

SYMPTOM-FOCUSED MANAGEMENT: A CONCEPTUAL MODEL TO IMPROVE  
HEALTH OUTCOMES FOR OLDER AFRICAN AMERICAN WOMEN WITH  
TYPE 2 DIABETES

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**Purpose:** The purpose of this paper is to present the conceptual model and pilot testing results for *Symptom-Focused Management for African American Women with Type 2 Diabetes*. The conceptual framework for this study was developed from a comprehensive review of the literature and is based on the work of Miles and Holditch-Davis (2003) and the work of the University of California-San Francisco, Nursing Symptom Management Faculty Group (1994). This conceptual model, focusing on the symptom experience, symptom management and outcomes, was used to guide the development of the symptom intervention and the analysis of the results. The purpose of the pilot study was to test the effectiveness of an in-home, nurse –delivered, symptom-focused, teaching/counseling intervention with older, rural African American women with type 2 diabetes.

**Method:** A convenience sample of forty-one participants was randomly assigned to either the intervention or comparison group. Participants were included in the sample if they were between the ages of 50-85, had a history of type 2 diabetes, and had no known cognitive, affective, or functional limitations that would preclude participation in the intervention. Participants in the intervention group received two baseline visits, four intervention visits, and an evaluation visit, two weeks after the last intervention visit. Participants in the comparison group received two baseline visits, a telephone call midway through the intervention period, and an evaluation visit.

**Findings:** Participants in the intervention showed statistically significant improvement in their medication adherence, diet, home glucose monitoring, self-care practices, perceptions of quality of life, and distress from symptoms. Both groups evidenced improvement of HbA1c levels. The intervention group achieved greater improvement than the comparison group. The difference between the groups was not statistically significant, but is clinically important. The absolute level of change in HbA1c in the intervention group was  $-1.27$ , which prior research suggests is sufficient to produce a decline of 35 percent in the risk of microvascular complications (UKPDS,1998).

**Discussion:** With as few as four home visits, the study investigators were able to deliver an effective program that was tailored to the specific needs of the individual through a focus on symptoms. The change in metabolic control from pre-intervention to post-intervention represents clinically important improvements in blood glucose control. This pilot formed the basis for a larger community-based trial of the model (RO18582-02, A. Skelly), incorporating revisions suggested by the pilot, following participants over 9 months, using an attention control group and looking at the costs of the intervention to society and the health care system.