

"I just cannot take medication for the rest of my life": Non adherence Towards Diabetes Treatment

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How to cite this article: Priya Kataria. *"I just cannot take medication for the rest of my life": Non adherence Towards Diabetes Treatment*. 2024;12(2):8-11.

ABSTRACT

Diabetes is a rapidly growing health challenge and potential epidemic across the low-and-middle-income countries. In primary health care settings, the management of diabetes is mainly by providing hypoglycemic drugs and lifestyle change. The level of adherence and compliance to the therapy is a critical element in glycaemic control. In developed countries, adherence to long-term therapies in the general population is around 50% and is much lower in developing countries. A specific trend of non compliance and non adherence towards medication was seen in patients coming to a rural primary health care facility in India. Several beliefs regarding non adherence were identified in such patients which are - Beliefs about chronic diseases in general, beliefs about long term drug intake, behavior towards diabetes medication, peers observations and switching between different treatments. There is a need to identify specific reasons for non compliance and/or non adherence so that more focused behavioral change strategies can be made for patients of chronic diseases.

Keywords: Type 2 Diabetes, Non Adherence, Non Compliance, Health Behaviour, Health Beliefs

INTRODUCTION

Diabetes is a rapidly growing health challenge and potential epidemic across the low-and-middle-income countries.¹ Diabetes prevalence in India is 9.6% (age adjusted). The number of people living with diabetes is predicted to increase by 69% to 152 million by 2045.² In primary health care settings, the management of diabetes is mainly by providing hypoglycemic drugs and lifestyle change approaches to improve the overall quality of life of the patient. If glycemic control can be managed at primary level only, it will in turn reduce the possibility of complications of diabetes and therefore frequent hospital admissions.

In effective care of diabetes, pharmacological and non-pharmacological

methods are required, but level of adherence and compliance to the therapy is a critical element in glycaemic control.³ A poor and inadequate glycaemic control among the patients with type 2 diabetes constitutes a major public health problem and a major risk factor for the development of diabetes complications.⁴ One of the reasons for poor glycemic control is non compliance and/or non adherence of patients towards the prescribed treatment. Expectedly, the patient's non-compliance to the prescribed hypoglycemic medications could decrease the overall treatment effectiveness.⁵ In developed countries, adherence to long-term therapies in the general population is around 50% and is much lower in developing countries.⁶

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Regarding terminology, the WHO defines adherence as “the extent to which the persons’ behavior (including medication-taking) corresponds with agreed recommendations from a healthcare provider”.⁷ Compliance is described as the extent to which the patients’ behavior (including medication-taking) coincides with medical or healthcare advice or prescriber’s recommendations.^{8,9}

Patients’ Behaviour Towards Diabetes Treatment

A specific trend of non compliance and non adherence towards diabetes medication was seen in patients coming to a rural primary health care facility situated in a small village Singhola in Narela, North West Delhi, having a population of around 2500. This health facility provides general OPD services, routine antenatal care services and routine immunization services. It is led by a team of medical and paramedical staff (doctors, pharmacists, community health care workers, counselors etc.). The observations are solely based on interactions with the patients during OPD consultations.

After observing the behavior and attitude of patients towards prescribed hypoglycemic drugs and considering the definitions of the two, it will be not incorrect to say that among these patients non compliance exceeded non adherence. However, this is not being stated in a negative aspect. Before the epidemiological transition, type

2 diabetes was rare in the past in rural areas of India because of a relatively better lifestyle. This village is a remote area where the awareness and knowledge about the diseases is less, so it cannot be completely blamed on the patients. Patients need to be educated and supported; not blamed.

