

ROLE OF A DOCTOR ON MANAGEMENT AND EDUCATING PATIENTS WITH DIABETES MELLITUS IN NEPAL

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NEPAL

Title: “ROLE OF A DOCTOR IN MANAGEMENT AND EDUCATING PATIENTS WITH DIABETES MELLITUS IN NEPAL”

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After 10 years of Maoist insurgency in Nepal and political instability lots of people have moved from their home in village to big cities like Kathmandu. With this urbanization and change in life style Diabetes mellitus is one of the high burden disease in Nepal. With changing political situations and unstable government, ministry of health and population in Nepal is not being able to address and priorities diabetes on public health case agenda in Nepal through the promotion of preventive measures such as dietary pattern, exercise and periodic checkup.

Several studies conducted in Nepal shows that the increasing trend of prevalence of diabetes mellitus with increasing age in Nepal is may be due to lack of public awareness regarding the problem and poor medical service in Nepal.

As a Doctor in Nepal, we have loads of challenges to detect and prevent the complications of Diabetes mellitus who visit us for initial management. For most of the patients living in villages of Nepal to visit a diabetic specialty center in Nepal he or she has to travel for at least 24 hours on various modes of transport. In our center, which is the only tertiary and endocrine specialty hospital, every day we have few patients with severe complications like diabetic retinopathy, nephropathy and diabetic foot as an initial presentation.

We doctors have a great responsibility to take care of our patients suffering from Diabetes mellitus and we must educate them to make our society healthy. At the same time we must encourage the government of Nepal to give more diabetic awareness program in Nepal.

Biography

I DR DIPAK MALL have completed my MBBS Degree from Peoples friendship university of Russia in year 2004 and MD from Yangtze University of China in year 2015. After my graduation I have been working in the deparment of endocrinology in one of the tertiary center in Kathmandu, Nepal. We as a team have been working to promote and encourage our patients to have early detection of diabetes mellitus and to prevent the complications.

