

LIFE STYLE AND RISK FACTORS OF PATIENTS WITH TYPE 2
DIABETES IN GEORGETOWN, GUYANA AND IN SOUTH
INDIA, MAY – AUGUST, 2012.

TABITHA MALLAMPATI

INTRODUCTION

The prevalence of Type 2 Diabetes developing countries is increasingly alarming

Type 2 diabetes can be prevented with simple lifestyle modifications

BURDEN OF DIABETES

Globally

In 2012, globally – 371 million

By 2030, it is predicted to rise to over 550 million

Caribbean Region

In 2000:

- 3rd leading cause of mortality
- 10% of all deaths in the Caribbean region
- 45–64 years were particularly affected

GUYANA



BURDEN OF DIABETES IN 2012

Guyana

24000–36000
people (8–12%)
are living with
diabetes

India

40.9 million and is
expected to rise to 69.9
million by 2025 unless
urgent preventive
interventions are taken.

RESEARCH QUESTIONS

What is the level of unhealthy lifestyle practices among patients with type 2 diabetes in Guyana and in South India?

What is the level of self-care management among patients with type 2 diabetes in Guyana and in South India?

What is the level of health care utilization among patients with type 2 diabetes in Guyana and in South India?

THEORETICAL FRAMEWORK

This study synthesized the facets of the Health Promotion Model. The Health Promotion Model is an example of middle range theory and used for explaining and predicting the health promotion component of lifestyle.

METHODOLOGY

- Quantitative, correlational design.
- Sample size was 100
- Type 2 diabetic patients
- 50 each from Guyana and South India.
- Prior permissions were sought from Institutional Review Board, Ministry of Health, Guyana and Institutional Review Boards of Health care Institutions in South India for ethical considerations.

SAMPLING SETTING AND DATA COLLECTION

Sampling technique was convenient and purposive sampling

In Guyana: Two of the health centers in Georgetown; these centers include – Industry Health Centre in East Cost of Demerara and Campbellville Health Center in Georgetown.

In India: The questionnaire was administered to the diabetic patients both from rural and urban areas in the states of

Andhra Pradesh and Karnataka

QUESTIONNAIRE

The questionnaire was designed by *Chronic Disease Self-Management Program* (CDSMP) by Stanford University, School of Medicine, CA, USA. The tool was intended to utilize for people with diabetes mellitus in community settings such as churches, libraries and hospitals.

This questionnaire was adapted and modified.

The main components include: Biodata, Lifestyle practices, General health status and Health care utilization of type 2 diabetic patients

DATA ANALYSIS

Data analysis for this study was done using SPSS version 16. Both descriptive and inferential data analysis was done to assess and compare the variables between the samples from both the countries. Data analysis was done using p value, chi-square test and t test.

KEY FINDINGS

Age: The distribution of age is 61 ± 11

Sex: 51% of the respondents were Female and 49% were male.

Occupation: 35% of the respondents were Housewives; 15% were teachers; 6% were farmers and 5% of the respondents were security guards.

Marital Status: Among the participants that were interviewed in this study, 79% of the respondents were married.

KEY FINDINGS

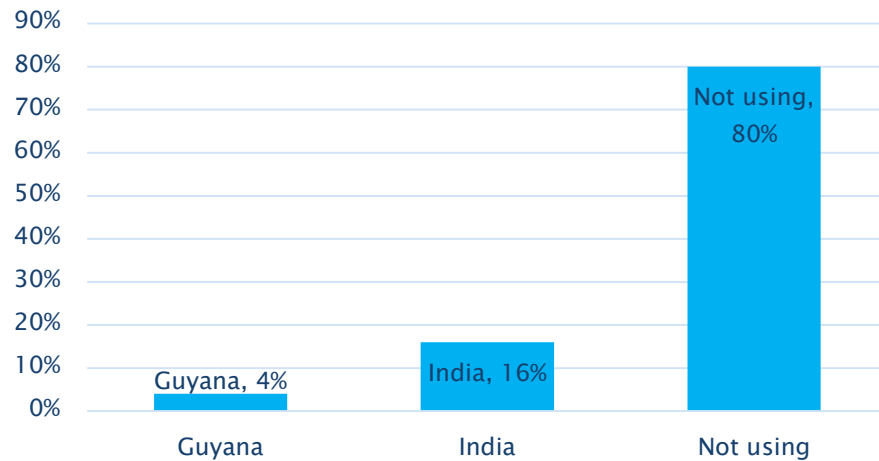
Ethnicity. Among Guyanese participants, 38% were Indoguyanese, 10% were Afroguyanese and 2% were Mixed Guyanese.

