Knowledge, Attitude and Practices of Diabetic Patients – A Cross Sectional Study in a Tertiary Care Hospital in Mysore

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Sir,

The prevalence rates of diabetes are rising rapidly both in urban and rural India with the present prevalence in urban India being 12-19% and in rural India 4 – 10% in different published Indian studies. All involved in diabetes care agree that patients play a major role in the successful management of diabetes. There is an increasing amount of evidence that patient education is the most effective way to lessen the diabetic complications and its management. Education is likely to be effective if we know the characteristics of the patients in terms of knowledge, attitude and practices about diabetes. This study was conducted in Mysore to know the knowledge, attitude and practices of diabetic patients attending JSS Hospital. A total of 900 patients were included in the study. Five hundred sixteen (57.3%) patients were males, while 384 (42.7%) patients were females. Four hundred twenty-three (47%) patients were from urban area, while 477 (53%) were from rural area. Five hundred sixty-five (62.5%) diabetic patients were unaware of the diagnostic criteria for diabetes mellitus, 661 (73.4%) patients about cause of diabetes, 264 (29.3%) patients about common symptoms of diabetes, 256 (28.4%) patients about symptoms of hypoglycemia. Diabetes is a chronic disease which can affect many systems in the body like the heart, eyes, kidneys and nerves contributing to increased morbidity and mortality. 29%, 30.7%, 31.2% and 35.7% of diabetic patients were not aware of the diabetic complications to heart, eyes, kidneys and nerves respectively. Even patients with diabetes for more than 10 years, 18.8% were not aware of the heart complications while 21.5% were not aware of the diabetes complications to eyes, kidneys and nerves. 834 (92.6%) diabetic patients were not aware of HbA1C. 790 (87.7%) diabetic patients did not know that fruits can be eaten by diabetics. Eight hundred seventeen (90.8%) diabetic patients had not attended a formal diabetic education class. This possibly is a major reason for diabetic patients to have poor awareness of different aspects of diabetes. The low awareness in diabetes patients are noted in different studies done in different parts of India. Education is not just a part of diabetes treatment. It is the treatment. According to WHO, education is the cornerstone of diabetes care. For a physician, diabetes is one of the many diseases calling for his attention in his practice. The time constraints prohibit physicians from delivering optimal diabetes care to their patients which include performing all the necessary tests, educating their patients about the disease, its complications and management. Diabetes educator who can be a nurse, a dietician, a social worker or in a more sophisticated centre a qualified diabetes educator can fill up this important void and play a major role in optimal diabetes care.

To conclude, education has the biggest role to play in containing diabetes epidemic in India. Responsibility should be at every level from individual doctors to organizations to governments. Effective utilization of the limited available resources is critical for a country like India. We in India are blessed with a large youth population and we should not turn this blessing of a vibrant young nation to a curse of an unhealthy young nation.

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References