



ORIGINAL RESEARCH PAPER

Primary Care Medicine

DIET AND LIFESTYLE PRACTICES AMONG TYPE2 DIABETIC PATIENTS

KEY WORDS: Diabetes, Balanced diet; Practices; Lifestyle.

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ABSTRACT

Diabetic patients should be well-informed about the disease, its natural course, its complications, as well as about Balanced diet and lifestyle in addition to pharmacotherapy. The present study was undertaken to assess the diet and lifestyle practices among type 2 diabetic patients in a secondary health care center in Kozhikode district. A cross-sectional study was done with 296 type 2 diabetic patients in the Government Taluk Hospital Thamarassery. Practices regarding disease, diet, and lifestyle habits were collected using a proforma. Data was entered and analyzed using SPSS software, Practices were assessed using a practice scoring. Good practices like sugar monitoring (77.4%), the habit of wearing socks (84.8%), and care while cutting nails (51.4%) were prevalent in good proportion. Only 5.4% had regular weight monitoring, 20.9% had regular foot examinations, and a minority had regular eye and kidney check-ups. Majority had inadequate vegetable, fruit, water and protein intake. 83.8% were not practicing any physical-activity. Majority of the participants had poor practices regarding diabetes (86.5%).

INTRODUCTION

The term "Diabetes" comes from a Greek word to pass or flow through (excessive urination) and "Mellitus" means sweet. Diabetes mellitus (DM) refers to a group of common metabolic disorders that share the phenotype of hyperglycemia¹. The prognosis of the patients with diabetes mainly depends on the complications seen during the natural course of the illness. Stringent adherence to diet and lifestyle modifications is the mandatory step in the management of diabetes to delay the occurrence of all micro and macro vascular complications.

Health education is likely to be effective only after assessing the patients, regarding their awareness about the illness, and how they are adhering to their medications, diet and life style². We should have a detailed data regarding the patient's knowledge about the disease and practices regarding their diet and lifestyle in order to guide them in a proper direction. We have to place educational efforts regarding self-care activities, healthy diet and lifestyle practices as an integral part of our management plan³. While evaluating we should always document height and weight, and BMI at initial visit and record weight at every visit, which is equally important as blood sugar values. We should always compare the present weight with the previous weight. So apart from pharmacotherapy, we should focus on weight reduction, proper dietary habits, exercise, avoidance of smoking and alcohol use and self-care activities⁴

Previous Indian studies showed that limited knowledge about the disease and its complications, dietary and lifestyle modification, unsatisfactory attitude and practices, and deficient self-care, are the causes of the high prevalence of the disease in India⁵.

The present study was conducted to assess diet and lifestyle practices among Type 2 diabetic patients who are attending Government Taluk Hospital, Thamarassery which is a secondary health care center in Kozhikode district and it is one of the Field practicing Unit of Department of Family Medicine, Government Medical College, Kozhikode.

SUBJECTS AND METHODS

We conducted cross-sectional observational study among 296 Type 2 diabetic patients who were attending Government Taluk Hospital, Thamarassery which is a secondary health care center in Kozhikode district. Practices regarding disease, diet, and lifestyle habits were collected using a proforma after getting approval of Institutional ethics committee and written consent from the subjects.

We included Type 2 diabetic patients of either sex, who

attended the NCD out-patient clinic in a secondary health care Centre (Thamarassery Taluk Hospital, Kozhikode district, Kerala) and gave written consent.

Data obtained were entered in MS Excel Spreadsheet and the collected data were analyzed using SPSS software. Qualitative variables are expressed in percentages and quantitative variables as mean and standard deviation.

Practice score was derived from the semi structured questionnaire. Practice score >80% of total score was Considered as excellent practice and 50-80% as "good practice" <50% of total score as poor practice.

