IJBPAS, October, 2015, 4(10), Special Issue: 29-35

ISSN: 2277–4998

International Journal of Biology, Pharmacy and Allied Sciences (IJBPAS)

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

CAUSE OF NON-ALIGNMENT TO TREATMENT AMONG DIABETIC (TYPEII) PATIENTS: A PHENOMENOLOGICAL STUDY

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ABSTRACT

Diabetes is a common chronic disease, and due to its high incidence, it is considered as one of the main threats to human health care. Due to multidimensional nature ofdiabetes,it's impossible to evaluate all aspect and details in a quantitative study. In order to evaluation of mental social and physicalfactors affecting diabetes type ii, a qualitative study, which has rarely been proceeded in our era, is needed.This study is aimed at evaluation of causes of non-alignment to therapeutic regimens among diabetic people. In the current qualitative andphenomenological study 13 type II diabetic people were included.First a set of general information such as age, the age at which first onset of diabetes appeared, time of medical treatment, marriage,sex and rate of education was asked and answers were recorded .then a series of question was asked about the disease, and problem the patient involved, and more details were gradually described for them. In current study, 13 diabetic patientswere included thataged from 33to63years, andaverage age for them was 48.2 +3.1 years.With respect to patient responses and data analysis, causes of patient non-alignment were classified in a number of main groups.These causes contain nature of disease, prolonged course of it, social factors, lifestylemodulating, and necessity of diets, insulin injection treatment, and economic issues.And all of this factor will be separately discussed in following parts.According to the result of this study, most important factors correlate to diabetic

patient commitment to treatment are mental and economic factors and therapeutic methods.therefore paying attention to this factor particularly for related organization is crucial.more qualitative study in this field is recommended.

Keywords: Non-alignment to Treatment, Diabetes, Phenomenological Study

INTRODUCTION

Diabetes is a common and chronic disease, and due to its high incidence,it is considered as one of main factorsthreatening human health care.For several reasons, diabetes has attracted noticeof health care systems all over the world [1,2,3,4,5].Course of disease, treatment, bloodsugar control in this patient and irreversible complications of disease are factors that make diabetes, a medical and social priority for healthcare systems all over the world [6, 7].

In most literature,some factors such as diet, immobility, familial and genetic background have been mentioned as common causes of exacerbation and advancement of diabetes .due to undeniable effect of geneticfactors, diabetes is considered approximately unpreventable (8,9,10).

Primary treatment of diabetes type ii contains : diet and oral medicine. And if patients don't response to these therapies,insulin injection will be prescribed [11,12].

Since diabetes is a lifelong disease its medical treatment depends on sufficient awareness and acceptance of patient. Results of experimental data showed that sometimes people abstaintreatment, due to some mental, social and economic reason, and this avoidance increase diseasecomplication, mortality and morbidity among diabetic patient [13, 14, 15, 16].

Evaluation of social aspect of diabetes and its effect on patient non-alignment to treatment is one of most important factors should be noticed accurately .effective factors on patient commitment to therapeutic regimes have been evaluated in several different quantitative studies .because of multidimensional nature of diabetes, its impossible to evaluate all aspect and details through a quantitative study.in order to evaluating effective factors on diabetes treatment "social ,economic and physical factors" a qualitative study is needed [17,18,19,20].Due to high importance of the issue and limited existing study in this field, we decided to evaluate causes of diabetic patient non-alignment to therapeutic regimes in current study.

EXPERIMENTAL METHOD

In this qualitative study that is also phenomenological, 13patient diagnosed by

laboratory findings wereincluded. Thepatients disease was diagnosed at least 5 year before participating in current study, and they had been underwent insulintherapy. Thepatient were selected in Yasuj and Shirazdiabetes clinics, andaged from 35 to 65 years. First people signed consent paper, and then researchers began interviewing with them.

Patient selection and interviewing process last for about one month. Interviewing with each patient long for 30-40 minutes.Andif patient responses were vague, questions was repeatedfor several times.First general information such as age, sex, marriage, time of medical treatment, agewhich first onset of diabetes appeared,and education level was asked and recorded.

