Early onset of type 2 diabetes (T2D) is an independent risk factor for the development of diabetic retinopathy (DR), a leading cause of blindness in working age adults. Eye examinations are essential in detecting diabetic retinopathy. Once detected, timely treatment can significantly reduce the risk of vision loss. Despite this, young adults with diabetes are more than three times more likely not to attend eye examinations than their older counterparts. To date, there have been no Australian studies focusing on factors affecting uptake of eye examinations for young adults with T2D. There is a need for evidence based eye health resources tailored to young adults with T2D.

Aim

The qualitatively explore barriers and enablers to retinal screening uptake for young adults with T2D using the theoretical domain framework (TDF). This study is the first step in the development of a tailored psychosocial educational screening leaflet.

Method

Study Design

A semi-structured interview guide was developed based on the TDF, a validated, consensus-based framework to systematically explore individual determinants of specific behaviours. 542 Diabetes Victoria members with T2D, aged 18-39 years were invited to participate. Semi-structured, in-depth interviews were conducted by phone in Sep-Dec 2013 (average 56 minutes). Interviews were audio-recorded and transcribed in full.

Interview guide

Existing literature on barriers/enablers was reviewed and mapped onto TDF domains. 13 behaviour change and/or TDF experts completed an online validation exercise, nominating which TDF domains mapped onto TDF domains. Items with low reviewer/TDF domain correspondence were highlighted and discarded. Analysis

Using framework analysis, TDF behaviour change domains were compared based on retinal screening behaviour, highlighting barriers and enablers to the activity (see Table 1).

Participants

Ten Australian adults with early-onset T2D (2% response rate).

Five (50%) had engaged in eye examinations since their diabetes diagnosis.

Average age: 33.4 ± 2.6 years.

Average duration of diabetes: 3.7 ± 5.1 years.

Gender was equally distributed (5 female, 5 male).

No participants reported a diagnosis of DR.

References