39244 FACTORS ASSOCIATED WITH WORST GLYCEMIC CONTROL DURING A MULTIFACTORIAL INTERVENTION: A STUDY WITH ELDERLY DIABETIC PATIENTS

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Introduction: Adequate glycemic control is the goal of treatment in diabetic patients. After the publication of ACORD trial, higher levels of HbA1c can be tolerated in elderly patients with complications, to prevent hypoglycemia and further damage. However, the current recommendation is to maintain HbA1c less than 8.5% in these patients. The use of insulin with pens device may help improve glycemic control, but the response to this strategy may not be satisfactory in some specific patients. **Objectives:** Identify the characteristics of patients who did not achieve glycemic control considered appropriate during the study. **Methods:** We performed a prospective, intervention, non-randomized, phase IV study, in which we included 45 patients over 60 years of age, of both sexes, with HbA1c ≥ 8.5 % under oral hypoglycemic agents and insulin use in syringes, then we replaced serynges by pen devices. We used human insulin NPH and regular as pens, all patients have received a blood glucose monitor, lancet tapes, capillary blood glucose tests (3 tests a day). HbA1c was measured at baseline, 3 and 6 months. Patients were seen monthly. We consider satisfactory glycemic control HbA1c lower than 8.5% after six months. **Results:** Thirty-six patients completed follow-up. Of these, 26 achieved the goal and others 10 maintained HbA1c greater than 8.5%. There were no differences between the groups for age, gender, education, race, religion, history of smoking and alcohol consumption. However, the group with better glycemic control had higher family income (p = 0.02). From the first visit and during the study, patients who did not achieve target glycemic already had higher HbA1c (11.38 ± 2.02 *vs* 9.70 ± 0.69, p = 0.028, 9.53 ± 1.99 *vs* 8.12 ± 1.05, p = 0.009, at baseline and 3 months respectively). Both groups had same variation of HbA1c during follow-up (p = 0.498). Number of oral medications, use of regular insulin, daily insulin dose (UI/kg) and adhesion rates were similar. It was also observed that patients with final HbA1c < 8.5% had higher prevalence of diabetic retinopathy (p = 0.003). **Conclusion:** Low income is associated with higher HbA1c levels. Changes on HbA1c were similar between groups, possibly patients with worst glycemic control, at baseline, would require additional follow-up time to reach optimum targets. Grants from Conselho Nacional de Desenvolvimento Cientifico e Tecnológico (CNPq) and Fundo de Incentivo a Pesquisa do Hospital de Clínicas de Porto Alegre (FIPE).

39281 DENTAL CARE PROTOCOL FOR CHILDREN AND TEENAGERS WITH DIABETES

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Introduction: The role of health professionals in cross form has been constituted in a working mode that allows exchange of knowledge and experience exchange as a strategy for health improvements. This has been experienced in an extension program "Health Education" of the Regional University of Blumenau (FURB) regarding care of children and teenagers with diabetes. One of the difficulties encountered during the program's implementation was the low glycemic control of these patients during dental treatment. In order to solve this and other difficulties the performance of an interprofessional team has become necessity and challenge increasingly required in healthcare. **Objective:** To present the importance of individualized clinical protocol for blood glucose adjustment during dental care. **Methods:** Descriptive qualitative study of multiple appointments experience for a teenager with type 1 diabetes. In several schedules for the teenager dental service it was observed the need of an individual protocol for the management of hyperglycemia by health professionals members of the interprofessional program team (doctor, dentist and pharmacist). The protocol was established by the doctor to enable invasive procedures performed during dental care, even if the teen's blood sugar is not controlled at the time of his arrival at the service. The doctor of the team established the management protocol, the measurement of glucose was carried out by the pharmacist and complying enabled it to meet the dentist. **Results:** The protocol constitutes on administering extra doses of subcutaneous regular insulin: If blood glucose 250-400, apply 4 IU, and higher than 400, apply 6 IU of regular insulin. The adjustment of glycemic parameters made possible the dental care of the teenager. There was the exchange of knowledge between the interprofessional team enriching both the teachers involved as the students who participate in the program that when experienced working in interprofessional way, feel a little more prepared to work as a member of a team of collaborative practice. **Conclusion:** In this sense it can be concluded that access with resolution in the dental care of children and teenagers is possible from a single service tool established by an interprofessional team – dental care protocol with management of hyperglycemia with regular insulin.