

Editorial

TRAINING OF NURSES IN DIABETIC CARE

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The prevalence of diabetes mellitus is increasing all over the world particularly so in developing countries including Pakistan. At the present pace of increase it is anticipated that by the Year 2025 the world will have over three hundred million diabetics and majority will be in Asia. Looking after and managing this increased pool of diabetics will seriously affect the health services for which necessary planning must be initiated right now. In most of the developed world, now nurses are playing an important role in the care of diabetics. As a matter of fact nurse is considered as an important member of the diabetic care team. Members of the Diabetic care team apart from a diabetologist should include cardiologist, neurologist, nephrologist, orthopaedic surgeon, ophthalmic surgeon, orthopedist and dietician. A diabetic nurse can prove to be a common thread between various members of the diabetic care team. In the developed world, they have also started special programs for training of diabetic nurses. In Pakistan no such training program exists so far while the knowledge of nurses about diabetes is also not considered to be satisfactory.

No accurate figures for the prevalence of diabetes in Pakistan are available even though there have been several small-scale studies conducted in different parts of the country. The prevalence figures for diabetes vary from 5.3% to 16.2%.

In one such study, Shera et al. conducted a population-based survey regarding the

prevalence of diabetes mellitus and impaired glucose tolerance (IGT) and its relationship to age and obesity in rural area of Shikarpur in Sindh province of Pakistan during 1994. They used WHO criteria for this study. Oral glucose tolerance tests were performed in a stratified random sample of 967 adults, (387 men, 580 women) between the age of twenty-five years and above. This showed the prevalence rate of diabetes 16.2% (9% known and 7.2% newly diagnosed) in men and 11.7% (6.3% known and 5.3% newly diagnosed) in women. The prevalence increased to almost 30% and 21% in 65-74 years old men and women respectively. IGT was detected in 8.2% of men and 14.3% of women. As such according to this study total glucose intolerance (diabetes and IGT combined) was present in 25% of the subjects examined.¹

Study conducted by Shaukat et al.² in Bahawalpur city in 1012 subjects aged between 16 to 68 years (males 600 females 412) using WHO criteria showed the overall prevalence of diabetes mellitus to be 5.3%. The prevalence increased with age. Highest prevalence was seen in people over 65 years of age and females were affected more than male. Nayyer Raza and colleagues³ studied incidence of hypertension and diabetes in a medical camp in a middle class urban population. They found that apart from the known diabetics 5.5% were newly diagnosed to be suffering from diabetes mellitus. Yet another survey done by Baqai Institute of Diabetes and Endocrinology (BIDE) at Hub in Lasbella, Balochistan showed the prevalence of diabetes to be 7.2% and IGT 3%.⁴

Increased prevalence of diabetes and hypertension is attributed to the newly

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acquired affluence by some, lack of physical exercise and bad eating habits. With the fast food outlets becoming a craze among the new generation, we might see a sharp increase after another ten years. Moreover, hypertension, diabetes mellitus and their complications will be seen much more in our elderly population in the days to come. Because of increase in life expectancy due to better treatment facilities available most of the hospital admissions will also be of elderly patients, many of whom will be suffering from diabetes and its complications as has been reflected in different studies.

Vohra EA et al.⁵ did a retrospective analysis of patient records admitted to an acute medical unit of Abbasi Shaheed Hospital over nine years and another private hospital in the same locality for eighteen months. It showed that of the 12454 patients admitted in Medical Unit of Abbasi Shaheed Hospital 796 (6.4%) had stroke. Of these 448 (56%) were male and 348 (44%) were female. Majority of the patients suffered from stroke and other complications attributed to hypertension and diabetes mellitus.

In yet another hospital based study⁶ conducted at JPMC during December 20th 1996 to June 20th 1997 showed that a total of 940 patients were admitted to the Unit-6 of JPMC. Of this 59.5% of the admissions were through emergency department. Patients with diabetes and its complications and other endocrinological disorders were 95 (10.1%).

A study conducted by Talat Naheed et al. at Mayo Hospital Lahore being published in this issue⁷ has highlighted the serious deficiencies in the knowledge of nurses about diabetes. The authors interviewed fifty qualified staff nurses through a questionnaire designed to check their knowledge and perception about various aspects of diabetes. It contained both prompted and unprompted questions. These nurses had five-year working experience in the hospital. While they knew some of the common signs and symptoms like polyuria, polydipsia, delayed wound healing and unexplained ill health; pruritus vulvae, big sized babies at the time of birth and impotence were mentioned

on prompting. They had some idea about hypoglycemic symptoms, use of insulin and the role of diet. Most of them wanted the diabetes to be controlled with oral hypoglycemic agents rather than resorting to use of insulin.

Poor glycemic control still remains a problem among our diabetics and it can only be improved with adequate patient education. Properly trained diabetic nurses can accomplish this job satisfactorily. While efforts are being made by different people at various centers to update the GPs/Family physicians on the management of diabetics, there is hardly any regular programme for the nurses. Prof. Mahmood Ali Malik under the auspices of Diabetic Association of Pakistan Lahore has trained a large number of GPs/Family physicians and doctors working in different DHQ and THQ hospitals all over Punjab. Dr. A. Samad Shera under the auspices of Diabetic Association of Pakistan, Karachi and WHO collaborating Center has been organizing regular courses for the Family Physicians. Prof. Mashoor Alam Shah who runs a diabetic clinic at JPMC in Karachi has recently started refresher courses for Family Physicians. They also invite few nurse instructors to each course so that they can carry the message to the nurses.

Aga Khan University Hospital is grooming two nurses as diabetic educators. They were also sent abroad on a short training course in Oman organized by the International Diabetes Federation.

Diabetes and Endocrine Foundation located at Ward-6 in JPMC also plans to start a regular eight-week intensive course of nurses in diabetes. Since this is a newly developed specialty, even literature search does not provide much information as to what should be considered as an adequate knowledge for a diabetic nurse and what they should be taught during their training. According to Dr. Tasnim Ahsan Secretary of Diabetes and Endocrine Foundation a diabetic nurse should be fully conversant with the signs and symptoms of diabetes, diabetic foot care, hypo and hyper-glycaemia role of exercise in diabetes and wounds management. They should have adequate

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general knowledge about diabetic drugs, know all about insulin, its use, storage etc., healthy life style and understanding the role of diet in diabetics though preparing proper diabetic food should be the responsibility of the dietician. The nurses should be fully conversant with the complications of diabetes specially Diabetic Keto Acidosis (DKA) and how they are to be managed besides handling infections. While doctors will take the therapeutic decisions, nurses must be trained how to implement them. The most important role of nursing staff in the management of diabetes is patient education. As such it is imperative that at least some of the major tertiary care hospitals in the country must initiate some training programs for nurses so that they are imparted appropriate knowledge on how to manage these diabetics. The study by Talat Naheed et al. has highlighted the importance of this issue that must be given a serious thought by our health planners and all others concerned with health delivery system if we have to tackle this emerging epidemic on scientific lines.