

ทดลอง ก่อน-หลังการทดลอง = 92.00 และ 96.00 ตามลำดับ ; $p = 0.074$) ค่าน้ำตาลในพลาสมา
ขณะอดอาหาร (FPG) ไม่แตกต่างกัน (กลุ่มควบคุม $\bar{X} = 129.90, 122.24, 127.66, 127.76$; กลุ่ม
ทดลอง $\bar{X} = 136.56, 127.72, 132.50, 125.16$ ตามลำดับ ; $p = 0.533$) ซึ่งสรุปได้ว่า คลินิกเดมิยา
สามารถให้บริการได้ดีเทียบเท่ากับ คลินิกอายุรกรรม

ข้อเสนอแนะในการวิจัยครั้งต่อไป ผู้วิจัยควรศึกษาผู้ป่วยเบาหวานรายใหม่ ผู้ป่วย
โรคเรื้อรังอื่นๆ เช่น ผู้ป่วยโรคความดันโลหิตสูง และควรรีกรศึกษามีส่วนร่วมของครอบครัวใน
การควบคุมโรค รวมถึงการปฏิบัติงานของทีมสหสาขาวิชาชีพ เพื่อสนับสนุนการให้บริการของ
คลินิกเดมิยาในโรงพยาบาลต้ง

Thesis title	Effects of Pharmacist – managed Diabetes Refilling Clinic in Trang Hospital
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Abstract

The objectives were to study the management of the refilling clinic by pharmacist for diabetes patients at Trang Hospital. We wished to improve patients knowledge, patients compliance and outcome of glycemic control in 100 patients. The criteria were the level of fasting plasma Glucose (FPG) in the 90-130 mg/dl, $HbA_{1c} \leq 7\%$ and blood pressure $\leq 130/90$ mmHg. The patients were randomized into two groups. The control group was followed by doctors as usual in a medical clinic for 50 patients. The study group of 50 patients was followed in the refilling clinic was interviewed by pharmacists and recorded in patient profile, counseling, refill medication. So the patients would not wait to see the doctor only patients with abnormal symptoms were referred to the medical clinic. The two groups of patients were followed – up every 1-2 months over 9 months.

The result showed that the knowledge score of the study group was the same before and after the study ($\bar{X} = 11.50$ vs 11.92 ; $p = 0.148$) but that of the control group reduced after the study ($\bar{X} = 11.90$ vs 11.20 ; $p = 0.017$) The patient compliance improved in both groups during the study (the control group, $\bar{X} = 1.88, 1.02, 0.94, 0.69$; the study group, $\bar{X} = 1.53, 1.18, 1.20, 0.80$; $p < 0.001$). Both groups were satisfied with the pharmacy services (the control group, $\bar{X} = 3.29$; the study group, $\bar{X} = 3.25$; $p = 0.557$). The number of patients who achieved accepted HbA_{1c} level ($\leq 7\%$) remained unchanged in both groups (the control group before and after the study = 95.24 vs 88.10 ; the study group before vs after the study = 92.00 and 96.00 ; $p = 0.074$) vs FPG was not different (the control group $\bar{X} = 129.90, 122.24, 127.66, 127.76$; the study group $\bar{X} = 136.56, 127.72, 132.50, 125.16$; $p = 0.533$). This means that a pharmacist can provides refilling service for diabetes patients as good as a doctor does

The suggestion for further study is to counsel each new case of diabetes and extend the service for chronic diseases such as Asthma and Hypertension. The study should include role of family participation in controlling the progress of diabetes, Including health care team support in the refilling clinic.