Education level: 99% of the respondents are literates. Among them 43% went up to Primary level, 31% did high school, and 16% did college/university.

SUBSTANCE ABUSE

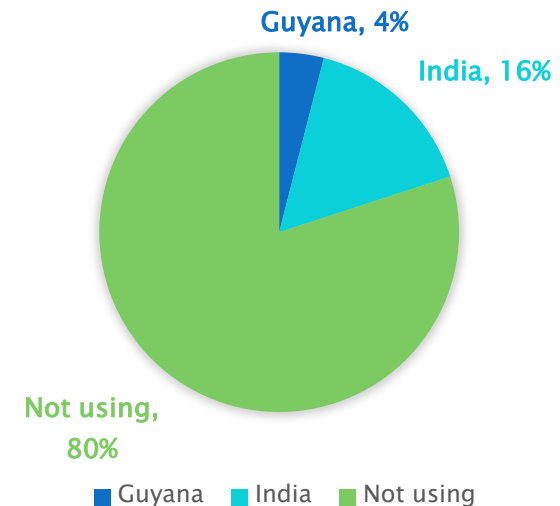
CIGARETTE USE

Are you presently using cigarettes?

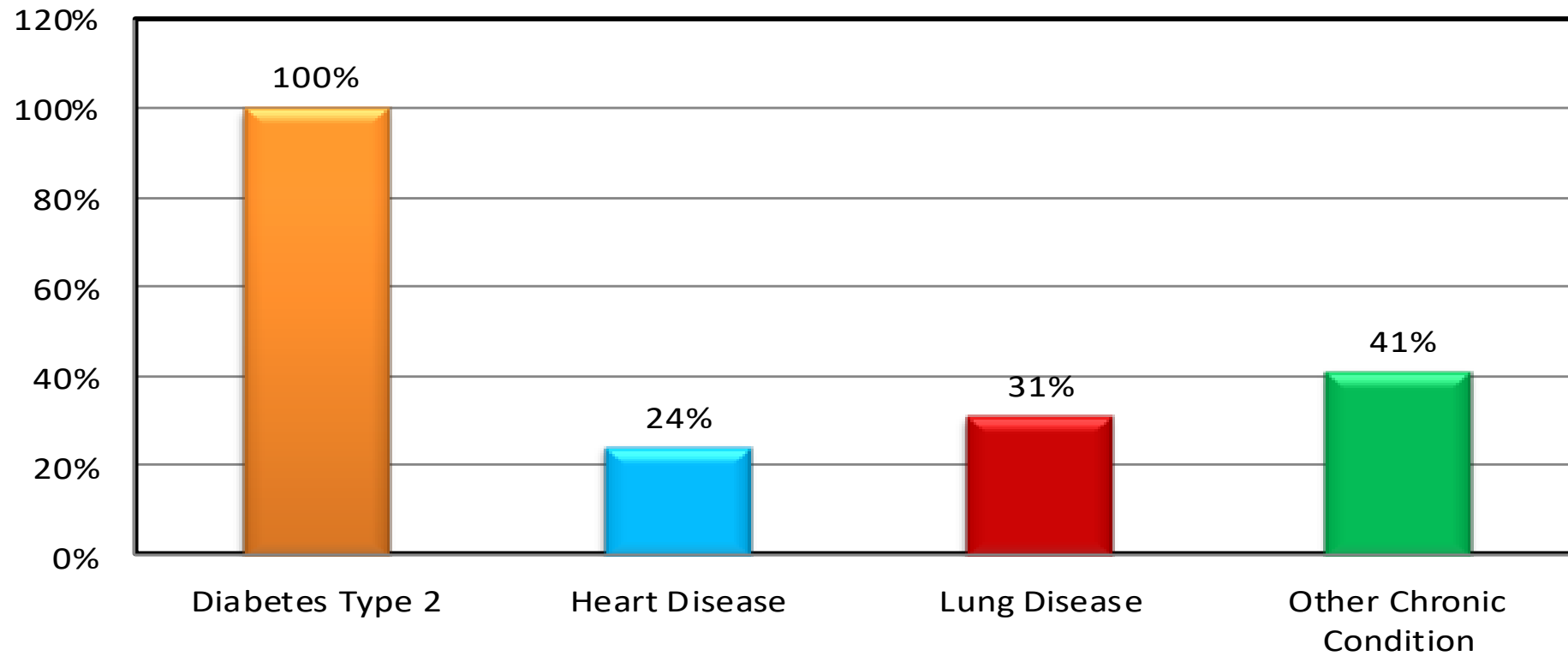


ALCOHOL USE

ARE YOU PRESENTLY USING ALCOHOL?



Other Chronic Diseases



Ranking of Physical activity:

- 1 – walking as exercise for more than 3 hours during the past week,
- 2 – bicycle riding,
- 3 – stretching or strengthening exercises,
- 4 – aerobic exercise,
- 5 – aerobic exercise with equipment and
- 8 – aquatic exercise for more than 3 hours during the past week.

