Optimal diabetic care depends mainly on adequate glycemic control among type 2 diabetes patients. Adequate glycemic control has been found to delay or reduce diabetes related complications both acute and chronic. There is high prevalence of inadequate glycemic control among type 2 DM patients especially in the primary care setting. This requires all hands on deck to reduce this high prevalence more so that there are many factors affecting it.

This study was done at the GOPD of UITH, Ilorin, to: determine the prevalence of adequate glycemic control among the type 2 DM patients attending here; to determine the family functioning of these patients; to determine any associations between family functioning and glycemic control and to assess the influence of the various socio-demographic and clinical factors on glycemic control of respondents.

Data was collected from 340 type 2 DM patients over four months with the use of structured questionnaires including the family APGAR, together with their anthropometric measurements and physical examinations. Laboratory assessments were done to determine their fasting blood glucose and glycosylated hemoglobin.

The result of the study revealed that the overall prevalence of adequate glycemic control among type 2 DM patients was 50.4% using HbA1c <7% as target control. The family functioning of respondents was high, with 96.2% of them living in functional families. However there was no statistically significant association between their level of glycemic control and family functioning. Nevertheless, there were significant associations between glycemic control and BMI, Duration of
DM, frequency of visit to the doctor, help in transportation to and from hospital, frequency of discussion about DM with the family and Perception of acceptability of DM status by the family. There were also significant relationship between family functioning and the following: help in transport, frequency of received help, frequency of discussion about DM with family and the household type. This buttresses the fact that family support enhances family functioning.

In conclusion the study showed that family support enhances adequate glycemic control through the effect on family functioning. Therefore physician treating type 2 DM should always explore family support issues in their interaction with patients. There will be need for further research on the appropriate tool to assess family functioning in our environment as the APGAR score might not be measuring the desired family functioning especially in our setting.