Introduction to nepal

Attitudes and Practices of Traditional medical practices

Resettlement after 10 years insurgency in Nepal and its impact

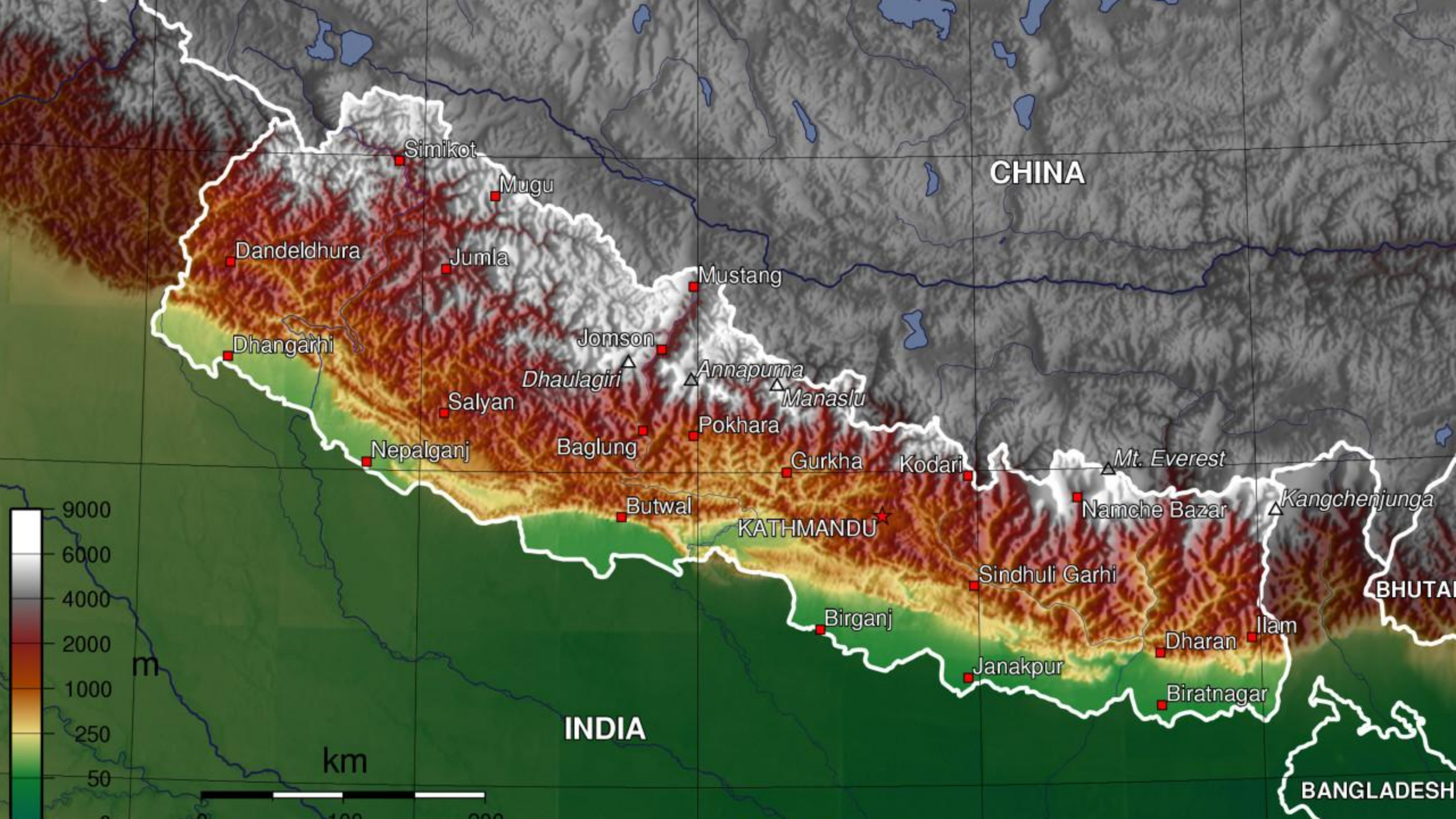
Government plan for NCD

Government tertiary care center for Endocrinology

Data on In patients and out patients of Bir Hospital

Post earthquake difficulties and challenges





ATTITUDES AND PRACTICES OF TRADITIONAL MEDICAL PRACTITIONERS





WHEN TWO ELEPHANTS FIGHT, THE GRASS GET CRUSHED





NEPAL

Nepal is beginning to respond to the diabetes challenge by developing a national plan and a monitoring framework as well as policies to prevent diabetes. The Member Association reports that the Ministry of Health has recently developed a roadmap and a multi-sectoral NCD action plan with technical and financial support from WHO and the Russian Government

