

Medical adherence and its predictors in Diabetes Mellitus patients attending government hospitals in the Indian Capital, Delhi, 2013: a cross sectional study

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Abstract

India has the second highest Diabetes Mellitus burden globally which represents a major public health challenge. Poor adherence to medication and other treatment recommendations in diabetes patients is associated with poor glycemic control which may lead to early onset of complications with high cost of management. We assessed medical adherence and their predictors in type 2 diabetes patients attending Government Hospitals in Delhi. We conducted a cross sectional study among 385 Type 2 DM patients. We assessed medication adherence with the eight item Morisky Medication Adherence Scale. Dietary and exercise adherence were also assessed. Data was analyzed using SPSS Version 17. Prevalence of good medication adherence was 74.5 %, adherence to dietary recommendations was 70 % and adherence to exercise recommendations was 48 % in the study population. On adjusted analysis, lower socio-economic status, oral hypoglycemic agent treatment alone and reporting non-replenishment on exhaustion of drug stocks was associated with higher likelihood of poor medication adherence. Barriers against dietary adherence were differing familial dietary choices, inflation, beliefs that occasional



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Michael J. Fowler, MD

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Diabetes is a group of chronic diseases characterized by hyperglycemia. Modern medical care uses a vast array of lifestyle and pharmaceutical interventions aimed at preventing and controlling hyperglycemia. In addition to ensuring the adequate delivery of glucose to the tissues of the body, treatment of diabetes attempts to decrease the likelihood that the tissues of the body are harmed by hyperglycemia.

The importance of protecting the body from hyperglycemia cannot be overstated; the direct and indirect effects on the human vascular tree are the major source of morbidity and mortality in both type 1 and type 2 diabetes. Generally, the injurious effects of hyperglycemia are separated into macrovascular complications (coronary artery disease, peripheral arterial disease, and stroke) and microvascular complications (diabetic nephropathy, neuropathy, and retinopathy). It is important for physicians to understand the relationship between diabetes and vascular disease because the prevalence of diabetes continues to increase in the United States, and the clinical armamentarium for primary and secondary prevention of these complications is also expanding.

Microvascular Complications of Diabetes

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ORIGINAL ARTICLE

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Self-care practices among diabetes patients registered in a chronic disease clinic in Puducherry, South India

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Abstract

Background: In management of diabetes, self-care plays an important role in prevention of complications. This study aims to find the proportion of diabetic patients following the recommended self-care practices in an urban area of Puducherry. **Materials and Methods:** Consecutive eligible patients registered in chronic disease clinic were interviewed using Summary of Diabetes Self Care Activities Score (SDSCA) questionnaire. Self-care practices were evaluated in domains of diet, physical activity, foot-care, adherence to medications and blood glucose monitoring. All domains were scored from the range of 0 to 7. **Results:** Totally 162 diabetic patients were interviewed. The mean (SD) age of participants was 57 (11.1) yrs. Among all domains, adherence to medication was the highest (95.6 %) followed by avoidance of selected food items (99.4%). Almost 78% of patients had their blood sugar checked at least once in the last three months. Only half of them (50.6%) had followed at least 20 minutes of leisure time physical activity. Except washing of foot (83.3%) all other foot care practices were less commonly (35-57%) followed. **Conclusion:** The study

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REVIEW ARTICLE

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The barriers and challenges toward addressing the social and cultural factors influencing diabetes self-management in Indian populations

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Abstract

Patient adherence to recommended diabetes self-care practices reduces the risk of diabetic complications. However, most clinic-based approaches have proved inadequate in maintaining optimal diabetic self-management and the prevention of undesirable health outcomes at the population level among disadvantaged populations. Several sociocultural factors influence patient adherence to diabetic self-care practices which should be recognized and addressed by the health-care provider, especially in lower socioeconomic status and women patients. The lack of physician empathy and tendency to assign blame upon diabetic patients for the failure of adherence without recognizing the complex sociocultural factors influencing patient behavior can undermine the possibilities for better management. The enlistment of familial support when available is valuable for improving medical adherence and health outcomes in vulnerable diabetic patients with low health literacy. Young unmarried women with diabetes are particularly at risk of diabetes stigma eroding familial support and marital prospects require need effective health communication along with their family. Moreover, women with diabetes have a greater likelihood of compromising their dietary needs for the sake of their familial dietary preferences.

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