Non compliance and/or non adherence is observed in almost 90% of these patients. After exploring the reasons behind it, following major reasons were found (Figure 1):

1. Beliefs about chronic diseases in general: Most of the patients believe that chronic diseases like diabetes is an on and off phenomena and it can be treated like acute short term diseases. They are not aware that unfortunately, in chronic diseases, the course of medication is longer and they may have to continue it lifelong.
2. Beliefs about long term drug intake: A large number of patients think that they cannot take medications for long term as it will make them feel as a permanently ill person which gives them a psychological stress. In the words of a patient, “*I just cannot take medication for the rest of my life*”.
3. Behavior towards diabetes medication: Regarding diabetes, patients think that once taking medicines for a few days, if their blood sugar is normal, they can

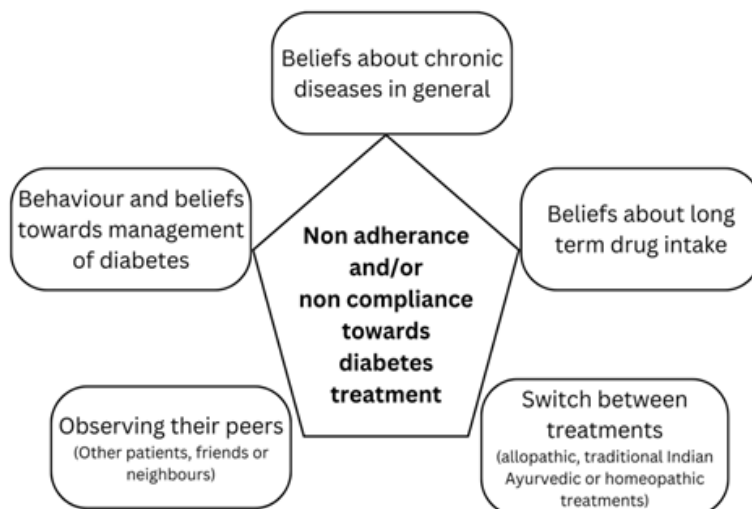


Fig. 1: Summary of the reasons behind non compliance and/or non adherence towards diabetes patients observed in a rural primary health care facility

stop taking the medicine and they are 'permanently treated for diabetes'. When they randomly come for a blood sugar checkup, their blood sugar is relatively on a higher side than the previous reading. The patient starts medications again, continues for a few days and then stops. This type of cycle continues.

4. Peers observations: Diabetes is one of the many diseases that requires a patient specific approach. A few patients believe that if their friend or neighbor is taking a particular hypoglycemic drug with a specific dose, then he/she should also be taking the same irrespective of the stage of disease that they are on.
5. Switch between different treatments: Several patients switch between allopathic, Traditional Indian Ayurvedic medications and homeopathic treatments. And so, all the treatments are discontinued in a cyclic manner.

DISCUSSION

Patients are too often blamed when prescribed treatment is not followed in spite of the evidence that health-care providers and health systems can greatly influence patients' adherence behavior.¹⁰ Non communicable diseases are relatively a new thing in rural areas, where understanding about risk factors as well as course and complications of diseases is limited. Considering that, patients' knowledge should be improved as per the *epidemiological transition* taking place in developing countries. Various beliefs about chronic diseases combine to form a certain kind of behavior towards medication Figure 1. Identification of such psychological factors behind non adherence have the potential of making a significant difference. Several cultural beliefs and factors may contribute to non adherence which can vary between rural and urban areas. The dietary pattern and lifestyle is also different in rural areas. Therefore, the health system should consider the approach towards diabetes management accordingly.

As it can be seen, non compliance and non adherence in these specific patients is due to

a certain belief system and lack of knowledge. The staff of the health care facility is working intensely towards improving the compliance of these patients by doing one on one counseling, group counseling, follow ups, and community health talks to form a strong behavioral support system. Various health education activities are being conducted to make people aware about the disease, its course and management and complications with a hope for improvement in the overall scenario. The World Health Organization has also stated that "increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments".

CONCLUSION

In conclusion, there is a need to identify specific reasons for non compliance and/or non adherence so that more focused behavioral change strategies can be made for patients of chronic diseases. This becomes even more important when cultural factors are involved. Qualitative research methods can help to explore this more which will finally lead to better policy making, better treatment efficacy and positive therapeutic outcomes.

Conflict of interest: The Author declares that there is no conflict of interest.

Funding: None.

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