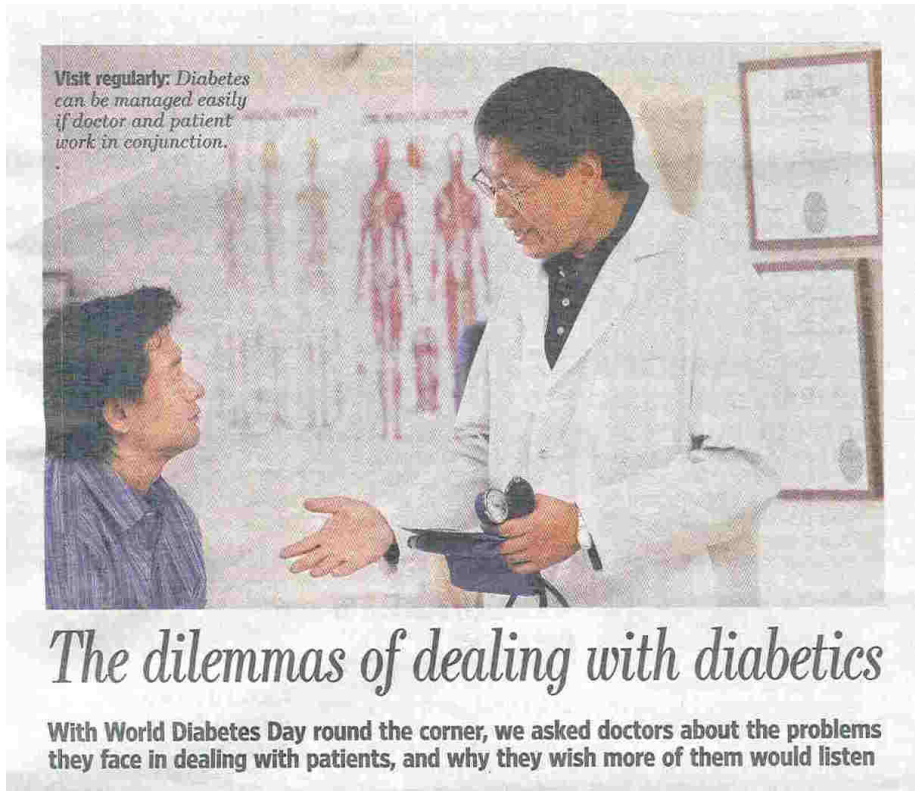


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Visit regularly. Diabetes can be managed easily if doctor and patient work in conjunction.

The dilemmas of dealing with diabetics

With World Diabetes Day round the corner, we asked doctors about the problems they face in dealing with patients, and why they wish more of them would listen

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Despite the rapid pace of medical advancement, managing diabetes remains a key concern for most doctors.

The chronic disease is accompanied by its own distinct set of misunderstandings. Doctors worry about the lack of awareness, the requisite changes in lifestyle, and patient resistance to management techniques.

Ahead of World Diabetes Day on 14 November, we spoke to four doctors on how diabetics can take corrective measures right away.

The right peer pressure

In all the years I have spent dealing with diabetes, what I have seen is that whether the problems are related to diet, exercise, smoking or alcohol, they can be managed easily if the doctor and patient work in conjunction. This requires dedication on the part of the doctor and openness from the patient.

I once had a patient who told me with much pride about how he avoided alcohol during the Navratras, but returned to his drinking routine soon after. As I thought about this, he continued talking about how he felt much healthier during those days. For those few days of abstinence, his sugar levels would be in control. I then asked why he couldn't abstain for his entire life.

While society and peer pressure contribute a lot to people making bad lifestyle choices, a patient can be helped if loved ones make the effort to steer them away from these. And that's precisely what happened in the patient's case. His wife joined forces with me and persuaded him to give up alcohol completely.

Persuasion and patience are key. When a patient's loved ones aid in easing the gap between doctor and patient, it works wonders.

—Ashok Jhingan, diabetologist and chairman, Delhi Diabetes Research Centre, New Delhi.

Listen to your doctor

I want to point out that diabetes goes much beyond blood sugar. It is a doctor's job to actively look for symptoms for the diseases that diabetes can lead to in different organs. But I have often seen that patients try to resist such efforts. They think the doctor is prescribing tests needlessly.

Look at diabetic eye disease, also called diabetic retinopathy, and characterized by vision diminishing over time. Even if a doctor keeps explaining why there is a need for eye tests repeatedly, patients ignore the advice. Doctors know that if someone has been a diabetic for 15 years or more and hasn't shown any symptoms of eye disease, then the diagnosis must have been wrong in the first place. I suggest that the patient get his retina checked on an annual basis. If he doesn't, he runs the risk of contracting or worsening his diabetic retinopathy. In some cases, it has led to partial blindness.

The same goes for the kidney disease (diabetic nephropathy) that diabetes can lead to. Its symptoms include poor appetite, vomiting,

headache and frequent hiccups. If not checked regularly, a patient runs the risk of renal failure.

These diseases stay in the background, and if not assessed from time to time, can explode suddenly, leaving the diabetic patient to deal with multiple negative consequences.

—Sujeet Jha, head of department, endocrinology, diabetes and obesity, Max Healthcare, Gurgaon.

Young folly

I once dealt with a 16-year-old patient whose case goes a long way in showing the effects a sedentary lifestyle can have. This particular person had developed diabetes even though he had no family history of the disease. One look at his reports and I knew that here was someone who didn't exercise or move around much. Slowly the facts began to come to light. He informed me about his demanding school curriculum, the pressure to perform in academics, and the endless rounds of tuitions. As soon as he returned from these, he would begin gorging on junk food of all kinds. His routine left him with virtually no room for play.

This is more or less the story of most youngsters nowadays. I suggest that a daily games period be made compulsory in schools, and parents encourage their children to engage in regular physical activity. Unless and until that happens, children will continue to fall prey to this disease.

—Tirthankar Chowdhury, endocrinologist, Apollo Gleneagles Hospital, Kolkata.

Take the test

What is of utmost importance is the issue of regular check-ups. I have seen a lot of negligence in this regard.

I usually come across cases where a patient comes to me and says he has been following a strict diet. A normal check-up shows his blood sugar levels are indeed in control. However, I recommend the haemoglobin A1C test, which is more precise. It shows the average blood sugar level for three months. If the test shows an A1C number result of more than 7, it means the patient has been negligent. This patient must have followed a controlled regimen for the last week or two before the ordinary test, and so got normal blood sugar levels. But the A1C test can determine what the blood sugar levels have been like for the past three months, and highlight the negligence on the patient's part.

This helps the doctor keep a regular check on his patient, and advise him to improve on the number. I have seen cases where the number has fallen from 10 to 8 for many patients.

But only a small percentage of diabetologists and general practitioners use this test. A survey published in the *International Journal of Diabetes* earlier this year showed only 25% of diabetologists and 6% of general practitioners use this test. What is alarming is that it isn't used at all in government hospitals. The test costs ₹250-500 per session and I recommend a diabetic patient get it done twice a year at the least, although four times is ideal.

—Vijay Viswanathan, diabetologist and managing director, MV Hospital for Diabetes and Diabetes Research Centre, Chennai.