

Maximising the Efficacy of Education

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Compliance is the willingness and the adherence of the patient to the management plan.

A non-complaint patient is a problem for the physician and health care team and this causes failure in achieving successful management of diabetes.

Various studies have shown that in any chronic illness, only 50% of patients are compliant to medication prescribed on a long term basis.

The studies specific for diabetes show the 80% of those studied administered insulin in an unacceptable manner, 58% gave the wrong dose and 75% did not follow dietary recommendations.

Diabetes education has significantly improved compliance rates by correcting misconceptions, providing proficiency in care skills and bringing about changes in behaviour by setting achievable and measurable goals.

In our Indian conditions the responsibility for being non-compliant cannot be shouldered by one person or one group. The factors involved in the diabetes management responsible for non-compliance can be categorised as follows:-

1. Health-care Professional related factors
2. Patient related factors
3. Economy related factors

1. Health-care Professional related factors

There are many factors that health care professionals may not be aware of :

- **Poor communication** : The instructions in education could be incomplete or not explained clearly. Full and clear message is not given many times, which leaves the individual with insufficient information. Under-estimation of the complexity of the task by professionals leads to poor communication.
- **Complexity in management of diabetes**: Different kinds of regimens advised for control of diabetes is very confusing for the patient at times.

- A simplified schematic approach to suit one's life style may achieve better compliance.
- Lack of ability to gain confidence of the patient, results in having a patient who does not actively participate in achieving treatment goals set for him.
- Attitudes of the health care provider and his relationship with patient can greatly affect the compliance.

2. Patient related factors

The factors relating to education, cultural background, health beliefs and gender contribute to compliance.

- **Education** : Educational status influences understanding about health parameters, observances of different management modalities.
- **Culture and Traditions**: The life style is based on a number of traditions relating to religious practices. Joint family system, social eating and observance of festive meals, make individual plans impractical.
- **Environment** : The environment in relation to stress and competition and social stigma are also factors relating to the individual being non-complaint. Capability of coping with adverse situations determines adherence.
- **Health beliefs**: The deep rooted beliefs about health and medication is a well known factor. Grandma's recipes are the home remedies for illnesses. The meaning of healthy state is misunderstood as the state of being physically able to perform daily work, this leads to delay in seeking medical help. Alternative system of medicine is tried first. The allopathic medicines are considered last of all. Injections are the last resort, medicine should not be taken in empty stomach are some pre-conceptions to be eliminated.
- **Gender indifference** : In families the care of illness is also based on the sex of the individual. Many times the girl child is neglected and overall the women get low priority in health care. Such circumstances add to non-compliance to the treatment.

* From Becton Dickson Pvt. Ltd. in India, New Delhi.

- *Self esteem and self efficacy* : Indifference to one's health and introversion leads to apathy towards seeking advice. The attitude of personality becomes obtrusive to the recommendations of health care team. Thus to follow care skills and adopt a healthy life style are necessary for diabetes care.
- Lack of social support system like medical insurance for diabetes population is another factor.
- Lack of access to the medical aid in the remote areas and the long waiting in queues in hospitals and clinics deter persons with diabetes from being adherent to the treatment.

3. Economic related factors

This factor could be individual related or related to the health care systems.

- Poor economic status of the individual denies many resources essential for proper management of diabetes.

The parameters enumerated above need to be individualised. Acknowledgement of perfection and mistakes in management need to be viewed positively and equip patients for further improvement and to continue to strive for management goals set for the individual. Life style needs and quality of life is to be reckoned as important as metabolic control in maximizing efficacy of any disease management programme.