There is a significant relationship in the above rankings since the p-value 0.028 is less than the level of significance 0.05.

Dietary Management:

Mean value for respondent's confidence in choosing the appropriate foods to eat was 5.37 with SD ± 2.187 .

Self Monitoring of Blood sugar level:

Mean value for participants confidence what to do when your blood sugar level goes higher or lower than it should be was 5.53 with SD ± 2.544 .

HEALTH CARE UTILIZATION

Medications:

99% of the patients said they did take the pills for diabetes in the past week

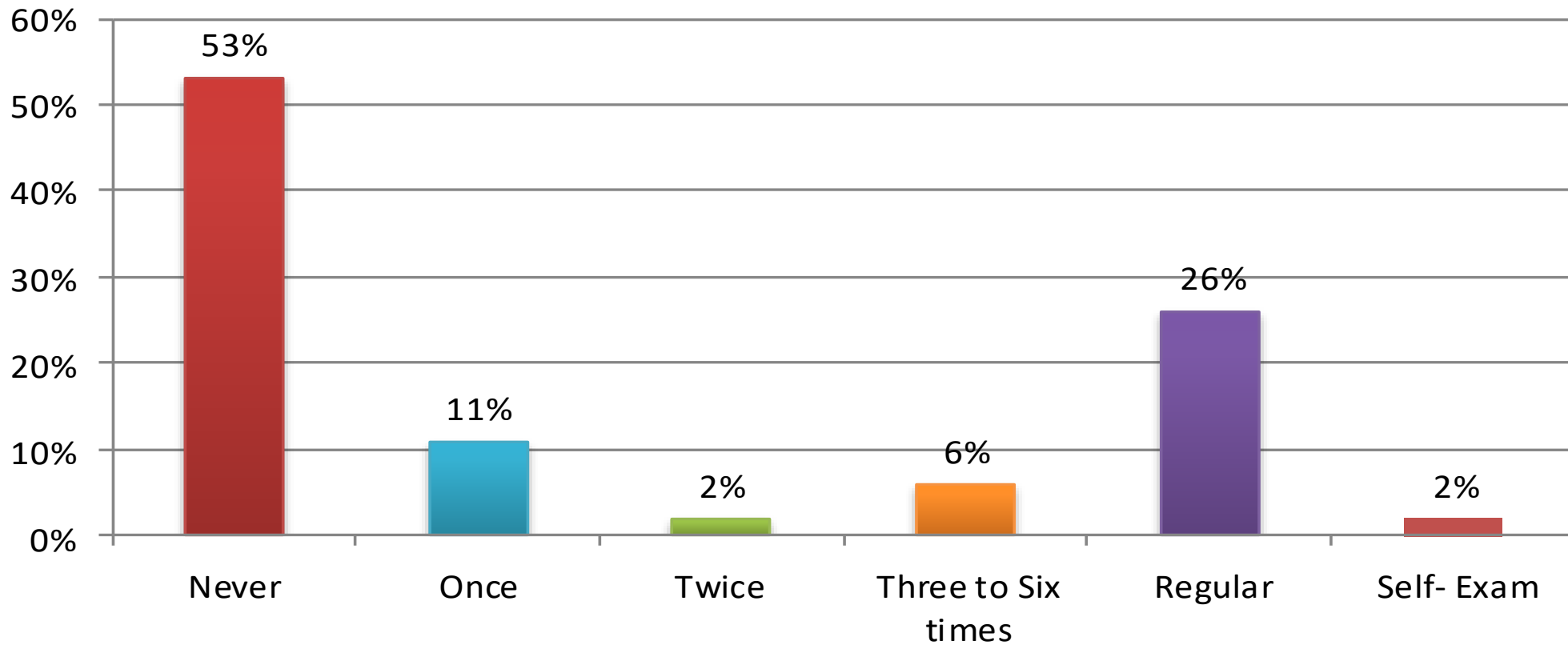
61% of the patients said they did not take pills for high blood pressure in the past week

