Public Perception of Health Care Provider Practice Regarding Family History of Diabetes
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Background

- An estimated 648,100 adults or 8.5% of Michigan’s total adult population have been diagnosed with type 1 or type 2 diabetes. Michigan ranks 15th highest for type 2 diabetes prevalence among all states in the nation.
- Family history of diabetes is currently recognized as an important risk factor and screening criterion for type 2 diabetes.
- The risk of type 2 diabetes in individuals with a family history of diabetes is two to six times higher than the risk to individuals without a family history.
- Characteristics of a high risk family history for diabetes include:
  - Early age of onset (before 40 years of age for type 2)
  - Multiple family members affected
  - Presence of indicators of insulin resistance
  - Affected first degree relative (parent, child, sibling)

Objective

To determine the public perception of provider practice regarding family history of diabetes and discussion of risks and recommendations.

Methods

- The Michigan Diabetes, Osteoporosis and Arthritis (DAO) survey is a random digit dialed telephone survey of 2656 Michigan adults with oversampling of persons who are over 45 years old, African American or Latino/Hispanic.
- The DAO is a survey of knowledge, opinions, health status, and behaviors.
- In 2005, six questions regarding family history of diabetes were included in the DAO.

Results

Table 1 shows results for the question, “To the best of your knowledge, were any of your relatives ever told they had diabetes (OR “sugar”) by a doctor, nurse or other health care provider?”

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>All</th>
<th>Diabetes</th>
<th>No Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>50.6 (45.0-56.2)</td>
<td>55.0 (49.5-60.7)</td>
<td>45.7 (40.5-51.0)</td>
</tr>
<tr>
<td>Race-Ethnicity</td>
<td>54.2 (49.2-59.3)</td>
<td>51.8 (46.2-57.2)</td>
<td>56.5 (50.9-62.2)</td>
</tr>
<tr>
<td>- White non-Hispanic</td>
<td>54.2 (49.2-59.3)</td>
<td>51.8 (46.2-57.2)</td>
<td>56.5 (50.9-62.2)</td>
</tr>
<tr>
<td>- Other non-Hispanic</td>
<td>54.2 (49.2-59.3)</td>
<td>51.8 (46.2-57.2)</td>
<td>56.5 (50.9-62.2)</td>
</tr>
<tr>
<td>Education</td>
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<td>56.5 (50.9-62.2)</td>
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<tr>
<td>- High school</td>
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<td>56.5 (50.9-62.2)</td>
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<tr>
<td>- College graduate</td>
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<td>56.5 (50.9-62.2)</td>
</tr>
</tbody>
</table>

Table 2 demonstrates results for the question, “Has your doctor, nurse, or other health care provider collected information from you about your family history of diabetes?”

<table>
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<th>Diabetes</th>
<th>No Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race-Ethnicity</td>
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<td>51.8 (46.2-57.2)</td>
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<td>- Other non-Hispanic</td>
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Discussion

Individuals with a family history of diabetes are at greater risk for developing diabetes themselves. Discussion of risk along with prevention strategies is important for primary prevention of diabetes. Based on these survey results, more than one-half of respondents with a family history of diabetes have not had this important discussion with their provider.

References:


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