National diabetes and NCD plans are in development. There is some cross-Government discussion of NCD policies – and some governing trans fat, the regulation of marketing to children and promotion of physical activity are already in development.

The health system provides – but not universally – services for prevention, early diagnosis, treatment and prevention of secondary complications. Less than 50% of the cost is covered. Specialised services are only provided to elderly people. Self-management education is not provided.

DIABETES IN NEPAL - 2015

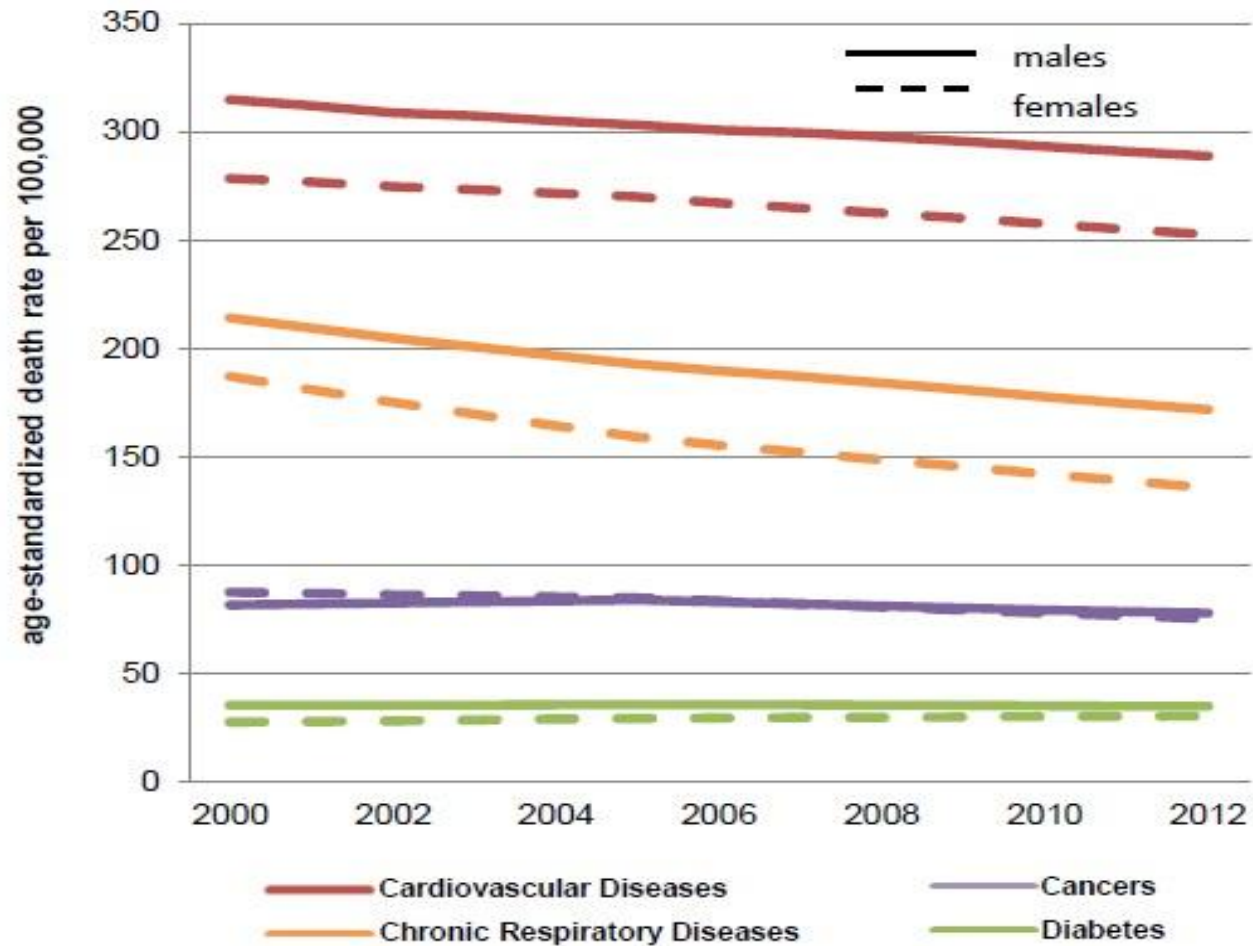
Total adult population (1000s) (20-79 years)	15,750	Number of deaths in adults due to diabetes	11,700
Prevalence of diabetes in adults (20-79 years) (%)	3.3	Cost per person with diabetes (USD)	68.5
Total cases of adults (20-79 years) with diabetes (1000s)	526.0	Number of cases of diabetes in adults that are undiagnosed (1000s)	323.7

