of age, 26% 20–40 years, 15% 61 years; median age was 48 years (range 28–77), 141 (67%) were men, 169 (82%) worked full time, and 121 (59%) were in group practice.

Fifty-five percent of the GPs reported

being aware of the guidelines (an increase from the previous survey of 19 out of 40 divisions, 48%). The most common reason for lack of awareness was not having seen them. Full time GPs were significantly more likely to report being informed ($p < 0.05$) as were solo GPs ($p < 0.01$). Most (86%) of the respondents found the guidelines either 'very useful' or 'useful', 93% stated they were designed to improve quality of care, and 88% stated they were good education tools and a convenient source of advice. Fewer than 25% of GPs thought the guidelines were oversimplified medicine or 'cookbook medicine' or were likely to decrease GP satisfaction.

Self reported compliance with the guidelines was 100% for measuring serum lipid, 95% for checking blood pressure, 80% for measuring HbA_{1c}, 60% for checking weight, 66% for foot checks, and 65% for checking urinary microalbumin. General practitioners in group practice were more likely to carry out foot and blood pressure checks ($p < 0.05$) and urinary microalbumin tests ($p < 0.01$) than solo GPs. The most effective perceived implementation strategies were educating patients (88%), GP education



and patient reminders (82%) and GP feedback (72%). Academic detailing was ranked the least effective method (66%).

Discussion

This survey suggests there has been an increase in the awareness of diabetes guidelines although the comparison of results from individual GPs to the previous survey of divisions should be interpreted with caution. The overall poor response rate to this survey also limits the validity of the other findings. However, the self reported data on GP practice indicates several areas of diabetes care that require improvement. Further dissemination of the guidelines will require reinforcement with appropriate implementation strategies. General practitioners were most enthusiastic about education and patient reminders and least enthusiastic about audit feedback and academic detailing. The survey only elicited reported practices. This needs to be validated against actual and recorded practices.

Conflict of interest: none declared.

Acknowledgment

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References

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