

Impact of counselling among type-2 diabetes patients

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ABSTRACT

The prevalence of diabetes in India has grown over the past decade. Diabetic patients develop complications due to poor awareness regarding the disease and inadequate glycemic control. Patient education is the most effective way to lessen the complications of diabetes and its management. Awareness on Diabetes and its complication has become an integral and essential part of type-2 Diabetes care for both health professionals and the patients themselves. There is increasing amount of evidence that patient education is the most effective way to lessen the complications of diabetes and its management. Patient counselling is a process that improves patient's ability to cope with their disease and make informed decisions regarding management and medication. It helps motivate patients to change any harmful dietary and lifestyle habits. Educational interventions involving patient and family members, enhancing communication between the physician and patient, cognitive-behaviour interventions, psychoanalytical technique, lifestyle changes, active coping methods, self-motivation, social skills, coping skills and drug treatment are a key and effective strategies in boosting the patient's ability to follow a prescribed medication regimen. Multidisciplinary approaches can support adherence success and enable a more effective management of diabetes care.

Keywords: Type-2 Diabetes, Patients Counseling, different types of counselling process, etc.

Diabetes is the third most common chronic illness in India and one of the leading causes of death (Centres for Disease Control and Prevention, 2001). Diabetes is a chronic condition of impaired carbohydrate, protein, and fat metabolism that results from insufficient secretion of insulin or from insulin resistance. The cell of the body need energy to function, and the primary source of energy is glucose, a simple sugar that results from digestion of foods containing carbohydrates. Glucose circulates in the blood as a potential source of energy for cells that need it. In 2008, an estimated 347 million people in the world had diabetes and the prevalence is growing, particularly in low-and middle-income countries. India had 69.2 million people living with diabetes (8.7%) as per the 2015 WHO data. of these, it remained undiagnosed in more than 36 million people.

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What is diabetes?

Insulin is a hormone, produced by the beta cells of the pancreas, that bonds to the receptor sites on the outside of a cell and acts essentially as a key to permit glucose to enter the cells. When there is not enough insulin produced or when insulin resistance develops, glucose stays in the blood instead of entering the cells, resulting in a condition called hyperglycemia. The body attempts to rid itself of this excess glucose, yet the cells are not receiving the glucose they need and so send signals to the hypothalamus that more food is needed.

Types of diabetes

There are two major types of diabetes: insulin-dependent (or TYPE-I) diabetes and non-insulin-dependent (or TYPE-II) diabetes. They differ in origin, pathology, role of genetics in their development, age of onset, and treatment.

Type-I diabetes:

Type-1 diabetes (previously known as insulin-dependent, juvenile or childhood-onset) is characterized by deficient insulin production and requires daily administration of insulin. Type-1 diabetes usually develops relatively early in life, earlier for girls than for boys. There are two common time periods when the disorder arises: between the age of 5 to 6 or, later between 10 and 13. Type-1 diabetes is serious, life-threatening illness accounting for about 10% of all diabetes.

Symptoms include:

- frequent urination
- unusual thirst
- excessive fluid consumption, uncontrollable craving for food (especially for sweets)
- weight loss, irritability
- fatigue, nausea
- weakness, fainting

Type-II diabetes:

Type -2 diabetes (formerly called non-insulin-dependent, or adult-onset) results from the body's ineffective use of insulin. Type-2 diabetes comprises the majority of people with diabetes around the world, and largely the result of excess body weight and physical inactivity. Until recently, this type of diabetes was seen only in adults but it is now also occurring increasingly frequently in children. Glucose metabolism involves a delicate balance between insulin production and insulin responsiveness. As food digested, carbohydrates are broken down into glucose. Glucose is absorbed from the intestines into the blood, where it travels to the liver and the other organs. Rising levels of glucose in the blood trigger the pancreas to secrete insulin into the blood stream. When this balance goes awry, it sets the stage for type-2 diabetes. Indeed, the majority of type 2 diabetes are overweight (90%), and Type-2 diabetes is more common in women and individuals of low SES. More than 17% of people age 65 or older have diabetes, compared with 1.2% among those age 20-64.

Type-2 diabetes increase because of an increase in the prevalence of sedentary lifestyle and obesity, both of which are risk factors for the development of the disorder. Genetic factors are also implicated.

Symptoms include:

- Frequent urination, fatigue
- Dryness of mouth, impotence

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- Irregular menstruation
- Loss of sensation, frequent infection of the skin
- Gums
- Pain or cramps in legs, feet, or fingers
- Slow healing of cuts and bruises
- Intense itching and drowsiness.

Risk factors for type-2 diabetes patients

- You are at risk if:
- You are overweight.
- You get little exercise.
- You have high blood pressure.
- You have a sibling or parents with diabetes (Genetically).
- You had a baby weighing over 9 pounds (approximate 4kg) at birth.
- Having a waist measuring more than 31.5 inches if you are a women or more than 37 inches if you are a man.

INITIAL ASSESMENT AND MONITORING TYPE-2 DIABETES

Patient education

Structured patient education should be made available to all people with diabetes at the time of initial diagnosis and then as required on an ongoing basis, based on a formal, regular assessment of need. The aim of patient education is for people with diabetes to improve their knowledge, skills and confidence, enabling them to take increasing control of their own condition and integrate effective self-management into their daily lives. High quality structured education can have a profound effect on health outcomes and can significantly improve quality of life.

Drug therapy

Offer standard-release Metformin as the initial drug treatment for adults with type 2 diabetes. Metformin should be considered as the first-line oral treatment option for people with type 2 diabetes.

In adults with type 2 diabetes, if metformin is contra-indicated or not tolerated, doctor turns on insulin-based treatment.