Nepal

Total population: 27 474 000

Income Group: Low

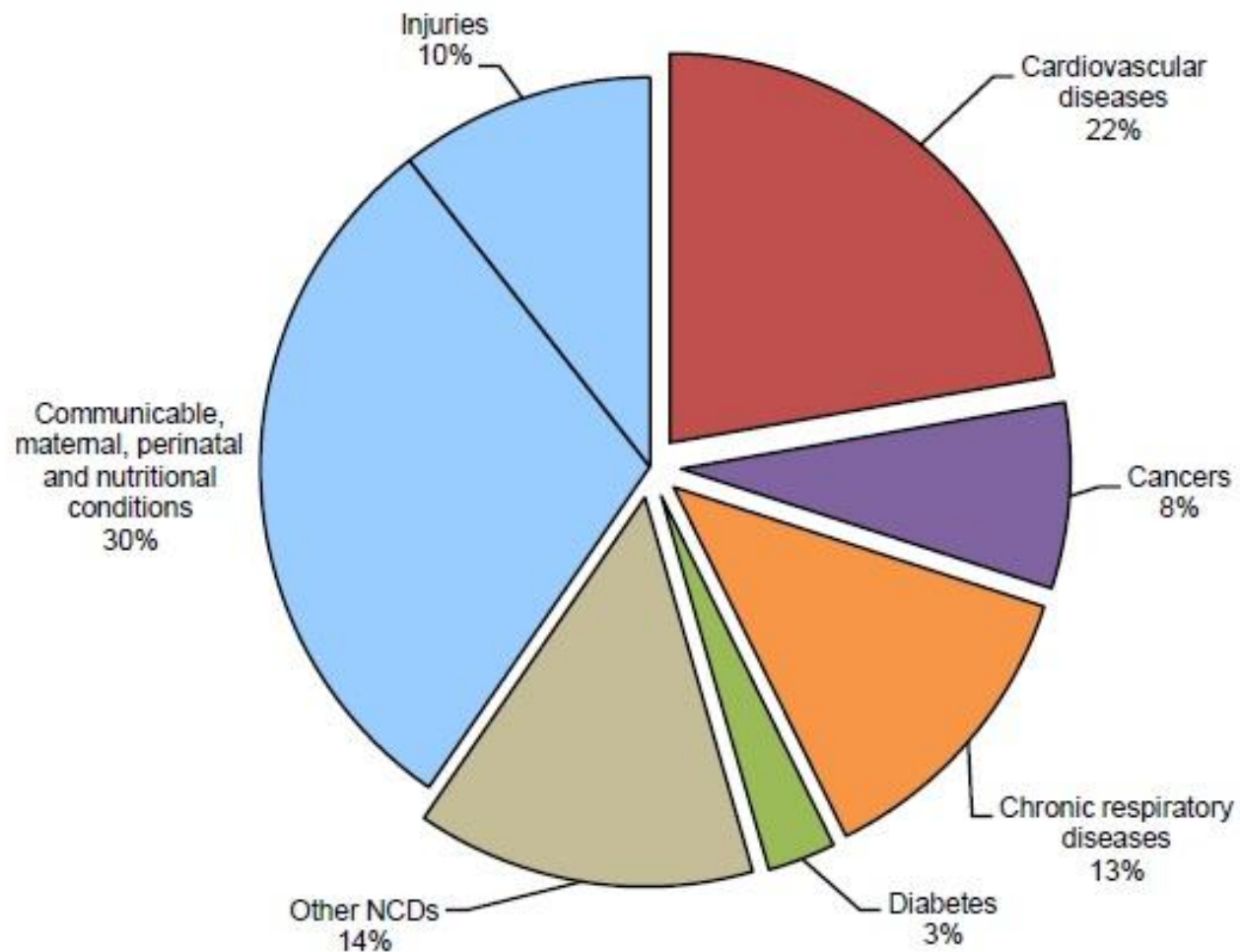
Age-standardized death rates*



Percentage of population living in urban areas: 17.0%

Population proportion between ages 30 and 70 years: 33.8%

Proportional mortality (% of total deaths, all ages, both sexes)*



Total deaths: 186,000

NCDs are estimated to account for 60% of total deaths.

[JNMA J Nepal Med Assoc.](#) 2009 Oct-Dec;48(176):281-6.

Disease management programme for diabetes mellitus in Nepal.

[Dulal RK¹](#), [Karki S.](#)

RESULTS:

The overall projection for the DM prevalence in Nepal suggests that the prevalence of diagnosed DM will be 12.73%, 15.11% and 17.49% in 2010, 2015 and 2020 respectively. Diabetes disease management programme appeared to be helpful in reduction of health care costs and hospital stay.

CONCLUSIONS:

If the attributing factor for DM remains as it is today, many new cases of DM will be added each year. There is a need of effective disease management programme in the country. The increased level of awareness among the patients demands innovative services in future.

Government strategic agendas as for 2013-2017

- A) Achieving communicable diseases control targets
- B) Control and reversing the growing burdens of non communicable diseases

Diabetes referral centers in Government hospitals

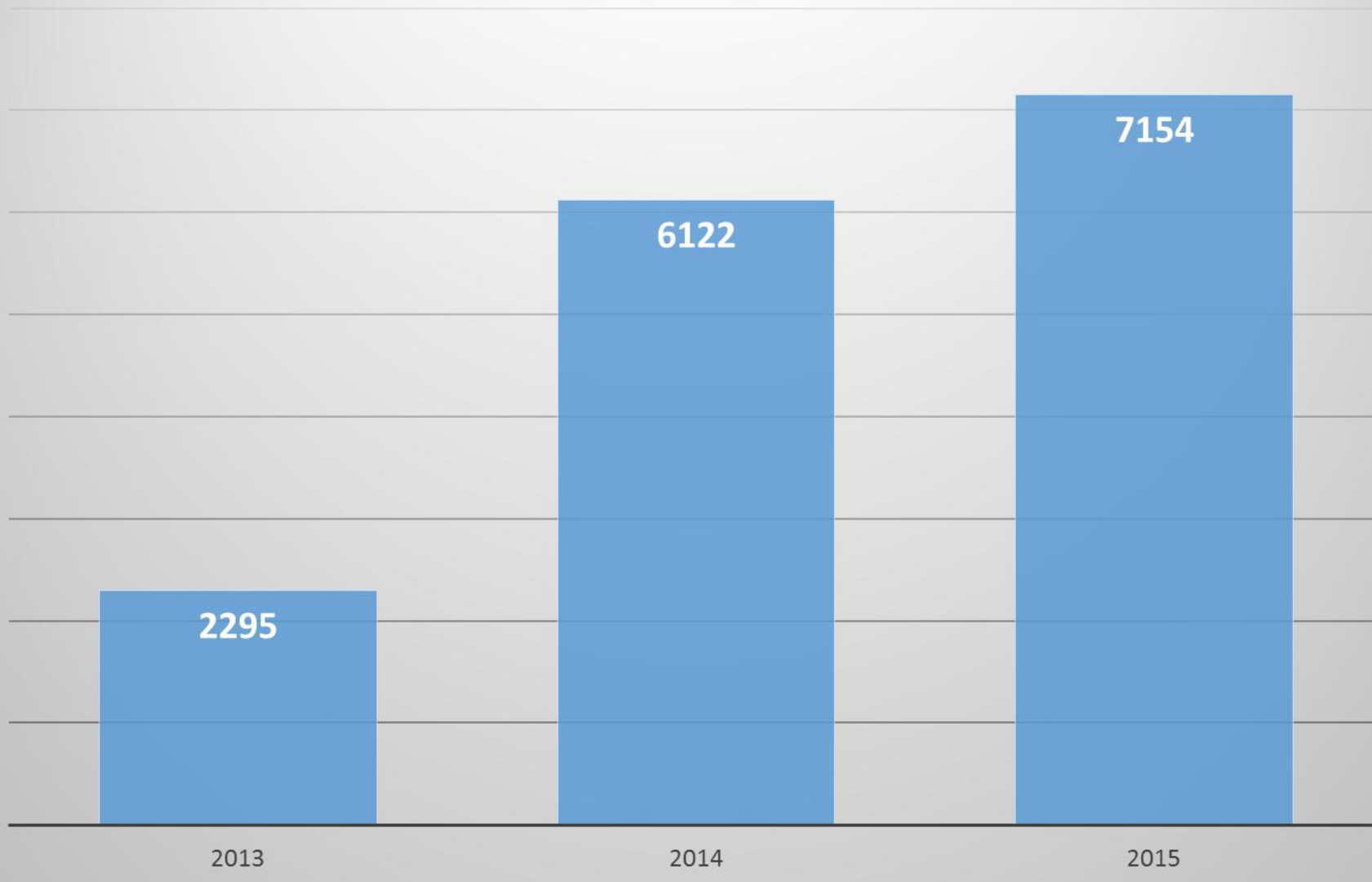
- Bir Hospital where there is a Endocrine Unit is the tertiary care centers for diabetes and endocrine referral center of Nepal



