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Short Communication

Common Errors by Diabetes Patients Influencing Management

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Abstract:

Merely visiting a physician and receiving a prescription is not enough while treating a patient suffering from diabetes. Many mistakes are committed by patients, which make physician's job very challenging.Many patients do not take prescribed pills on right time, in right dose in right manner because of which blood reports are influenced. Patients have their own myths and misbeliefs to commit these faults. The only way to minimize these faults is diabetes education which a sparingly rendered by the physicians in our part of the world and we do not have awell set system of diabetes educators.

Keywords: diabetes; influencing management

Introduction:

Merely visiting a physician and receiving a prescription is not enough while treating a patient suffering from diabetes. Many mistakes are committed by patients, which make physician's job very challenging. Many patients do not take prescribed pills on right time, in right dose in right manner because of which blood reports are influenced. Patients have their own myths and misbeliefs to commit these faults. The only way to minimize these faults is diabetes education which a sparingly rendered by the physicians in our part of the world and we do not have awell set system of diabetes educators.

As a practicing diabetologist, I often feel depressed and helpless when I discover innumerable faults committed by patients of diabetes, inspired by their myths and misbeliefs. This article describes these errors in qualitative manner since no large epidemiological study has been undertaken to quantify prevalence of these myths and misbeliefs which vary from place to place as per qualification of the patients and physicians. There are very few exclusive diabetes clinics in our country and most patients are attended by general physicians who themselves are not well versed with diabetes education.

Test related errors:

Missing oral hypoglycemic agents (OHAs) on the day of testing: many patients do not take their anti diabetic pills on the day of testing due to misbelief that report should be seen without any pill.

Taking OHAs even before fasting blood testing: many patients who turn upfrom far off places consume their OHAs even before FBG while leaving their house.

Many patients take fewer OHAs than being prescribed on pretext that some pills were exhausted.

Prescribed OHAs being exhausted, some patients take other anti diabetic pills being consumed by their relatives or friends since they feel any anti diabetic pill shall do.

Time of testing is variable. Sometimes they get FBG at 8 AM while onother occasion time might be as late as 11 AM

Size of meal is variable. Some take full lunch at breakfast time.

Ideally PPBG should be done 2 hours after the first bite of the meal but patients change this duration as per their compulsions. Many notice time after completing meals.

Many a times, when patients forget to take a pill at breakfast or prescribed meal they take it as and when they realize their mistake.

Many patients insist for only FBG to save time.

Exercise related:

Common rule is to undertake moderate intensity exercise for 150 min per week is not followed generally.

Despite advice, high intensity exercise for 2 days a week is not undertaken.

Most patients do not exercise regularly; instead exercise after they find deterioration in glycemic control.

Regularity in exercise remains a constant problem. Patients have many excuses for not exercising such as odd weather, late night return and some trivial ailment.

Related to follow up visits:

In my practice, I call a patient after one month if glycemic control is bad or else after 2 months but patients usually turn up only after control becomes bad and they themselves fail to control it. Sometimes they do not turn up for follow up visit even for years.

Related to pills for comorbidities:

Patients' focus remain on blood glucose only. Many stop lipid lowering pill and do not get lipid profile done even for years.

Since there is no obvious symptom of high blood pressure, patients refrainfrom taking anti-hypertensive pills.

Many patients insist not to prescribe any pill for high BP as they will controlit by mental relaxation and yoga.

Many a time, patients don't take anti-hypertensive pill on prescribed time. Often do not take pill daily. Some take anti- hypertensive pill only whenthey have some symptom, regarded by them being due to high BP.

Often they change the pill for hypertension from their relatives if their pills are exhausted.

Same is the plight of pills for other co morbidities such as those for coronary artery disease.

Related to test plan:

GHb A1c is often ignored being a relatively costlier test. Most patients rely only on FBG and PPBG.

Even those patients who are on Insulin, patients are reluctant to get 7point testing.

Lipid profile is yet another test, patients feel is useless.

Renal profile is often prescribed annually but patients are reluctant to getit. Many have azotaemia, still avoid repeat testing on follow up visits.

Facility for testing for micro-albuminuria annually, is sparingly availableand is not done even where it is available.

TMT and ECHO although advised annually is done only when major coronary event is suspected by the patient.

Owing to high cost, very few patients oblige by getting coronary angiography as and when advised.

Related to Insulin:

Very sparingly a general physician explains all precautions to patients,related to Insulin therapy.

Many patients forget morning and evening dose of Insulin and administerwrong dose.

Many a time's wrong syringe is used if U-100 Insulin is prescribed.

Many patients administer Insulin on forearm instead of abdomen or thigh.

As far as cold chain is concerned most patients are too obsessed about keeping Insulin in fridge but forget to keep it outside fridge for some time toattain room temperature.

Often they forget to shake pre mix Insulin before administering.

During transportation, most patients don't use ice packs which are freely available with any druggist.

Disposal of needles is casual and liable to cause injury to small children and passers bye.

Related to record keeping:

Many patients forget to bring previous prescription and test reports, which not only inform the pills being consumed by the patient but also imparts information as to previous weight, BP and other parameters such as GHb A1c and lipid profile as also symptoms, if any.

Very few physicians provide a file for maintaining prescriptions and reportsand even if they do, patients find inconvenient to bring file on follow up visits.

Thus there are innumerable errors, which patients commit and this influences management of diabetes. It varies according to education of patientand physicians.

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