



Title : Living with Diabetes: Knowledge and Coping Patterns of Diabetic Patients in Two Districts of Tamil Nadu

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Introduction:

Diabetes Mellitus, a major burden of Non Communicable Disease has become the challenging health issue of this century. It is a life-long disorder which cannot be cured but can be managed well with life style modification throughout the life. To have an effective control, it is important to know from patient's point of view, the major constraints in life-long modification of life style, especially in population living in rural area, where knowledge base is poor.

Methodology:

The exploratory study has been done in the rural districts of Tamil Nadu to identify the knowledge and awareness of the patients about the disease and its management through necessary lifestyle modifications including diet, physical activity, stress handling and enlist the constraints they face, in following the above mentioned modifications. The study was done in government hospitals of two different districts, situated far and close to city, to know the difference in AKP. Patients enrolled, were diagnosed recently within 5yrs only. Patients aged > 65yrs. with co morbid conditions were excluded from the study.

Results:

The literacy rates up to Secondary level of both places were more than 50%. But more than 75% people said they don't know what Diabetes is, and more than 50% is not aware about the symptoms. 80% patients were aware and reported to be informed by the doctor about the diet modification and physical activity, but stress, a major component in diabetes management was not known to any of them. More than 30% informed that they are not following the dietary prescription and the rest were following irregularly. Regarding physical activity 62% of the people were not following any kind of activity. Diabetes Distress Scale, a 6 points scale by Polonsky gives a total diabetes distress scale score plus four sub scale scores of emotional burden, physician related distress, regimen distress and interpersonal distress, ranging from no problem to very serious problem. A mean score of 3 or higher is considered a level of distress that needs clinical attention. The results revealed that all patients severely suffer high distress in emotional burden, regimen distress and inter personal distress. The only distress they did not suffer, was physician's distress unlike other countries and even in urban India, as they have total faith on their doctors. Due to heavy work load, physicians do not have time to update themselves. There is no support health worker to advice the people on lifestyle modifications. The study indicates knowledge on diabetes needs attention.

Conclusion:

Besides pharmaceutical management, doctors need to learn the holistic approach with equal importance on dietary, physical activity and stress management. Counselors from the community should be selected and trained with the latest updates of the disease and follow the current standard guidelines given by the World Health Organization. Health education focusing on preventive, therapeutic and risk factors of diabetes involving the whole family to support the patient for reducing the disease related stress and its proper management. National Health Mission (NHM) should work more on ground level.

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