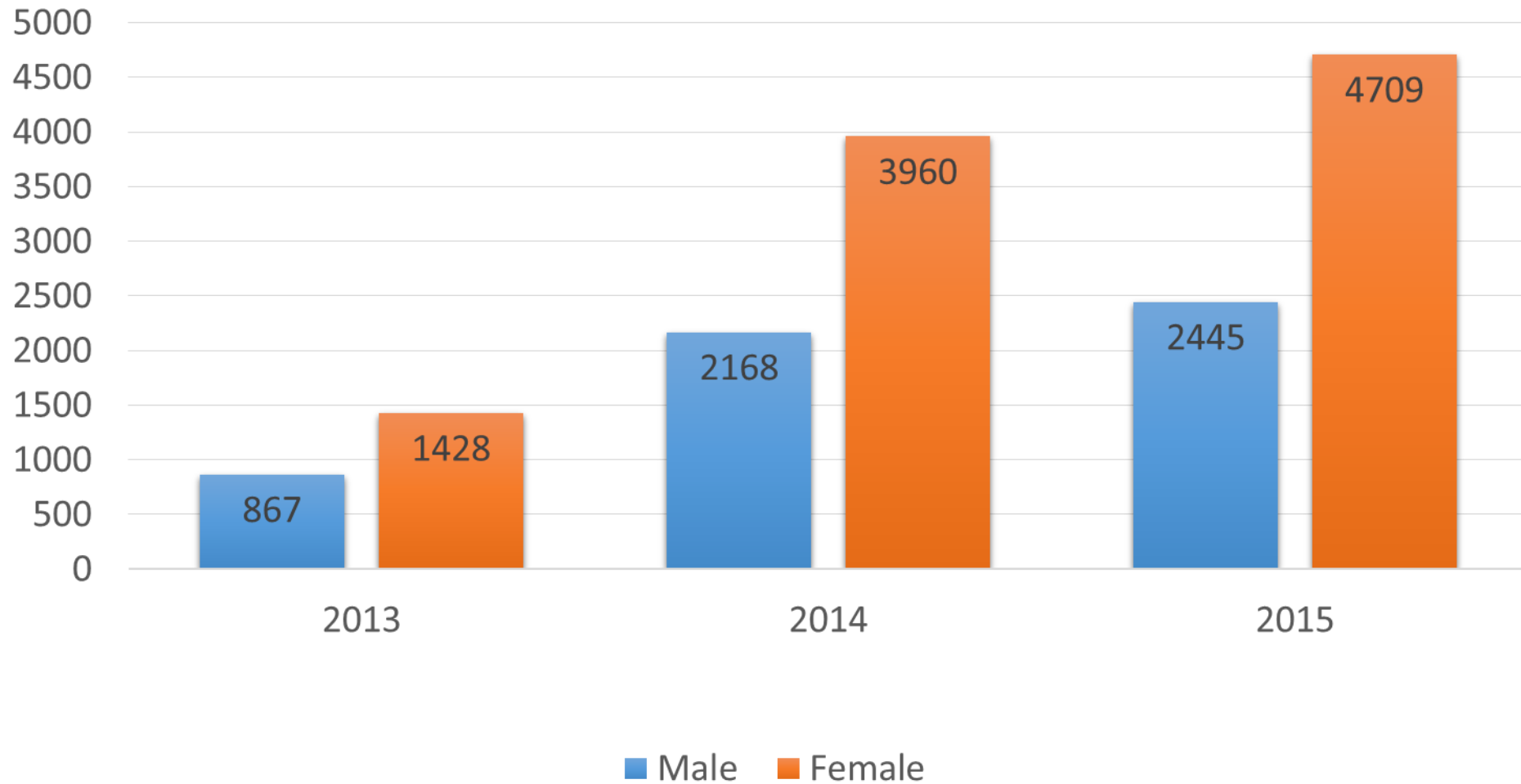
- Institute of Medicine, Teaching Hospital.



