

Letter to the Editor

Self care management in diabetes mellitus: a pitfall in treatment?

Sir,

Diabetes mellitus is a lifelong disease, which affects both urban and rural population. Approximately 425 million adults were living with diabetes; by 2045 this will rise to 629 million.¹ 79% of adults with diabetes were living in low and middle income countries. One in two (212 million) people with diabetes remain undiagnosed. In India, more than 62 million populations are affected with diabetes and 1 million deaths occur every year due to diabetes. This is projected to increase significantly to 80 million in India by the year 2030.² Due to these sheer numbers, the economic burden due to diabetes in India is highest worldwide.

To achieve glycemic control and prevent complications, apart from pharmacological treatment, the patients required to follow self-care practices in the form of adherence to diet and drugs, blood glucose monitoring, foot care practices, recognition of symptoms in secondary prevention.³ Patients with improved diabetes knowledge and self-care behavior had improved clinical outcomes.

Self-care in diabetes is an evolutionary process of development of knowledge or awareness by learning the nature of diabetes in social context. Self-care is highly challenging, since factors such as the patient's knowledge, physical skills and social and emotional factors, interact and thereby affect the self-care behavior.⁴ Self-care training in type 2 diabetes implies collaborative interventions, where people respond to clinical information and goal setting, represent the most effective approaches for improving clinical outcomes.⁵

Unfortunately, the knowledge of proper diabetes self-care among diabetic patients is insufficient which hampers the effective management. Improving knowledge of self-care practices could allow the patients to contribute to their disease self-care. A comprehensive self-care behavior programme should be routinely organized for patients

with diabetes mellitus. The programme would result in improvement of glycemic control.

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REFERENCES

1. International Diabetes Federation. IDF diabetes atlas. 8th ed. Brussels: International Diabetes Federation, 2018.
2. Joshi SR, Parikh RM. India – diabetes capital of the world: now heading towards hypertension. *J Assoc Physicians India.* 2007;55:323-4.
3. American Diabetes Association. Standards of medical care in diabetes-2010. *Diabetes care.* 1998;21:1551-9.
4. Spinaci S, Currat L, Shetty P, Crowell V, Kehler J. Tough Choices: Investing in health for development: Experiences from national follow-up to commission on macroeconomics and health. WHO Report; 2006.
5. Norris SL, Engelgau MM, Venkat Narayan KM. Effectiveness of self-management training in type 2 diabetes. A systematic review of randomised controlled trials. *Diabetes Care.* 2001;24(3):561-87.

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