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ORIGINAL ARTICLE

Health Resource Utilization among Patients with Type 2 Diabetes Mellitus In Nigeria: An Analysis from the International Diabetes Management Practice Study (IDMPS)

Utilisation des Ressources de Santé chez les Patients atteints de Diabète de Type 2 au Nigéria: Une Analyse de l'Étude Internationale sur la Pratique de la Gestion du Diabète (IDMPS)

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ABSTRACT

PURPOSE: To assess the data on health resource utilization collected from patients with T2DM in Nigeria, within the seventh wave (2016) of the International Diabetes Management Practices Study (IDMPS).

METHODS: In this cross-sectional study, adults (≥ 25 years) with T2DM, who had requisite diabetes treatment data and were attended by participating physicians during the two-week recruitment period, were included.

RESULTS: Thirty-one participating physicians enrolled 304 eligible patients (mostly 40-60 years of age) with the duration of T2DM ranging from 1 to 31 years (median: 7). Only 34.2% (102/298) patients possessed health insurance and 46.8% (138/295) co-paid for medications outside the insurance. About 70.1% of patients had T2DM-related complications; 19.7% of patients were hospitalized in the past 12 months due to these complications. Altogether, 275 patients with T2DM received oral glucose-lowering drugs, with (88/275) or without (187/275) insulin. The cost of medications/strips was the reason reported for not achieving glycemic targets in $\sim 60.0\%$ (50/84) insulin users and 54.3% (114/210) patients self-monitoring blood glucose, respectively. Specialists in diabetes care attended to a lower number of patients/day than non-specialists (31.61 ± 30.74 vs. 49.25 ± 49.64). Most of the specialists (14/22; 63.6%) reported insulin use in 20%-40% patients; while non-specialists (6/9; 66.6%) reported insulin use in $< 20\%$ patients.

CONCLUSION: In Nigeria, low insurance coverage and high out-of-pocket payments for healthcare limit access to healthcare. Physicians are overburdened and medical resources trained in diabetes care seem insufficient. These findings highlight the need to formulate effective healthcare strategies for patients with T2DM. *WJMJ* 2023; 40(11):1145-1154

Key words: Nigeria, Diabetes, Resource utilization, Hospitalization

RÉSUMÉ

OBJECTIF: Évaluer les données sur l'utilisation des ressources de santé collectées auprès des patients atteints de DT2 au Nigéria dans le cadre de la septième vague (2016) de l'Étude Internationale sur les Pratiques de Gestion du Diabète (IDMPS).

MÉTHODES: Dans cette étude transversale, les adultes (≥ 25 ans) atteints de DT2, qui disposaient de données de traitement du diabète nécessaires et qui ont été pris en charge par des médecins participants au cours de la période de recrutement de deux semaines, ont été inclus.

RÉSULTATS: Trente et un médecins participants ont inscrit 304 patients éligibles (principalement âgés de 40 à 60 ans) avec une durée du DT2 variant de 1 à 31 ans (médiane : 7). Seuls 34,2% (102/298) des patients étaient assurés santé, et 46,8% (138/295) payaient eux-mêmes pour les médicaments en dehors de l'assurance. Environ 70,1% des patients présentaient des complications liées au DT2 ; 19,7% des patients avaient été hospitalisés au cours des 12 derniers mois en raison de ces complications. Au total, 275 patients atteints de DT2 ont reçu des antidiabétiques oraux, avec (88/275) ou sans (187/275) insuline. Le coût des médicaments/ bandelettes était la raison invoquée pour ne pas atteindre les objectifs glycémiques chez $\sim 60,0\%$ (50/84) des utilisateurs d'insuline et 54,3% (114/210) des patients effectuant l'autosurveillance de la glycémie, respectivement. Les spécialistes en diabétologie prenaient en charge un nombre inférieur de patients par jour que les non-spécialistes ($31,61 \pm 30,74$ contre $49,25 \pm 49,64$). La plupart des spécialistes (14/22 ; 63,6%) ont signalé l'utilisation de l'insuline chez 20 à 40% des patients ; tandis que les non-spécialistes (6/9 ; 66,6%) ont signalé l'utilisation de l'insuline chez moins de 20% des patients.

CONCLUSION: Au Nigéria, une faible couverture d'assurance et des paiements élevés directement par les patients limitent l'accès aux soins de santé. Les médecins sont surchargés et les ressources médicales formées dans la prise en charge du diabète semblent insuffisantes. Ces résultats soulignent la nécessité de formuler des stratégies de santé efficaces pour les patients atteints de Dt2. *WJMJ* 2023; 40(11):1145-1154

Mots-clés: Nigéria, Diabète, Utilisation des ressources, Hospitalisation

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