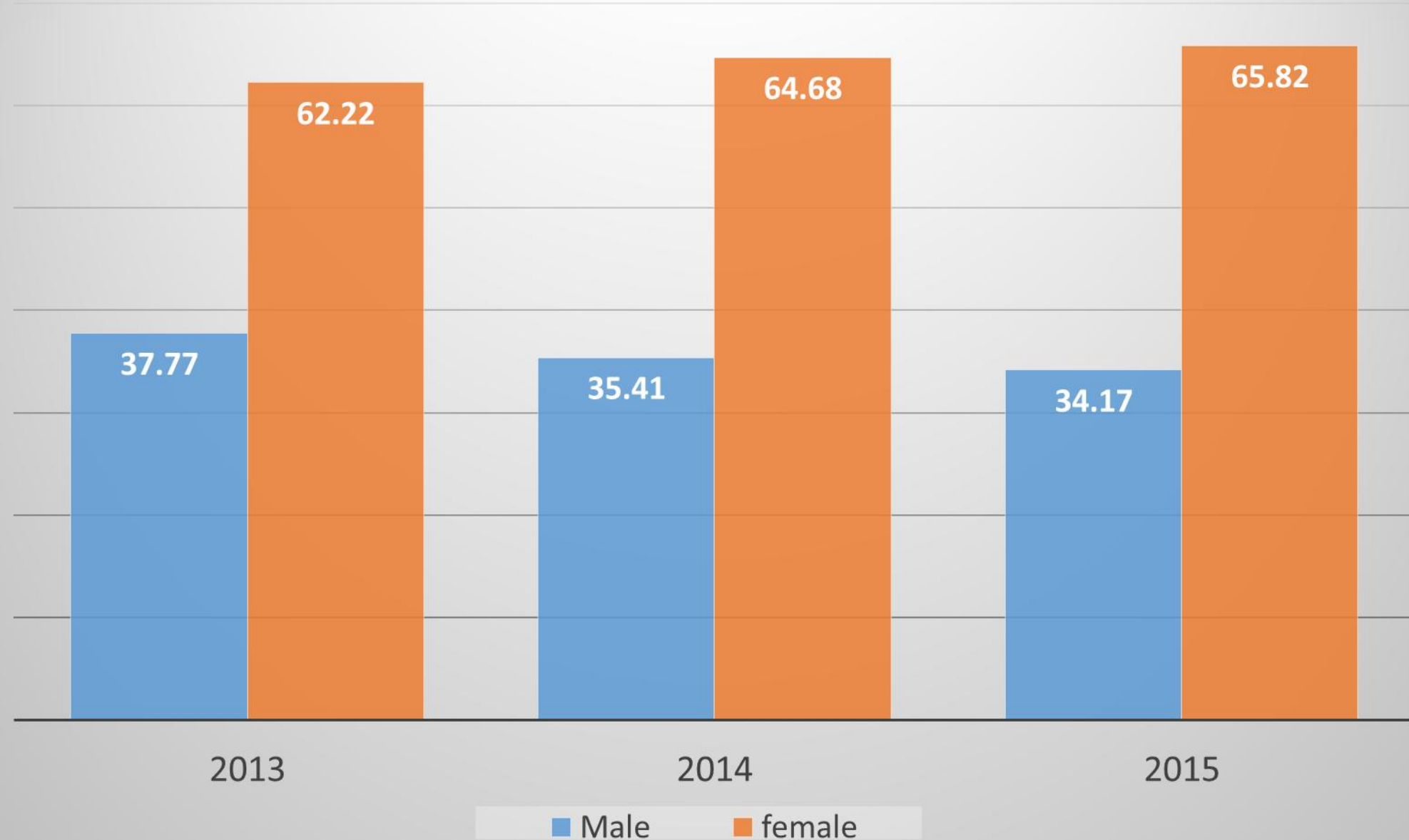
Total number of patients in outpatients department of endocrinology in three consecutive years



