

论文

南京居民糖尿病防治知识与高血糖症发生关系

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摘要:

目的 通过对江苏省南京市城区居民进行糖尿病健康随访,筛查该人群高血糖症新发病例,探讨基线人群糖尿病知识掌握程度与后续发生高血糖症风险之间的关系。方法 采用多阶段分层整群随机抽样方法对在南京市城区抽取的3个社区共2 616名≥35岁居民应用定点和入户的方式进行人群基线调查,并进行了3年的随访观察,采用问卷调查的方式对居民掌握的糖尿病防治知识进行评分,并根据得分将研究对象分为低、中、高得分组3个亚组,结局变量为随访期间新发的高血糖症者。结果 实际随访2 178人,随访率为83.26%;新发高血糖症患者160例,高血糖症发病率为7.35%;2 178名城区居民糖尿病防治知识平均分为(5.31±1.61)分,其中低、中、高得分者分别占14.6%、34.3%、51.1%;高血糖症居民中糖尿病防治知识低、中、高得分者分别占21.9%、32.5%和45.6%,非高血糖症居民分别占14.0%、34.5%和51.5%,高血糖症与非高血糖症居民在糖尿病防治知识的掌握程度间差异有统计学意义($\chi^2=7.54, P<0.05$);居民基线调查时糖尿病防治知识低、中、高得分居民职业分布不同,差异有统计学意义($\chi^2=17.26, P<0.05$);高血糖症和非高血糖症居民年龄、文化程度、糖尿病家族史、体重间分布不同,差异均有统计学意义($P<0.05$);糖尿病防治知识的低、中、高得分居民高血糖症的发病率分别为11.0%、7.0%、6.6%,随着糖尿病防治知识掌握程度的提高,高血糖症的发病率呈降低趋势($\chi^2=7.54, P<0.05$);多因素logistic回归分析结果表明,糖尿病防治知识中得分组居民患高血糖症的风险是低得分组居民的0.62倍($RR=0.62, 95\%CI=0.40\sim0.98$),糖尿病防治知识高得分组居民患高血糖症的风险是低得分组居民的0.60倍($RR=0.60, 95\%CI=0.39\sim0.93$)。结论 糖尿病防治知识掌握程度越高,居民发生高血糖症的风险越低,居民糖尿病知识掌握程度与高血糖症的发生呈反比关系。

关键词: 糖尿病防治知识 高血糖症 关系

Relationship between knowledge of diabetes prevention and development of hyperglycemia among urban adults in Nanjing city

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Abstract:

Objective To investigate the relationship between the status of knowledge about diabetes prevention and the incidence of hyperglycemia in an urban adult population in Nanjing city. Methods Multi-stage randomized sampling and a 3 year follow-up were conducted in 3 urban communities in Nanjing city. The participants were 2 616 local residents at the age of 35 years or older and without diagnosed hyperglycemia, diabetes and cancer. The participants were divided into three sub-groups according to their scores for answering a questionnaire on knowledge about diabetes prevention (high, medium, and low score group). The outcome variable was newly diagnosed hyperglycemia during the followup. Results Totally 2 178 participants were followed-up (follow-up rate=83.3%) and there were 160 new diabetes cases diagnosed with a cumulative incidence of 7.35%. The average score of knowledge about diabetes was 5.31±1.61 for all participants and the ratio of participants with low, medium, and high score was 14.6%, 34.3%, and 51.1%. Among the participants with hyperglycemia, the ratio of low, medium, and high score was 21.9%, 32.5%, and 45.6%, while among participants without hyperglycemia, the corresponding ratio was 14.0%, 34.5%, and 51.5%, respectively. There were significant differences between the participants with and without hyperglycemia in the distributions of age, body weight, education level, and family history of hyperglycemia ($P<0.05$ for all). There were significant differences in the scores of knowledge about diabetes prevention among the participants of different occupation ($\chi^2=17.26, P<0.05$). The incidence of hyperglycemia for the participants with low, medium, and high score of knowledge was 11.0%, 7.0%, and 6.6%. The incidence of hyperglycemia decreased with the increase of the score among the participants ($\chi^2=7.54, P<0.05$). Multivariate logistic regression analyses revealed that participants with high and medium score of knowledge of diabetes prevention were significantly less likely to develop hyperglycemia compared to those with the low score (relative risk [RR]=0.62, 95% confidence interval [CI]: 0.40-0.98 and $RR=0.60, 95\%CI: 0.39-0.93$). Conclusion The knowledge about diabetes prevention is inversely associated with the risk of developing hyperglycemia in urban adult

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