Then general question about diabetes and belonging problem people involved was asked, and gradually more details was explained for patient.Interviews were recorded by the researchers,and then analyzed by Colaizzi method. First we deeply listened to the interviews, and then write them on papers and demystification was done. Patient responses was classified based on kind of questions and goals of study ,then stratified according to expressed issues .the data was reviewed for several times and problem was solved if existed.

RESULTS

There were 13 diabetic patient included in this study. Patient aged from 33to64years,and average age for them was 49+ 3.1 years.Based on patient responses and data analysis, causes of patient non-alignment to therapy was classified in a number of main groups.this causes included: nature and prolonged course of disease, social factors, lifestyle changing and economic problems, and each cause was discussed separately. Some characteristics of patient participating in current study are shown in table 1.

Nature of disease and its prolonged course

First participant: this disease is prolongedand I couldn't get medicine, besides these drugs hurt my body.

7th participant: recurrent referrals to my physicians office and I can't go to the office

9th participant: this disease stays with me throughout life time, if I use medicine and if not

Social factors

Most of participating patient said that, their offspring friends make fun with their disease, so they avoid recurrent referral to physicians office particularly in villages.

Lifestyle modulating

2nd participant: obeying the diet is really hard and terrible; I can'trespect the whole diet my doctor recommended

6th and 5thparticipants: by the way I couldn't eat anything, all foods are harmful to mewhat is it??? I don't want obeying the diet any more

8th participant: although I respect the diet completely, it's really difficult, by the way my family are involved with my disease and should adjust their diet with mine.

Tenth participant: daily exercising is impossible for me;also I couldn't perform most of them.

Insulin injection

5th, 9th and 11th: insulin injection for several times in a day is mortifying (annoying, disturbing), also they said nobody could do exercises every day during lifespan

8thparticipant: I hate injection and prefer oral tabs even if it couldn't control my blood sugar

First participant: I can't inject insulin,and I need someone to do it for me and take care of me all day long .and this is a boring process for me and my kids.

2nd participant: most of the time I forget injection time, and due to my lifestyle I often don't have insulin with me because it should be refrigerated,it's easier to use tabs.

11th participant said : I can't measure injected insulin ,and most of the time inappropriate amount of injected insulin lead to uncontrolled blood sugar.

Economic problems

Patient participating in this study said that,a big part of family income is spending on diabetes treatment and have negatively influenced family welfare.They often said that new medicines that have easier measurement and injection methods are very expensive, and we can't cope with this high expenditure.since this medicines aren't insured the expenditure get more and more.

4hth participant:I have overburdened my familyIdon't want to complete high expenditure on them anymore

DISCUSSION

Diabetes treatment is a complicated, multidimensional and very important issue. Thegoal of diabetes treatment is control blood sugar and to prevent disease complications. Blood sugar controlling depends on their awareness of disease, sort of treatment and patients patience in treatment selection [11, 12, 14] non-alignment to therapeutic regimen are one of most important problems, that should be considered more accurately.

As a result of our study we can say common causes of patients non-alignment

totherapeutic regimens are: prolonged course of disease, socio-economic factors and insulin injection .existing studies in this field are limited and often talk about other aspect of diabetic patient healthcare. As indicated in another study which evaluated factors that simplify patient commitment to therapeutic regimen, socio –economic factors are the main causes of non-alignment to therapeutic regimens .therefore we propose that patient awareness of diseases course and providing insurance to solve economic problems, are most important solution and motivational factor that make patient accepting therapeutic regimens [17)].

CONCLUSION

According to current study and other existing researches in this field, mental and economic factor, and sort of treatment aremost important factors that correlate with patient commitment to therapeutic regimens [14, 15, 16, 17, 18].Therefore this factor should be noticed particularly by concerned organizations.

SUGGESTIONS

1. Evaluating patient economic state and providing health insurance for them
2. Making patient aware of nature of disease ,sort of treatment and complication of stopping medications
3. Motivating patient to obey therapeutic regimens
4. Establishment of health care centers to educatepeople howto injectinsulin, and providing mental support.
5. performing more researchers in this field of science

ACKNOWLEDGMENT

We give special thanks to member of Shirazmotahari diabetesclinic, and yasuj diabetes clinic, for helping us in this research.

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