

Speight J, Barendse S and Bradley C (1999) The ADKnowl: identifying and understanding diabetes-specific knowledge deficits in patients and clinicians. *Diabetic Medicine*, **16**, suppl 1, 52.

Poster presented at BDA Annual Professional Conference, Glasgow, April 1999.

The ADKnowl: identifying and understanding diabetes-specific knowledge deficits in patients and clinicians.

J SPEIGHT, S BARENDSE & C BRADLEY

(Health Psychology Research, Royal Holloway, University of London, Egham TW20 0EX)

A necessary, though not sufficient, pre-requisite of successful diabetes management is patient awareness of complications and knowledge about actions that can be taken to reduce the risks of complications. The ADKnowl - audit of diabetes knowledge (© Bradley, 1997) was designed to identify the nature and extent of diabetes knowledge deficits likely to impair biomedical or psychological outcomes and is being used in a large-scale study of patients attending one of two outpatient diabetes clinics (451 patients treated with insulin and 338 treated with tablets and/or diet).

Substantial knowledge deficits were apparent in the patients. For example, 57% did not recognise the inaccuracy of the statement "fresh fruit can be eaten freely with little effect on blood glucose levels" and 67% did not know that foods containing sugar can be eaten as part of a high-fibre diet. 76% of patients did not know that it is advisable to trim toenails to the shape of the toe. There are similar knowledge deficits for many other areas of diabetes management, e.g. prevention of hypoglycaemia, avoidance of ketoacidosis.

Sixteen health professionals at the clinics answered the same items. Contrary to recommendations, 25% of clinicians thought that fresh fruit could be eaten freely, and did not recognise that foods containing sugar can be eaten as part of a high-fibre diet. 75% of clinicians did not know the current recommendations for trimming toenails.

These results indicate that clinicians also have diabetes-related knowledge deficits. Patient knowledge deficits may arise from inconsistencies in the advice provided by their health professionals. Clinician knowledge deficits and design of educational interventions were discussed with the diabetes teams. Strategies for correcting knowledge deficits of patients and clinicians will be outlined.