

EC DIABETES AND METABOLIC RESEARCH Perspective

Communicating with a Diabetic Patient: A Necessary Skill for Better Control

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Diabetes mellitus is one of the four common non-communicable diseases (NCDs)-namely: cardiovascular diseases, cancer, and chronic respiratory diseases- remarked by the World Health Organization (WHO), and responsible for more than 60% of global population mortality. More than 80% of deaths resulting from diabetes occur in low and middle-income countries.

Worldwide, diabetics are significantly increased in number. This preventable increase is mainly due to the change of people's lifestyle from an active one to a sedentary type characterized by an upsurge in physical inactivity, poor diet such as raised fast food consumption, and obesity as an expected outcome of these unhealthy habits. The social, psychological, and economic burden of diabetes, especially in developing countries, is well evidenced. Furthermore, development of diabetes complications such as neuropathy, retinopathy, and nephropathy would worsen this burden.

The imperative role of family physicians and diabetologists in controlling diabetes and preventing the development of diabetes complications can't be denied. The physician's communication skills is a secret-key for enhanced control of glucose levels among diabetics. The physician's approach, in the form of welcoming the patient, listening to the patient, showing empathy, and respond to patient's emotions, is the principle of having a compliant patient. The literature review documented that about 45 - 50% of the patients are not compliant, and the lack of proper patient-doctor communication is the reason to be blamed. The patient will be compliant when he/she trusts the doctor. This trust is an expected consequence of appropriate communication.

On the other hand, several physicians' regimen adopt only prescribing medications to decrease blood glucose level of their diabetic patients. Although, no one can underestimate its importance, however, this shouldn't be the sole line of management. Physicians with good communication skills should discuss with the diabetic different options for changing his/her lifestyle. Listening to patient's own solution to gradual decrease the sugar intake is an example of negotiating changing diet habits. Failure of the patient to give a resolution for this problem opens the gate to the physician to suggest different options for changing diet habits until both parties (the patient and the physician) reach an agreement about this change and how it will be implemented. The same applies to promoting physical activity of the patient. Physicians should debate and negotiate with their patients how to be physically active. Physicians have to persuade the patients that changing lifestyle is an essential part of the management parallel to the pharmaceutical treatment.

Despite the fact that changing lifestyle is not an easy task and requires continuous effort and dedication from both the patient and the doctor, however, understanding how to change is of great importance. Fragmenting the physician's target of change is the successful and guaranteed technique to change. For example, if the physician's objective is to have his/her patient walks for a half an hour/day. The physician can start asking the patient for just 5 - 10 minutes per day. The patient would accept it easily and get the confidence that this is doable. Achieving that would encourage the physician to invite the patient to increase the walking time gradually until reaching the full target. This applies for any change in diet, activity, quitting smoking, or any other unhealthy habit. Moreover, appreciating a minor level of patient's performance is another noteworthy point in intensifying and enhancing the patient's enthusiasm towards the change to a new lifetime healthy habits.

These are some applicable tips that have marvelous end result should they are applied. The preventable diabetes complications could be avoided when physicians –through practicing proper communication skills- succeed in overcoming the immense barrier in managing diabetic patients: changing an unhealthy lifestyle to a healthy one.

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