92% of the patients said they did not take pills for cholesterol in the past week

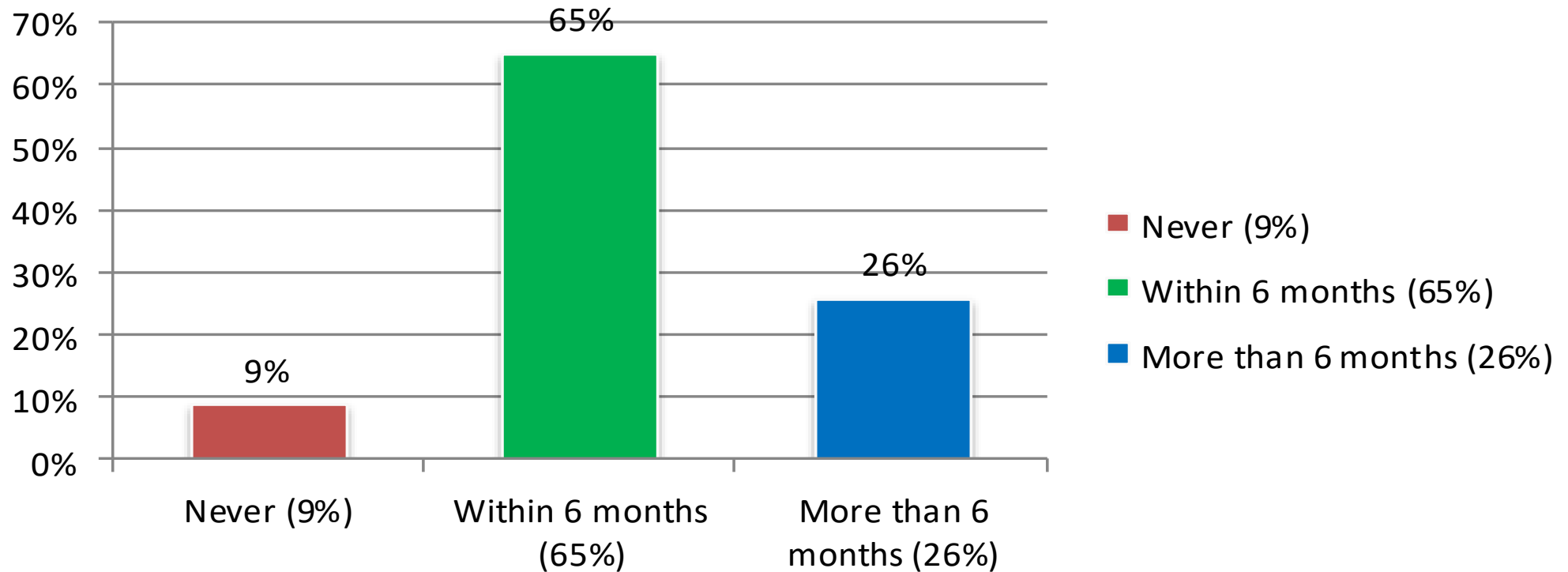
Asking Questions:

Only 45% of the patients said sometimes they ask questions about the things they wanted to know and things they don't understand about their treatment.

How many times did the doctor or nurse examine your feet in the last 6 months?



When was the last time you had your eyes examined?



Recommendations:

- Introduction of quality health care services at primary health care levels.
- Implement innovative and cost effective strategies
- Evidenced based, patient centered and culturally tailored care.
- Both governmental and non-governmental agencies should work collaboratively in policy making.
- Research activities must be promoted nationally and regionally.

Conclusion:

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