

# Barriers to Patient Engagement in Managing Type 2 Diabetes Mellitus and How to Overcome It?

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## ABSTRACT

Phase Angle (PA) has been related to the integrity of cell membranes, as a good prognostic indicator, with the general health and nutritional status of patients. Hyperglycemia has already been shown to be a common outcome seen in patients with type 1 diabetes mellitus (T1DM) and is capable of causing glycototoxicity and cell damage if not regulated; mainly in the long term. A1C is currently considered the gold standard for assessing metabolic control in T1DM patients, as the relationship between their increased levels (>7%) which means blood glucose of 154 mg /dL or less) has been consistently demonstrated and the risk of chronic complications and adversities, and worsening prognosis in this population.

**Keywords:** Type 2 Diabetes Mellitus

## INTRODUCTION

Diabetes mellitus is a global health issue affecting 422 million people worldwide (WHO-2014) and this number is predicted to double by 2030. To avoid diabetes related complications, patients need to make behavioural changes targeting diet, physical activity and adhere to treatment. Patient engagement refers to 'enabling individual patients to gain evidence-based knowledge about their condition participate in treatment decisions that reflect their preferences, be proactive in managing their health and thereby influence health care practices [1-3].

## METHODS

### Barriers

- Patient Factors
- Attitudes and beliefs
- Patients' compliance
- Cultural Dietary barriers
- Mental health problems
- Financial resources
- Social support
- Personal issues

- Healthcare-provider factors:
- Clinicians' beliefs, attitudes and knowledge
- Communication barriers
- Increasing patient-workload
- Organization-level factors
- Professional role and identity

### Strategies for improving diabetes care and patient engagement (ADA)

Patient engagement plays a vital role in the improvement of health behaviours and outcomes in the management of diabetes.

- A patient-centered programme
- Timely treatment decisions, based on guidelines
- Aligned, shared-care
- Multi-disciplinary team involvement
- System-level improvements

### Helping patients overcome self-management barriers Motivational Interviewing

Essential qualities and skills for a health care provider to encourage behavioral changes with risk reduction, assessing willingness for

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behavioral modification and skills in considering the patients perspectives and beliefs are required.

### Patient Engagement through Patient Empowerment

Empowerment is a patient-centered approach tailored to match the fundamentals of diabetes care in order to help patients discover their inherent capacity to be responsible for their health choices.

### Goal Setting and Behaviour Changes

Engaging patients on an individual level to foster a shared decision-making approach and placing them at the center of care may enhance patient-engagement and help them fulfill their Diabetes-related goals.

### Management of Pre-diabetes

#### Lifestyle interventions

The mainstay of lifestyle intervention programs is to alter the modifiable risk factors of pre-diabetes by targeting obesity with increased physical activity and dietary changes. In the DPP study, intensive lifestyle interventions led to a 58% risk reduction of developing diabetes. Every 1kg weight loss, reduced the risk of developing diabetes by 16%.

#### Pharmacotherapy

Metformin is noted to have favourable outcomes such as BMI reduction and improved lipid profile. The collective evidence of trials suggests a 45% risk reduction for development of type 2 diabetes.  $\alpha$ -glucosidase inhibitors help reduce postprandial hyperglycaemia. Pioglitazone was found to decrease the risk of diabetes by 70% in obese subjects with IGT. GLP-1 analogues have been shown to have long-term efficacy for sustained weight loss and reduce prevalence of pre-diabetes. Orlistat inhibits the absorption of dietary fats by 30%. XENDOS trial showed an efficacy of 37% relative risk reduction in development of diabetes.

### CONCLUSION

By encouraging them to take a lead role in their care, patients can

better manage their diabetes, working on their goals, adhering to their care plan and working closely with their healthcare team. Patient engagement is an essential aspect of empowering individuals into participants of their healthcare and augmenting their care experience, which result in enhanced health outcomes, lower healthcare costs and more responsive services by assimilating patient's values and desires into their care plans. Screening and risk-stratification of individuals as pre-diabetics, helps to develop a strategy to prevent progression to diabetes. Clinical evidence suggests that by achieving anormoglycemic state, can we prevent complications of pre-diabetes and diabetes. Proactive approach to managing pre-diabetes is recommended to reduce the burden of diabetes eventually. This includes the following recommendations:

- Develop a screening program to identify pre-diabetics.
- Develop clinical guidelines for physicians on how to identify and manage patients with pre-diabetes.
- Develop a low-cost, easily accessible lifestyle management program that can be available for pre-diabetics.

Strategies targeting interventions aimed at the entire population at risk of prediabetes can make health care more affordable, prevent a preventable disease with major economic and health-care burden, and improve the quality of living and save lives.

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