

Integrated Diabetic Clinic in a Rural Hospital of Nepal

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ABSTRACT

Diabetes is an important public health concern which is increasing rapidly in developing countries. It is challenging to prevent and manage diabetes in a rural setting. The Integrated Diabetic Clinic is comprehensive diabetes care under one roof. Its aim is to provide efficient accessible and affordable comprehensive care. It will make a huge difference in the management of diabetes. This clinic will play a major role in unifying different aspects of health care under one roof and offer the most comprehensive and cost-effective accessible health care to minimize mortality and morbidity associated with diabetes.

Keywords: *Integrated, Diabetes, Clinic, Nepal, Rural Hospital*

INTRODUCTION

Diabetes is a crucial health issue that affects 422 million people worldwide in 2014 with a prevalence of 8.5% among the adult population. The prevalence has been increasing steadily for the past 3 decades and growing rapidly in low- and middle-income countries.¹ The exact prevalence of type 2 diabetes in Nepal is not known, however, some estimate nation-wide prevalence of 9.1%,² another systematic review reported a pooled prevalence of 8.4% with 8.1% in urban and 1.0% in rural.³ Many cases remain undiagnosed as reported by Shrestha et al., 54.4% of all diabetic individuals were undiagnosed.⁴

Diabetes has become an important public health concern worldwide because of its increasing

prevalence. Despite its increasing prevalence and priority health concern it is challenging for the translation of research into practice, evidence-based management interventions for practical implementation especially in rural regions.⁵ Patients in rural areas have to face many challenges in accessing comprehensive and specialists service for diabetes management. People living in rural areas have to face difficulties getting the appropriate health care because of long distance from health facility centers, financial barriers, cultural barriers, communication issues, and high rates of health illiteracy.^{5,6}

INTEGRATED DIABETIC CLINIC

The Integrated Diabetic Clinic is "comprehensive diabetes care under one roof" which treats and tries to prevent all the problems related to diabetes that result in blindness, kidney disease, heart attacks, and amputations. Its purpose is to provide efficient accessible and affordable comprehensive care. This kind of clinic is challenging but possible to operate in a rural setup. The health professionals included in the ideal integrated team are – Diabetes educator, Podiatrist, Orthopedics, shoemaker, Dietician, Physiotherapist, Optometrist, General practitioners, Ophthalmologist, and Specialist Physician or Endocrinologist. But in a rural hospital this type of team is difficult to set up. It can be comprised of at least a dedicated physician or General Practitioner, diabetes nurse educator and a dietician (or a medical assistant who can be trained for diet counseling). So we can try to make it as complete as possible.

One of the key aims of the diabetes clinic was to motivate and empower people with diabetes to make informed choices that impact positively on their care. It can contribute to improvements in care and management in order to reduce diabetes-related death and disability. The clinic also provides clinical surveillance for the early detection and management of diabetes emergencies and complications. The hospital's diabetes care package should include the following:

- Initial support, assessment, and treatment
- Ongoing diabetes education.
- Individualized therapy – based on various factors, including lifestyle, knowledge, and understanding of diabetes
- Vital baseline tests, such as blood sugar, urinalysis, lipid profile, urinary micro-protein, ECG, eye and dental examination etc.
- Acute and chronic complications management.
- Identification and management of the risk factors of long-term diabetes – high blood pressure, lipid disorders.
- Early identification, surveillance, and treatment to reduce long- term complications, such as eye

damage, limb amputation, end-stage Kidney disease, heart disease, and stroke.

The Integrated Diabetic Clinic will make a huge difference in the management of diabetes. This clinic will play a major role in unifying different aspects of health care under one roof and offer the most comprehensive and cost-effective accessible health care to minimize mortality and morbidity associated with diabetes. It is hoped that it will serve as a model for the provision of cost-effective accessible and comprehensive care in low-resource settings around the country.

REFERENCES

1. World Health Organisation. GLOBAL REPORT ON DIABETES. 2016.
2. World Health Organisation. Diabetes Country Profile Nepal. 2016.
3. Gyawali B, Sharma R, Neupane D, Mishra SR, van Teilingen E, Kallestrup P. Prevalence of type 2 diabetes in Nepal: a systematic review and meta-analysis from 2000 to 2014. *Glob Health Action*. 2015;8:4–13.
4. Shrestha UK, Singh DL, Bhattarai MD. The prevalence of hypertension and diabetes defined by fasting and 2-h plasma glucose criteria in urban Nepal. *Diabet Med*. 2006 Oct 1;23(10):1130–5.
5. Massey CN, Appel SJ, Buchanan KL, Cherrington AL. Improving Diabetes Care in Rural Communities: An Overview of Current Initiatives and a Call for Renewed Efforts. Vol. 28, *CLINICAL DIABETES*. 2010.
6. Ide N, LoGerfo JP, Karmacharya B. Barriers and facilitators of diabetes services in Nepal: a qualitative evaluation. *Health Policy Plan*. 2018 May 1;33(4):474–82.

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