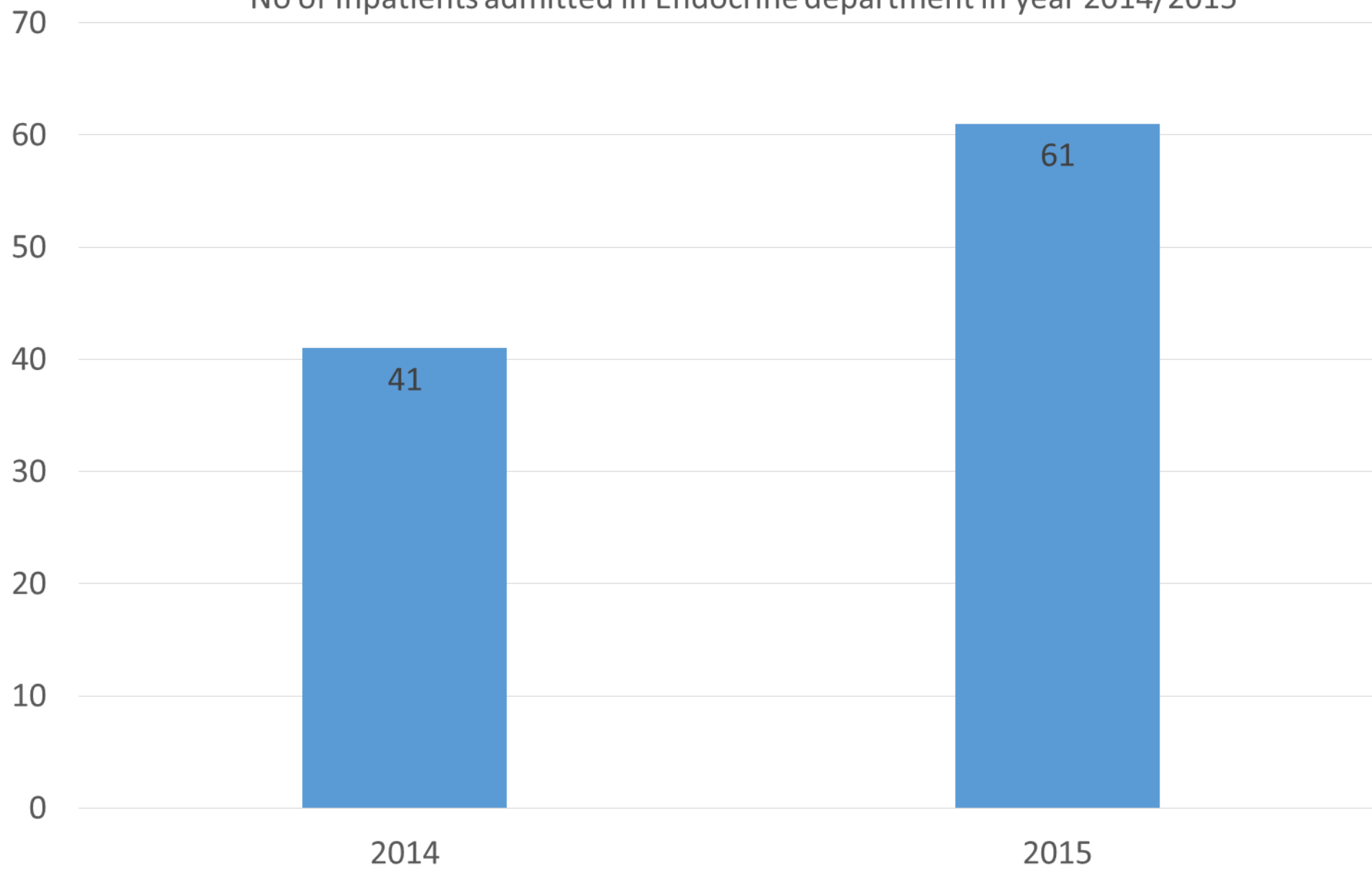
Male to female ratio ,who visited our endocrinology OPD in three consecutive year



Percentage of Male to female ratio who visited endocrinology OPD in three consecutive year



