

A Study To Find Out Various Factors Regarding Noncompliance To Treatment Regimen Among The Diabetic Clients In Selected Hospital of Metropolitan City

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I. BACKGROUND

India has 40.9 million people with diabetes which is nearly 15 % of global diabetes burden. Projection shows that it will increase to 70 million by 2025. India leads the world with earning the dubious distinction of being termed as “Diabetes capital of the world”.

Diabetes is a global epidemics and serious public health problem. 382 million people have diabetes in 2013; by 2035 this will rise to 592 million. The number of people with type II diabetes is increasing worldwide. 80% of people with diabetes live in low and middle income countries. The greatest number of people with diabetes are in the age group 40 to 59 years.

Healthy dietary habits and life style modifications are the cornerstones of type II diabetes prevention and management. The diabetes prevention programme suggested dietary and physical activity changes to produce 5 to 7 % weight loss, successfully maintains glycemic control in people diagnosed with type II diabetes. Noncompliance is believed to be most common cause of treatment failure. Noncompliance leads to lack of metabolic control, which contributes to development and acceleration of diabetic complications.

As diabetes is chronic disease, it needs long term management. This is the reason noncompliance is seen in many patients and also complications which effect on quality of life. There are multiple factors which are responsible for this diabetes understanding of disease by patients and relatives is very important. Patient has to accept disease and then self-care management is one of the important aspect in controlling the disease.

This is the reason researcher thought to find out what are the factors which are responsible for noncompliance of diabetes patients. So that some factors can be tackled.

1. To identify the factors associated with noncompliance to treatment regimen in diabetic patients in selected hospital.
2. To find out prevalence of various complications in noncompliance to treatment regimen.

II. MATERIAL AND METHODS

The present cross sectional study has been carried out on June to August 2016 on 100 diabetic patients from 30 to 75 years of age selected hospital of Mumbai city. Total participants were 100 diabetic patients of both sexes. Maximum samples. e. 41 & 42 were between the age group 46-60 years & 61-75 years respectively. Total 69 samples were male and 31 were female. Out of 100 samples 51 had primary education, 36 had education up to SSC & 12 samples were illiterate. Total 38 samples had diabetes from 6-10 years, 30 had from 5 years, 23 from 11-15 years and 9 had from 16 years. Total 67 had family history of diabetes. Total 64 were on oral hypoglycemic and 16 were on insulin treatment and rest were on combined treatment. Only 35 patients were not admitted before for diabetes complications, rest all samples admitted at least once in hospital for complications of diabetes.

METHODS

It was purely review survey. Prospective review study was done. Study period was three months from June to August 2016. Patients were selected from outdoor and indoor departments available from medical, surgical wards and OPD. Structured questionnaire was used for collection of data. Research tool consist of three parts. First demographic data, second medical history of diabetes and third factors for noncompliance was divided into six main headings as social and economic, health care team and system related, factors of treatment noncompliance, patient centered, therapy related and disease related factors

RESULT

Patients review are divided into frequency and percentagewise under all studied six main headings with conclusive results. Following factors had shown very prominent effect on diabetes noncompliance in this study. From social & economic factors 81 reported high cost of medicine, 47 had poor economic condition, 43 reported long distance of treatment center, 45 had inability to take time from work, 28 mentioned as high cost of transport, cultural and lay belief about illness and treatment were reported by 45 patients and illiteracy and unstable living conditions were 10 & 11 respectively. In patient centered factor 73 patients had poor health knowledge, 75 were not doing any type of exercise, 42 not following any diet instruction and 44 had habits of smoking and alcohol, forgetfulness is reported by 33 patients and 17 reported physical disability. In factors of treatment noncompliance 44 reported of taking medicine at wrong time, 57 reported delaying in seeking health care. In therapy related factor 38 reported difficulty in understanding treatment modalities. In disease related factor 58 reported slow rate of progress, 48 reported increased severity of disease and 57 had comorbidities.

III. ACCORDING TO VARIOUS FACTORS

Following factors had shown very prominent effect on diabetes noncompliance in this study. From social & economic factors 81 reported high cost of medicine, 47 had poor economic condition, 43 reported long distance of treatment center & 45 had inability to take time from work. In patient centered factor 73 patients had poor health knowledge, 75 were not doing any type of exercise, and 42 not following any diet instruction and 44 had habits of smoking and alcohol. In factors of treatment noncompliance 44 reported of taking medicine at wrong time, 57 reported delaying in seeking health care. In therapy related factor 38 reported difficulty in understanding treatment modalities. In disease related factor 58 reported slow rate of progress, 48 reported increased severity of disease and 57 had comorbidities.

IV. DISCUSSION

Studying review project total 100 cases with different complications of diabetes were included for various factors for noncompliance, the various aspects were concluded as follows

- 1) Socioeconomic factors affecting noncompliance were mainly not taking treatment regularly and poor health knowledge. High cost of medicine is one of the important factor of noncompliance.

- 2) Illiteracy factor is also affecting the basic information about the complications which occurs during the starting or spreading of disease.
- 3) Disease related factors which influence noncompliance is mainly slow rate of progress or recovery and comorbidity such as hypertension, cardiovascular disease, and depression.
- 4) In patient centered factors not following diet and exercise instructions to control or maintain blood sugar level.
- 5) Factors of treatment noncompliance, taking medicine at wrong time and delaying in seeking health care which are the main cause for creating number of complications during treatment.

V. CONCLUSION/ TAKE HOME MESSAGE

1. Chronic illness patient's has to be educated for self-care management.
2. Care takers of the patients are also to be aware regarding their regular treatment and follow up.
3. Community awareness programme regarding prevention and management should be initiated on large scale including government health policies.

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