SUMMARY

Objectives: The main objective of this study was to determine the influence of social support on glycemic control in patients with diabetes mellitus (DM), attending the outpatient clinic of Bingham University Teaching Hospital (BhUTH), Jos; with a view to making recommendations to improve these support systems and thus promote adherence and ultimately, improve glycaemic control. The research determined the level of glycaemic control, social support and adherence, as well as factors affecting adherence in patients with DM. The study also determined the correlation between social support and adherence, between adherence and glycaemic control and between social support and glycaemic control in patients with DM.

Methods: This was a Hospital based Cross Sectional study. Patients who met the inclusion criteria were selected using systematic random sampling technique. A physical examination was done to determine their BP, weight, height, and peripheral neuropathy. Visual acuity and fundoscopy were also done to check the state of their eyes. Questionnaires were then administered to elicit their sociodemographic characteristics, Social support and adherence. Urinalysis, glycosylated haemoglobin and full blood count were carried out for these patients. The Data collected were then analysed with SPSS-15.0 version.

Results: A total of 70 participants, made up of 29 males (41.4%) and 41 females (58.6%) were studied. The mean age of the patients was 53.61 years ±12.57 with literacy rate of 64.3%. 74.8% of them were married and 58.6% of the patients were employed. However, 54.3% had a monthly earning of Twenty thousand naira and below as a household income with only 10% having a monthly household income of one hundred thousand naira and above.

The mean body mass index (BMI) was 27.33 Kg/M\(^2\) and 55.7% of the participants were overweight, while 18.6% were obese. Majority (62.9%) of the participants had disease duration of 0-5 years and 41.4% had positive family history of DM.

Only 32.9 of the participants had good glycaemic control (HbA \(_1\)C of 7.0% or less). The adherence to DM management in this study was set at 80% of adherence scores and only 35.7% of the participants were adherent. Lack of finance (30.0%) was the commonest reason for poor or non adherence. This was followed by lack of symptoms (23.33%), feeling of having been cured (16.67%), side effects of drugs (13.33%), perceived drug inefficacy (10.0%) and forgetfulness (6.67%). Furthermore majority (67.2%) of the patients had social support score of 51% and above. This study found functional and structural (practical or tangible) social support as the main forms of social support received by the study participants.

There was a significant positive correlation between social support and adherence, between adherence and glycaemic control and between social support and glycaemic control in patients with DM. There was also a significant negative relationship between BMI and glycaemic control and between disease duration and glycaemic control.
**Conclusion:** In spite of the limitations of the study, the results provide solid quantitative evidence that social support has significant influence on glycaemic control in patients with DM. It does not however prove a causal relationship nor does it try to show the link between the variables. These are subjects for further studies.