

Are we Satisfactorily Managing Type-2 Diabetes Mellitus Patients?



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Submission: March 20, 2017; **Published:** April 12, 2017

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Keywords: Diabetes Mellitus; Continuing Medical Education; Oral Hypoglycemic Agents

Opinion

The prevalence of Type-2 Diabetes Mellitus (DM) is on the rise world over particularly in China and India. Over the years awareness of Type-2 DM has improved amongst the public as well as in those who deliver healthcare and policy makers. However, considering the ground reality the patients do not appear to be receiving the required treatment. With the increased prevalence of DM, there have been more number of Diabetes specialists and Diabetes Care Centers often unethically advertising that the “patients are getting half treatment elsewhere, we know the best about Diabetes and we are number one in Diabetes Management etc” thus misleading the public for commercial gain.

Since DM is a chronic, incurable but effectively treatable disorder, the care should be regular and lifelong. Therefore particularly considering our country's Socio Economic situation the cost should be kept low and reasonable, whether the patients choose the Government or private sector. We organize conferences and Continuing Medical Education (CME) often where only the specialists participate. We hardly see Family Physicians/General Practitioners who take care of the majority of diabetes patients. Such conferences and CME's serve no purpose in improving the quality and standard of healthcare.

It has become fashionable to have foreign (western) speakers sponsored by pharma companies in most of the conferences. These are generally clinicians who probably have less experience than we do and their main purpose is to propagate use of new molecules. What we need are basic scientists to come and tell us the new developments in the field. But such people are rarely sponsored.

The eminent speakers travel all over the country and keep on talking about western guidelines in the management of DM

which considering the socio economic situation and prevailing unorganized health care, we can hardly follow it. There had been attempts to bring out Indian guidelines, but again mostly they are replica of western guidelines. Our guidelines should be commensurate to the facilities available and affordability of our people. For want of facilities and resources no meaningful research is happening in the country. Some private institutions undertake so called research and publish only for publicity and commercial gains. It rarely helps in day to day care of patients. When the patients visit the doctors especially in the private sector before the specialists see the patients, they are asked to undergo various wanted and unwanted laboratory tests and investigations at great cost. In situation like this there is more of commercial interest than the interest of the patients. This is unfortunate. Whether it is a Primary Physician or Family Physician or a Specialist what needs to be done is in keeping with the traditional teaching to interact with patients and their family and ask for essential investigations which help to manage patients. In the absence of complications of DM there is hardly any need for expensive Laboratory tests and equipments for other investigations.

Counseling about the healthy life style, proper diet, preventive foot care and use of inexpensive medicines (insulin or Oral Hypoglycemic Agents (OHA)) with no or manageable adverse effects are important. In addition looking for complications of diabetes during every visit and early referral to the concerned specialist will go a long way to lessen the expenses and suffering of patients. Unfortunately, even though there is awareness of DM amongst the public and fact that it is not curable, majority of patients fail to follow regular treatment especially when they are told that they need insulin injection. At this juncture either they change the doctors or resort to alternate system of treatment.

Further, patients keep on spending money frequently for unnecessary and unwanted investigations which they themselves decide to get at diagnostic centers, place it before the doctors but fail to follow the doctors' advice. With the result they invariably develop microvascular Complications and worsening

on macrovascular complications resulting in suffering, loss of capacity to work and economic crippling. The National Health Policy (2017) hopefully will enable for early detection and better management of DM.



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DOI: [10.19080/CRDOJ.2017.02.555576](https://doi.org/10.19080/CRDOJ.2017.02.555576)

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