Barriers, Challenges and Possible Solutions in Establishing Diabetes Self-Management Education (DSME) in India: A Policy Perspective

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ABSTRACT

The number of diabetic people in India is increasing. A vast gap of health service need and provision exists. However, the proposed agenda of promotion and recognition of diabetes educators may translate into diabetes effective management at individual level to the maximum possibility. Managing diabetes is a unique and ongoing process. As such, self-management of the disease is crucial. Diabetes patients should receive support to help them to manage diabetic condition as effectively as possible. This study proposes conceptual approach to diabetes self-management education. This framework further articulates the short term and long term outcomes. DSME promotion through educational intervention in a sustained manner has long-term benefits. DSME in an Indian context as optimally trained, effective, efficient, viable health human resource allocation across different levels is not a feasible solution in a low resource setting. This study proposes that a need exists for further research in an Indian context about the scientific credibility of DSME, financial feasibility, cultural acceptability and operation stability of the policy initiative.

Keywords: Diabetes, Health Services, India, Self-Management, Self-Management Education

1. BACKGROUND

Diabetes mellitus (DM) is a disease marked by high levels of blood glucose resulting from deficiency in insulin production, insulin action, or both. DM can lead to serious complications and premature death. However, people with diabetes can take steps to control the disease and lower the risk of complications such as diabetic foot, ischemic heart disease, cerebrovascular...
disease, infections, etc. (National Institute of Diabetes and Digestive and Kidney Diseases, 2003). The World Health Organization (WHO) estimates that more than 180 million people worldwide have diabetes, this number is likely to be more than double by 2030 (WHO, 2006). Diabetes is the commonest and most rapidly growing health problem, in all age groups, in India. It represents a significant burden of Non Communicable Diseases (NCD) characterized by chronic hyper-glycaemia and other metabolic abnormalities. The Indian Council of Medical Research (ICMR)-2004 estimates diabetes prevalence in India at approximately 12 percent among urban adults and 4 percent among rural adults. It is predicted that India will remain a country with the highest numbers of people with diabetes at an estimated population 79·4 million by 2030 (Wild et al., 2004). In order to mediate the impact of diabetes on the individuals health status Diabetes Self-management Education (DSME) has been considered as an important part of the clinical management (Bartlett, 1986). This review seeks to consider how the development of a self-management education strategy may help to maintain their blood glucose level and less likely to have diabetic complications.

In India, the majority of people with diabetes are diagnosed either when they manifest with the clinical symptoms or accidently during routine investigations for other co-morbidities. Once they are diagnosed the treatment and management of diabetic care is usually expensive due to huge direct and indirect costs (Mahal et al., 2009). Diabetic management is achieved mostly through non-clinical interventions such as dietary habits, physical exercise and stress relief (Norris, 2001; Loveman et al., 2003). The significant challenge for diabetes care in India includes providing education regarding primary prevention of diabetes and training of people with diabetes to manage their condition. DSME plays important role in strengthening the non-clinical intervention and involves teaching people to manage their diabetes and to optimize their diabetic control and quality of life. This helps in preventing complications such as ischemic heart disease, cerebrovascular disease, diabetic retinopathy, diabetic nephropathy etc., while keeping costs at the bare minimum (Norris et al., 2002). This can improve cost-effective management of diabetic patients and improves overall survival as diabetes becoming public health problem.

Further, Donnell Etzwiler for the first time established an outpatient education centre to provide basic diabetic information and self-management education to the diabetic patients. The team was comprised of three members, a dietitian, nurse and physician (Powers et al., 2006). The main focus of diabetes self-management education is to enable the person living with the condition to develop skills to improve their glycaemic control including, information and knowledge about life style changes such as diet and physical activity. Specifically, it helps to prevent late complication of diabetes such as diabetic foot, nephropathy, neuropathy and others (Norris, 2001). In India, the current services of diabetic care are almost completely performed through biomedical intervention. The specialists in the hospital are unable to give enough time and focus towards advising and helping patients in self-management primarily because of growing clinical work load.

Although multi-disciplinary approach (such as clinician to provide expert advice in diagnosing and prescribing treatment; diabetic educator to educate about diet plan, exercise, recognition of complications and seeking support, etc.) to manage people with diabetes is essential at regular interval at hospital level. Butto have population level benefit, to manage people with diabetes, there may be need of effective community based health education with appropriate use of standard community level guidelines and research evidence for community level diabetes management educational tools supported by regular survey to monitor the data on people with diabetes self-management status on continuum basis, may reduce the economic burden on patients as well as on health care institutions.
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