



BU-03240 THE IMPACT OF UNPROVEN THERAPIES IN DIABETES AND THE ROLE OF EDUCATION



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BACKGROUND

Diabetes being a chronic disease requires intensive self-management skills and therefore diabetes patients easily fall for alternate, complementary or unproven therapies to achieve glycemic goals effortlessly. Though a literate population, many diabetes patients in Kerala, India prefer alternate therapies/unproven therapies over evidence-based medicine. The reasons may be attributed to the influence of centuries-old indigenous therapies, lesser cost, ease of use, socio-cultural beliefs, peer group influence and the widespread notion that alternate therapies are devoid of side effects.

AIMS

To assess the impact of alternate therapies/unproven therapies on glycemic and other parameters in type 2 diabetes patients.

METHODS

We identified 73 subjects with type 2 diabetes from our EMR who pursued alternate/unproven therapies in place of evidence-based medicine for a period of 8 months to one year and resumed standard diabetes care at our center in the past one year. The clinical parameters before and after pursuing alternate therapies/unproven therapies were compared. Mean age 43.32 ± 6.79 years, mean duration of diabetes 12.92 ± 3.98 , mean A1c $7.64 \pm 0.87\%$.

RESULTS

A significant worsening of clinical parameters was observed in these subjects with diabetes who underwent alternate/unproven therapies.(Table 1)

PARAMETERS ASSESSED	BASELINE	FINAL
Body Weight (kg)	70.42 ± 9.28	71.684 ± 9.33
HbA1c (%)	7.64 ± 0.87	11.29 ± 1.50
Total Cholesterol (mg/dL)	127.76 ± 17.23	197.68 ± 42.20
Spot microalbuminuria (mg/L)	23.96 ± 21.74	245.44 ± 61.67

DISCUSSION

Being a progressive disease requiring multiple drugs in combination with lifestyle modifications, claims on "cure" for diabetes easily attracts the common man irrespective of social, economic and educational background. Such unproven therapies inflict huge economic loss, several folds increase in the treatment cost and eventually leads to complications in diabetes. Widespread diabetes education should focus on patients adhering to therapies accepted and published by global and regional scientific bodies. Restricting unproven therapy practitioners having no acceptable educational qualifications and implementing stringent standards of practice may minimize practice risks.

REFERENCES

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