

# Study on the effect of use of technology **SocialDiabetes** in the changes behavior and acceptance of treatment in Mexican adults with diabetes.

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 DISCIPLINARY FIELD: CLINICAL EPIDEMIOLOGY



## Mhealth for diabetes management



There is clinical evidence on the use of **mHealth** in patients with diabetes, which shows your ability to improve knowledge about the disease, strengthen self-care, and impact on a better glycemic control - HbA1c values -

## Objective of the study at INCMNSZ

Evaluate the impact of using the system **SocialDiabetes** in changes behavior and acceptance of treatment in Mexican adults with diabetes, attending to the effectiveness, safety and usefulness of it.

### Specific objectives

Evaluate frequency of use of **SocialDiabetes** for capillary glucose self-monitoring.

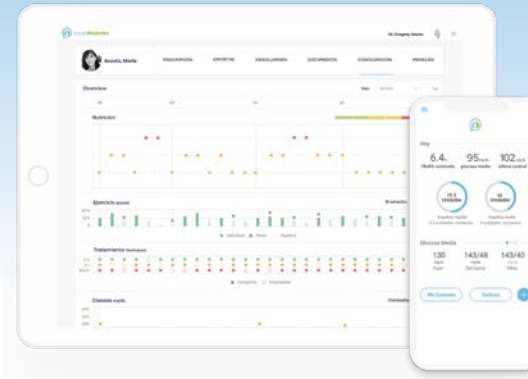
Assess change in empowerment, self-care, quality of life and acceptance of treatment after use of **SocialDiabetes**.

Evaluate the usability of **SocialDiabetes** using the SUS questionnaire (System Usability Scale).

## Context of the Health System in Mexico

Traditional health care system, focused on face-to-face care. Currently it is exceeded in capacity, compromising the quality of care.

There are difficulties in diabetes care to achieve adherence to treatment of the patient, associated with lack of education and understanding about diabetes self-care.

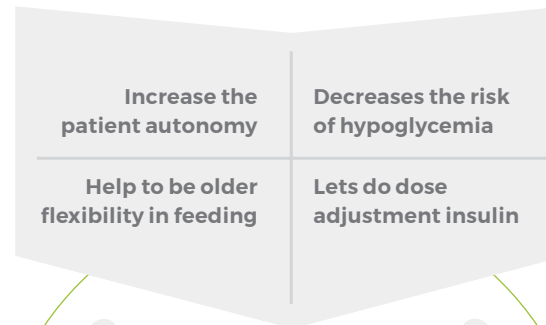


## Intervention with SocialDiabetes

**SocialDiabetes** is a system based on digital data management to help professionals and patients to make decisions and anticipate complications.

The system allows a detailed record of crucial facts for diabetes care as glucose controls, diet and physical activity; medication management, automatic insulin bolus calculation, graphs, trends, reminders... All this helps a better decision making for self-care.

It allows healthcare personnel to have real-time patient data, do modifications to medical treatment, giving indications about diet and exercise; so how to make remote inquiries by video call and communicate with the patient at through an integrated chat.



- Improved quality of life
- Reduction of long-term complications
- Lower direct and indirect costs

## Hypothesis

The incorporation of the **SocialDiabetes** system in the current care model represents an improvement in adherence to treatment and the best management of diabetes by the patient, facilitating in turn communication and care management by clinical staff.

### Facilitators

- Visual representation.
- Intuitive navigation.
- Ease of use (for example, discretion and portability).

### Barriers

- Lack of knowledge in the use of technologies
- Lack of technological awareness as health tools.
- Perceptions of the severity of the illness.
- Knowledge of health issues.
- Practical limitations such as internet access.

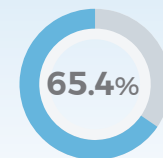
## Preliminary results

Quality of life questionnaires are being used, self-care activities, satisfaction treatment, empowerment scale and usability of the app for analysis. Preliminary surveys on a group of 77 users show the following conclusions.

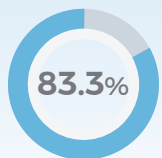
 **77** USERS



Satisfaction of use



Ease of use



Assessment functional