

Industry's role in the education of the diabetic patient

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All said and done, co-operation and team work are essential to the management of chronic diseases. The medical professionals including paramedical personnel, the patient and the pharma industry have to work together to ensure that the long term undesired effects of chronic diseases are minimised. There was a time when doctors were reluctant to seek the help of pharma industry in CMEs and patient education. Today the presence of industry in CME programmes is taken for granted. Even in the areas of patient education, awareness and detection activities, the industry has started taking a keen interest and the profession welcomes it.

This is particularly true in the field of diabetes. The government programmes often take interest only in areas such as TB, Malaria, AIDS and family planning. Many Asian governments refuse to understand the "epidemic" proportions being reached by diabetes and its insidious potential for complications. As usual the tendency is to wait for the problem to develop into a crisis before dealing with it. This official attitude makes it necessary for the industry and the profession to put their heads together to do whatever their resources would permit for meeting the challenge of diabetes in the coming years. Needless to say that greater awareness about diabetes confers positive commercial benefits to the pharma industry. Current market data shows that as against the conviction of most diabetologists that there should be 40 million diabetics in India less than 10 million (25%) are receiving treatment as on date.

What should be the nature of this co-operation between the Industry and the medical profession as far as patient education is concerned? Most companies today provide patient information booklets, identity cards, wall charts, slides for educational lectures and video cassettes. Still there

is a great need to reduce the textual content of these inputs with more visuals. There is also a need to prepare material and information for the use of general practitioner. In today's context, a GP handles many new diabetics and these new cases are more responsive to education than patients of long standing. Simple instructions on diet, exercise and monitoring should be available to these patients. (see figures at the end of the article).

In addition to all this the co-operation of pharma industry is necessary to create a dedicated set of diabetic educators. For a new profession to take root and flourish, we need a small group of self-driven professionals who by their example and enthusiasms will draw many a competent person into their group. Such people will also need the unstinted support of their institutional heads to overcome the teething problems. Hence it may be better if we can invite applications from nurses already working in diabetes units along with a written assurance from their heads that their training would be put to use. Such applicants could be trained for three to six months in groups of 10 to 15 each in four or five metro centres by competent educators and doctors. This may not immediately result in government recognised diplomas or degrees for the trainees but will certainly increase the awareness among doctors and patients about the value of this profession. After all the practice of medicine also did not start with the creation of a government recognised paper.

Next question which may arise is who will fund such a programme in case the government is not roped in. Diabetes teaches us to be Spartan in our lifestyles. If same frugal approaches were adopted for conducting this programme, I am sure that institutions and industry would not find it difficult to fund such a programme for some years to come.



Meal plans

Quick-fix algorithm (100/50/25)

Write down your daily meal plan of pre-detection days.

For every meal, cut off refined sugars totally (100%)

Use only half the oil or ghee (50%)

Reduce the quantity of food by a quarter (25%)



Exercise

30 minutes break-up

5 minutes of warm-up by stretching arms and feet, rolling the neck and touching the toes.

20 minutes of walking to cover 2 kms.,

Reach this speed in two months and maintain.

5 minutes of cooling down by repeating warm-up exercises

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