

VISOKA ZDRAVSTVENA ŠOLA V CELJU

DIPLOMSKO DELO

**VODENJE SLADKORNE BOLEZNI V ČASU AKUTNE BOLEZNI IN
STRESA**

**DIABETES MANAGEMENT DURING PERIODS OF ACUTE ILLNESS
AND STRESS**

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POVZETEK

Uvod: Sladkorna bolezen je stanje kronično zvečanega krvnega sladkorja, ki nastane zaradi pomanjkanja inzulina in ga lahko spremlja zmanjšana občutljivost organizma nanj. Posledica je motnja presnove ogljikovih hidratov, maščob in beljakovin. V času bolezni ali drugih stresnih stanj postane skrb za dobro vodenje sladkorne bolezni še pomembnejša, za kar pacient potrebuje ustrezno znanje. V pričujočem diplomskem delu smo želeli ugotoviti sposobnost ustreznega vodenja sladkorne bolezni pri pacientih s sladkorno boleznijo tipa 1.

Metoda: Raziskava je temeljila na kvantitativni metodi raziskovanja, metodi deskripcije. Uporabili smo tehniko anketiranja. Za zbiranje podatkov smo kot instrument uporabili anketni vprašalnik, ki smo ga oblikovali na osnovi pregleda literature. Uporabili smo neslučajnostni, priložnostni vzorec, v katerega smo vključili 50 odraslih pacientov s sladkorno boleznijo tipa 1, ki se zdravijo z inzulinskim injektorjem ali z inzulinsko črpalko v Diabetološki ambulanti Splošne bolnišnice Celje. Realizacija vzorca je bila 100 %. 78 % pacientov ima sladkorno bolezen več kot 10 let. Podatki so bili zbrani in obdelani s programoma IBM SPSS Statistics verzija 23 in Microsoft Excel 2013.

Rezultati: Pacienti so s PV = 4,56 ocenili, da se jim krvni sladkor spremeni v času akutne bolezni ali stresa, zaradi česar si ga pogosteje merijo s PV = 4,58 in si morajo zaradi tega povečati odmerek inzulina (PV = 4,14). Starost po njihovi oceni ni ovira do poznavanja sladkorne bolezni (PV = 1,98). Informacije v slovenski in tuji literaturi vedno išče 10 %, včasih 52 %, nikoli 38 % pacientov, 68 % jih pridobi v diabetološki ambulanti pri zdravniku in 72 % pri medicinski sestri. Ketonov v krvi ali urinu ne meri 70 % pacientov. Nihče ni prepoznal vseh znakov diabetične ketoacidoze. 56 % anketiranih se je večkrat udeležilo predavanja o štetju ogljikovih hidratov. Kot vzroke za neurejenost krvnega sladkorja jih 42 % navaja težko usklajevanje bolezni z družinskimi in službenimi obveznostmi. Analiza ni pokazala statistično pomembnega vpliva izobrazbe na vodenje sladkorne bolezni. Razlika v vodenju sladkorne bolezni med uporabniki inzulinskega injektorja in črpalke je pri poznavanju sladkorne bolezni ($p = 0,027$; $U = 207$), dostopu do edukacije ($p = 0,024$; $U = 199$), prepoznavanju znakov diabetične ketoacidoze ($p = 0,017$; $U = 192$) in obsegu informacij glede vodenja bolezni ($p = 0,037$; $U = 211$).

Razprava in sklep: Večina sladkornih pacientov ima po njihovem mnenju dovolj osnovnega znanja o vodenju sladkorne bolezni v času akutne bolezni in stresa, vendar jih veliko ne loči znakov diabetične ketoacidoze in hipoglikemije in le v manjšem delu merijo ketone v krvi ali v urinu po priporočilih, ki so jih dobili. Senzorje za neprekinjeno merjenje krvnega sladkorja redko kdo uporablja. Slabo vodena sladkorna bolezen je eden izmed najbolj resnih zdravstvenih problemov, zato bo potrebno še okrepiti edukacijo z namenom obogatiti pacienta z znanjem, za vodenje sladkorne bolezni.

Ključne besede: sladkorna bolezen, inzulin, inzulinska črpalka, akutni zapleti, edukacija

SUMMARY

Introduction: Diabetes is a condition of chronically increased blood sugar which is caused by the lack of insulin and can be accompanied by decreased sensibility of organism to it. The consequence is dysfunction of carbohydrates, fat and proteins metabolism. This disease is indicated by typical problems that are a consequence of increased blood sugar. In times of diseases or other stressed conditions the concern for well-managed diabetes is even more vital. The knowledge of managing diabetes is therefore acquired. In this diploma paper we tried to find out the ability of proper diabetes managing with patients who have diabetes type 1.

Method: The research was based on the quantitative research method, a description method. We used a survey technique. For the instrument we used a questionnaire which was formed on the basis of the read literature. We used a non-probability sample, a convenience sample in which we included 50 adult patients with type 1 diabetes who are treated by insulin injector or by insulin pump in the clinic for diabetes at General hospital Celje. The realisation of the sample was a 100 %. 78 % of patients have had the diabetes for more than 10 years. The data was assembled and processed by IBM SPSS statistic program version 23 and Microsoft Excel 2013.

The results: Patients with PV = 4,56 have evaluated that their blood sugar changes in times of an acute disease or stress, which leads to more frequent measurements PV = 4,58 and to increasing the insulin's dose (PV =4,14). According to their opinion, the age does not present an obstacle on the knowledge about diabetes (PV = 1,98). The information in Slovene and foreign literature is always searched by 10 %, sometimes by 52 %, never by 38 % of patients, 68 % of patients get their information at diabetes clinic from their doctor and 72 % from a nurse. Ketone bodies in blood or urine are not measured in 70 % of patients. Nobody recognised all the signs of diabetic ketoacidosis. 56 % of interviewees have attended lectures on the carbohydrates' counting several times. 42 % of patients state that difficult coordination of managing diabetes with family and work responsibilities is the cause for blood sugar disorderliness. The analysis has not indicated statistically important influence of education on diabetes managing. The difference in managing the diabetes among insulin injector and pump users is in the knowledge of diabetes ($p=0,027$; $U=207$), education access ($p=0,024$; $U=199$), recognising the signs of diabetic ketoacidosis ($p=0,017$; $U=192$) and the scope of information on managing the disease ($p=0,037$; $U=211$).

Discussion and conclusion: The majority of diabetes patients have according to their opinion enough basic knowledge on managing diabetes in times of an acute disease and stress. However, a lot of them do not distinguish the signs of diabetic ketoacidosis and hypoglycaemia and measure ketone bodies in blood or urine according to given recommendations to a lesser extent. Sensors for constant measurement of blood sugar are rarely used. Poorly managed diabetes is one of the most serious health problems; therefore further education with the purpose of the patient's empowering for managing the diabetes will be acquired.

Key words: diabetes, insulin, insulin pump, acute complication, education