

# Tackling Diabetes Epidemic through Psycho-behavioral Medicine

Kurubaran Ganasegeran<sup>1,2</sup>, Sami Abdo Radman Al-Dubai<sup>3</sup>

<sup>1</sup>Medical Department, Tengku Ampuan Rahimah Hospital (HTAR), Jalan Langat, Klang, 41200 Selangor, Malaysia

<sup>2</sup>Clinical Research Centre, Tengku Ampuan Rahimah Hospital (HTAR), Jalan Langat, Klang, 41200 Selangor, Malaysia

<sup>3</sup>Department of Community Medicine, International Medical University, Jalan Jalil Perkasa, Bukit Jalil, 57000 Kuala Lumpur, Malaysia

**ABSTRACT:** *Diabetes, a chronic metabolic disorder, has alarmed unprecedented disease co-morbidities and mortalities worldwide. The complex mechanism to cope with chronic diseases requires self-determination to overcome the emotional shock of the diagnoses. Modern revolutionary medicine has failed to cure and prevent populations being plagued with debilitating diabetes complications. Integrated psychological and medical care in the management of diabetes would catalyze optimal health outcomes particularly mental health.*

## INTRODUCTION

Diabetes, a chronic metabolic disorder, has alarmed unprecedented disease co-morbidities and mortalities worldwide, causing escalated healthcare expenditures across both developed and developing nations. The global prevalence of diabetes was estimated to be 285 million, while projection rates are expected to rise to over 438 million by the year 2030 (Ganasegeran et al., 2014).

Disclosing the diagnosis of diabetes causes a stressful life event to patients that demands high physical-mental accommodations due to elevated feelings of fear. The complex mechanism to cope with chronic diseases requires self-determination to overcome the emotional shock of the diagnoses. These coping strategies may collapse over time due to low psychological and emotional support that renders significant co-morbid stress, anxiety and depression, exacerbating disease complications and poor prognosis (Ganasegeran et al., 2014)

While modern medical consultation emphasizes tertiary care through cyber-technology advancement and administration of newer generation drugs produced by multi-pharmaceutical companies, these revolutionary efforts has failed to cure and prevent populations being plagued with debilitating diabetes complications.

Modern medicine, that is primarily practicing a 'reactive-based system' (responding only when individuals are sick) rather than a 'proactive-based system' (focusing on overall physical-mental well-being) has deviated from its' original component, as mused Osler 1969 "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has" (Osler, 1969). The functioning of the primary medical team in establishing trust amongst patients through effective doctor-patient communication is vital to instill effective preventive behaviors, thus upholding patient's adherence and compliance to medications.

A conversation between a doctor and the diabetes patient in the consultation room is crucial. Patients' non-adherence and non-compliance to medical advice aggravates doctor's annoyance, causing ineffective doctor-patient rapport. Medical professionalism that upholds humility, care and empathy toward patients has been debated to a compromise (Ganasegeran & Al-Dubai, 2014). Osler described practicing medical doctors as "Half of us are blind, few of us feel, and we are all deaf" (Osler, 1969). Effective communication provides optimum information and psychological support to patients.

It facilitates accurate diagnoses, ensures better adherence, and promotes effective use of health resources.

## Psychosocial Interventions of Diabetes Care

The psychosocial intervention that has received the most attention is Cognitive Behavioral Therapy (CBT), a skill-based intervention designed to change negative thinking and increase positive behavior, such as problem-solving and relaxation, for effective treatment of depression among diabetes patients (Harvey, 2015).

Motivational Interviewing (MI) has become another popular psychosocial intervention. It elicits patients' motivation to change behavior. The counselor evokes patient's motivation to change through discussion of their own values, goals, and aspirations. The empowerment philosophy emphasizes that patients need psychosocial skills to achieve behavior change, changes in their social situation, and other factors that influence their social lives. Healthcare professionals need to elicit and explore the emotional content of major diabetes problems that patients identify. Patients need to be encouraged to understand and accept day-to-day care of their diabetes responsibilities. A patient-centered philosophy based on self-efficacy, self-management, and empowerment is vital for long term diabetes management. Psychoanalytical techniques are another long-term exploratory approach that aims to resolve unconscious conflicts. Psychodynamic therapy is used when problems are unresponsive to reinforcements or reasons. Two key concepts are resistance and transference. Resistance might manifest as missing appointments or talking excessively in consultations. Patients transfer their feelings to the therapist. Treatment involves making the unconscious conscious through interpretation leading to recognition. Patients may be encouraged to reenact past events with the therapist to aid interpretation.

## CONCLUSION

Increasing patient awareness to boost self-determination and confidence through integrated psychological and medical care in the management of diabetes would catalyze optimal health outcomes particularly mental health.

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\*Correspondence regarding this article should be directed to: medkuru@yahoo.com

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