Dietary advice

Emphasise advice on healthy balanced eating that is applicable to the general population when providing advice to adults with type-2 diabetes. encourage high-fibre, low-glycaemic index sources of carbohydrate in the diet, such as fruits, vegetables, wholegrain and pulses. Include low-fat dairy products. Control the intake of food containing saturated and trans fatty acids. Integrate dietary advice with a personalised diabetes management plan, including other aspects of lifestyle modification, such as increasing physical activity and losing weight.

Self-monitoring of blood glucose

Self-monitoring of blood glucose is considered an effective tool for the management of diabetes. Self-monitoring gives regular feedback for the patient; however, decisions on both the method and frequency of testing need to be made on an individual basis. Monitoring is only useful if it is used to inform decisions for adjusting tablets, or insulin dosage.

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Improving adherence

Many diabetic patients simply do not have enough information about glucose utilization and metabolic control of insulin. A patient may simply be told what to do without understanding the rationale for it. Patients who are threatened by their disease show poor metabolic control, and those who have strong feelings of self-efficacy achieve better control.

PSYCHOLOGICAL INTERVENTIONS FOR DIABETICS

Cognitive behaviour therapy

Psychologist methods to "reward" appropriate behaviour and "punish" poor behaviour. Reward generates reinforcement. The patient is passive, the therapist is active and in control. Underlying thoughts are not considered even though they may be persistent determinants of behaviour. In contrast, CBT explores negative beliefs that generate negative conclusions, anxiety, depression, and guilt. CBT holds that thoughts and attitudes determine a person's mood rather than external events. The treatment involves challenging negative thoughts and has been used to alter behaviour and to treat mood disorders. The patient and therapist work collaboratively. Patients must be motivated to change, which in turn is dependent upon their beliefs about seriousness, consequences, etc. Group sessions based on CBT address problem-solving and coping skills, cognitive restructuring, and stress management.

Behaviour modification

Behaviour modification may include goal setting, behavioural contracts, and positive reinforcement. In the solution-based approach, it is usual to start by identifying strengths and abilities that can be drawn upon. As with the patient's perceptions are all important. Identifying specific abnormal health beliefs or maladaptive coping strategies and aiming to amend them is thus consistent with psychological theory.

Coping skills

Coping skills training including social problem solving, conflict resolution, and cognitive behaviour modification improved metabolic control, self-efficacy, coping and Quality of life. Coping skills training in adolescence is usually aimed at improving assertiveness and social skills.

Family intervention

Families who complete a course of therapy together usually show significant improvement in communication patterns and in the behaviour of the family member whose problems prompted therapy in the first place. Interventions that involve the family are logical since this is the patient's own familiar environment. Family therapy, defined as intervention where any family member is actively involved in the treatment program, has been used in patients of all ages with type-2 diabetes patients. A study shows that, women did better when their spouses were involved in the program. The converse was true with men, who did better when their partners were not involved in the intervention.

Social support

Social support can have beneficial effects on adjustment to the disease; active participation in a social network often leads diabetics to be exposed to norms about diet and temptations to eat that compromise diabetic functioning. Thus, the effects of social supports are mixed.

Psychoanalytical techniques

Psychoanalysis is usually a long-term exploratory approach aiming to resolve unconscious conflicts. Psychodynamic therapy is used when problems are unresponsive to reinforcement

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or reason. Two key concepts are resistance and transference. Resistance might manifest as missing appointments or talking excessively in consultations. Patients transfer their feelings to the therapist. Treatment involves making the unconscious conscious through interpretation leading to recognition. Patients may be encouraged to react past events with the therapist to aid interpretation. In Diabetes, psychoanalytic therapy is integrated with CBT to generate new approaches to considering past problems. The therapy helped interpersonal problems, but metabolic control did not improve. It generated better adjustment but not better glycaemic control.

CONCLUSION

- Patients' education is an important component of intervention.
- Dietary intervention involves reducing the sugar and carbohydrate intake of diabetic patients.
- Physical exercise helps use up glucose in the blood and helps reduce weight.
- People with good self-control skills do a better job of achieving glycaemic control by virtue of their greater adherence to a treatment regimen.
- Improve the chief factors that require self-control, diet and physical exercise.
- Increasing social support, and coping skill in diabetes management.
- Diabetes regimen is complex so, improve lifestyle and some positive changes in regular habits.
- Improving self-motivation.
- Keep yourself away from stress, because impact of stress create imbalance in blood glucose control for diabetic.
- Think positive for yourself, keep control on negative thoughts.
- Regulate your self-monitoring.
- Properly taking medicine and measuring blood glucose.
- Improving knowledge, health beliefs and lifestyle changes.
- Support from an appropriately trained and experienced health care professional.

Recommendation

- Improving patient-physician communication to come out or control on type-2 diabetes.
- Issue of information booklet in hospital for diabetic patients to improving their knowledge about diabetes.
- Increase awareness about the rise in diabetes, particular in low-and middle-income countries.
- Trigger a set of specific, effective and affordable actions to tackle diabetes.
- Many sectors of society have a role to play, including governments, educators, doctors, paramedical staff, counsellor, the media and individuals themselves to prevent diabetes.
- Checking for early signs of complication include; Eye checks-to detect problem with retina, Urine tests- which include testing for protein in the urine which may indicate kidney problem, Foot check- to help prevent foot ulcers.
- When starting insulin therapy in adults with type-2 diabetes, injection technique including; rotating injection sites and avoiding repeated injection at the same point within sites.
- Improving more psychological intervention for type-2 diabetes patients to develop their self-efficacy to fight against this long-term disease.

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Conflict of Interest

The author declared no conflict of interest.

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