RESULTS

Table - 1 Assessment Of Practices

Various practices	Yes n(%)	No n(%)
Regular sugar monitoring?	229(77.4%)	67(22.6%)
Regular weight checking?	16(5.4%)	280(94.6%)
Wearing socks/chappal?	251(84.8%)	45(15.2%)
Regular foot examination?	62(20.9%)	234(79.1%)
Care while cutting nails?	152(51.4%)	11(48.6%)
Renal check up?	74(25%)	222(75%)
Eye check up ?	13(4.4%)	283(95.6%)
Miss taking drugs?	124(41.9%)	172(58.1%)
Adequate intake of vegetables?	26(8.8%)	270(91.2%)
Fruits at least once a day ?	96(32.4%)	200(67.6%)
Sweets and cake?	214(72.3%)	82(27.7%)
Fast food ?	102(34.5%)	194(65.5%)
Physical activity?	48(15.5%)	248(83.8%)
2-2.5L of water intake daily ?	99(33.4%)	197(66.6%)

Good practices like regular blood sugar monitoring (77.4%), habit of wearing socks/ Chappal (84.8%), adherence to drugs (58.1%) , care while nail cutting (51.4%) were prevalent in a fairly good proportion. But only 5.4% had a practice of regular weight monitoring, and only 20.9% had the habit of regular foot examination. Less number of subjects had a regular eye check-up (4.4%) and nephropathy screening (25%).

Out of the 296 study subjects, only 8.8% were taking adequate vegetables, 32.4% were taking fruits at-least once a day and only 33.4% were taking adequate water intake. 34.5% of the study subjects had the habit of fast food intake. 83.8% of the study subjects were not practicing any physical activity.

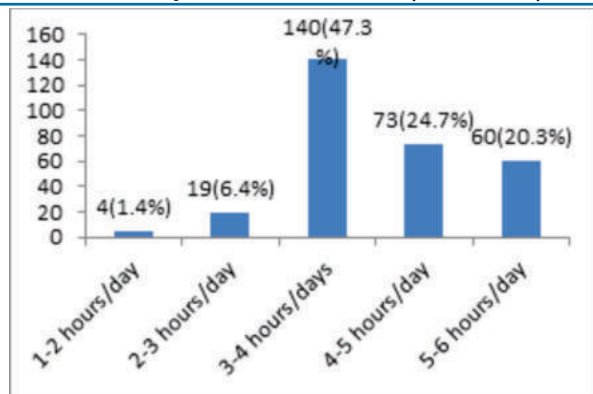


Figure – 1 Watching TV/Mobile (Screen Time) Hours/Day

47.3% of the study subjects had a habit of watching TV/Mobile/Computer for about 3-4 hours per day and 20.3% watched for about 5-6 hours per day.

Table – 2 Practice Score

Mean \pm SD	6.8 \pm 2.2
Minimum score	1.75
Maximum score	12.75

Mean Practice score was 6.8 \pm 2.2 with a minimum score of 1.75 and a maximum score of 12.75.

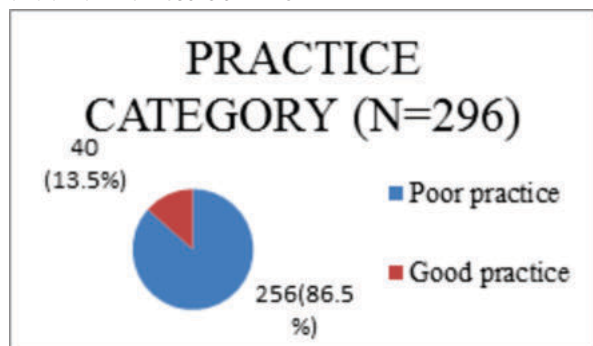


Figure-2 Practice Category

Majority of the participants had poor practices regarding diabetes (86.5%).

CONCLUSIONS

Good practices like regular blood sugar monitoring and wearing socks or chappals were fairly common among participants. Many of them are used to taking excess carbohydrates, sweets and other bakery items. Many of the study subjects had a habit of watching TV/Mobile/Computer for about 3-4 hours per day indicating sedentary lifestyle. Mean Practice score was 6.8 \pm 2.2 with a minimum score of 1.75 and a maximum score of 12.75. Majority of the participants had poor practices regarding diabetes (86.5%).

LIMITATIONS

1. Recall bias on taking details about diet, self-care practices.
2. This was a single-center study
3. The oral questionnaire approach was employed in this investigation. Several factors, such as social desirability bias and an effort to safeguard privacy, may cause respondents to give false information in their responses.

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