

中文題目：南台灣某榮民醫院糖尿病共同照護計畫門診病人代謝指標改善之研究

英文題目：Metabolic Outcome for Diabetes Shared Care Program Outpatients  
in a Veterans Hospital of Southern Taiwan

作者：郝立智<sup>1</sup> 田凱仁<sup>2</sup> 趙海倫<sup>3</sup> 洪靜如<sup>1</sup> 周福星<sup>4</sup> 吳達仁<sup>5</sup> 趙建剛<sup>6</sup> 奚明德<sup>7</sup> 柴國樑<sup>8</sup>  
葛光中<sup>9</sup> 馬瀾嘉<sup>10,\*</sup>

服務單位：

永康榮民醫院內科部新陳代謝科<sup>1</sup>

台南奇美醫院內科部新陳代謝科<sup>2</sup>

中華醫事科技大學醫管系<sup>3</sup>

國立成功大學資訊管理學系<sup>4</sup>

成功大學附設醫院內科部新陳代謝科<sup>5</sup>

玉里榮民醫院精神部<sup>6</sup>

永康榮民醫院病理檢驗科<sup>7</sup>

永康榮民醫院內科部<sup>8</sup>

屏東龍泉榮民醫院院本部<sup>9</sup>

國立成功大學統計學系<sup>10</sup>

**Background:** To evaluate the metabolic outcomes of Diabetes Shared Care Program (DSCP) for type 2 diabetes after completion of 1 and 3-year of intervention.

**Methods:** Between Jan. 2004 and Dec. 2004, patients with established diabetes were referred to diabetes educator. Treatments and follow up were carried out. The educator inquired patients' education level, medication use ideas, medication discrimination ability, lifestyle, diet behavior, and provided healthcare education and instruction as well as offering psychosocial support. Data including the patients' baseline characteristics, disease type and biochemical data were collected. Differences in the before and after management data were compared by using SPSS 12.0 software.

**Results:** Total 162 patients and mean age was 67.14 years old, male were 62.35% and female were 37.65%. DSCP did increase patient number in achieving the glycated hemoglobin (A1C), BP and LDL-C target levels. These patients have 3.1% emergency utilization rates and 1.9% hospitalization utilization rates and significant improvement in diastolic blood pressure (DBP), BW, fasting plasma glucose (FPG), A1C levels after one year, and significant improvement in systolic blood pressure (SBP), DBP, BW, total cholesterol, HDL-C, LDL-C levels after three years. But only 4.84% and 8.87% met all the ABC target values after the 1 and 3-year intervention, respectively.

**Conclusion:** DSCP should be offered as close to the time of diagnosis, and directed towards patients with high baseline A1C, SBP, DBP, LDL-C, low baseline HDL-C levels. Further public health efforts are needed to control risk factors for vascular disease among diabetes.

**Keywords:** diabetes mellitus; diabetes mellitus educator; diabetes shared care program