No of Inpatients admitted in Endocrine department in year 2014/2015



Challenges for Practicing Doctors

1. Difficulty in managing huge number of patients in OPD per day
2. Mostly patients who come to Government hospitals come for second opinion for the use of Medicines for Diabetes for further diabetic evaluation(Investigation, eye care, foot care and dietary advice).Convincing patients for further management is difficult.
3. Diabetic complications management
4. Financial issues.
5. Diabetic educator/Health education/health awareness

Post earthquake challenges



- Patients lost most of their medical documents
- The frequency of follow up Diabetic patients was decreased.
- Earthquake victims also discontinue the medicines as some local medical shops were also destroyed and supply was hampered for few months.
- Financial problem after earthquake
- Increased health hazard

Dyslipidaemia

High
Blood
Pressure

Diabetes

Central
Obesity

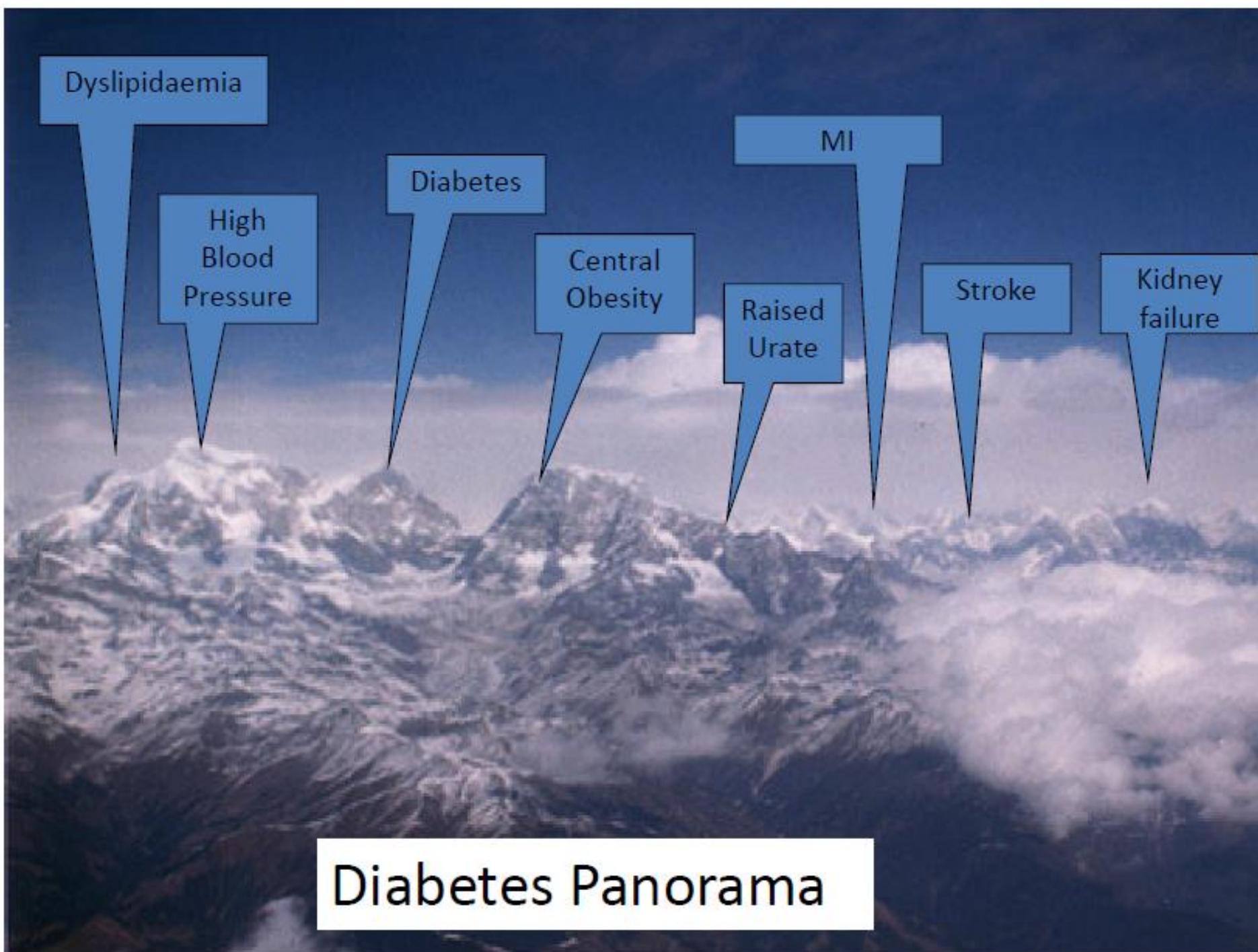
Raised
Urate

MI

Stroke

Kidney
failure

Diabetes Panorama



THANK YOU

