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Research Article

A RESEARCH STUDY ON OCCURRENCE OF DIFFERENT MISUNDERSTANDINGS OF DIET IN THE PATIENTS OF DIABETES

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Abstract:

Objective: The aim of the study is determining the occurrence of different dietary misunderstandings among the patients suffering from diabetes in our communities.

Methodology: It was a transverse research work carried out at the clinic of diabetes and medical outpatient department in the General Hospital Lahore. This case work started in January 2018 & finished in December 2018. A sum of 409 patients suffering from diabetes of any sex, having the age of 18 years or above were the part of this case work. A questionnaire about the social and demographic information and different myths about the diet was in use to obtain the information from the diabetic patients. Result: A sum of 409 patients suffering diabetes were the part of this research work. Male patients were 50.60% (n: 207). The mean age of the patients was 51.60 ±10.40 years. Majority of patients 97.10% (n: 397) were suffering from type-2 diabetes. A large amount of the patients was either uneducated 20.30% (n: 83) or found with only primary education 27.40% (n: 112). Majority of patients 62.60% (n: 256) never got any education about the diabetes. Most of the patients 85.0% (n: 348) assumed in the particular diet to control the level of blood sugar but the large amount of the patients 81.90% (n: 335) were not using underground vegetables & same amount of the patients were having the belief in the bitter vegetables and they were considering those as remedy of the disease in a natural way. About 41.0% patients had dietary misconceptions about the use of fruits whereas 73.50% (n: 301) told about the prohibition of the use of rice. The patients of the study who were present with the belief on the use of special diet in comparison with the who did not belief in the use special diet. In the same manner, the group of the patients who had got the education about the diabetes displayed more significant P value in comparison with the patients who did not get any information. **Conclusions:** Majority of the patients suffering from diabetes particularly those who did not get any education about diabetes found with many misconceptions about diet.

Keywords: Diabetes type-2, misconceptions, patient, myths, bitter vegetables, significant.

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INTRODUCTION:

There are many restrictions in the administration of the disease of diabetes. Effectual diabetes management is in need of detailed medical care, education about diabetes & self-care of diabetics. The Awareness about the diabetes influenced the practices of self-care by a person. It is one of the major health issue of the world. The patients of diabetes requires to get a lot of knowledge about their disease [1] to know about the skills of self-management [2]. The backbone in the treatment of diabetes is diet. There is a quantity of traits having effect on the glycemic food response as carbohydrate amount [3], the sugar type [4], starch nature [5], food processing and cooking [6] and the structure of the food [7] as well as some other components of the food as fat, starch lipid and starch protein [8].

It is a faith that diabetic patients should eat special diet [9, 10]. The use of the healthy diet for diabetic patients is similar as suggested for the normal people. Currently, United Kingdom gave the warning to buy the foods which are in the market for diabetic patients because they may be costly, contains high fat levels & offering no advantages to the diabetic patients [11]. There is a very strict influence of the dietary myths on our populations. In this region of the world, it is the belief that the underground vegetables have bad impact on the health & bitter vegetables are very beneficial to decrease the level of the blood sugar. In the same manner, there is a prohibition on the use of fruits & rice which are highly beneficial while honey is better for the patients suffering from diabetes. These types of misconceptions have become restrictions in the proper administration of the diabetes. It is very important to understand these misconceptions for proper care of diabetic patient as well as the healthy ones [12].

METHODOLOGY:

This is a transverse research work based on the misconceptions of the dietary habits. The interviews with the patients suffering from diabetes conducted in the clinic of diabetes & medical outpatient department in the General Hospital Lahore. This case study started in January 2018 and finished in December 2018. We chose 409 patients of diabetes of any gender with the age of 18 years or above. These patients gave willing to participate in the case study. A well-organized questionnaire about the social and demographic information and different misconceptions about diet in the diabetes was in use for the collection of the data. Medical experts prepare this questionnaire in Urdu language for the understanding of every patient. All the participants of the case study were new & physicians took their interview. The collection of data carried out in complete one year. The analysis of the information carried out with the utilization of SPSS V. 15. Average \pm SD values were in use for the presentation of quantitative variables. Percentages were in use for the expression of the qualitative variable of the case study. Chi square method was in use for the comparison of the variables. Statistical significant P value was < 0.050.

RESULTS:

Interview of 409 patients suffering from diabetes carried out. Out of these, 50.6% (n: 207) were men. The mean age of the patients was 51.60 ± 10.40 years. Table-1 provide detail about the sex, level of education, diabetes type & misconceptions of the participants about different dietary habits.

Variables		Mean	\pm SD / %age
Age (years)		51.6	10.4
Condon	Male	207	50.6
Gender	Female	202	49.4
Diabetic counseling	Affirmative	153	37.4
	Negative	256	62.6
	Illiterate	83	20.3
	Primary	112	27.4
Education / Qualification	Secondary	151	36.9
	Graduate	58	14.2
	Postgraduate	5	1.2
D'	Type 1 DM	12	2.9
Disease Type	Type 2 DM	397	97.1

Table-I: Basic characteristic of study subjects

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Disease Period	6.9	3.6	
	Affirmative	348	85
Require Special Diet	Negative	12	3
	Unknown	49	12
	Affirmative	301	73.6
Rice Restriction	Negative	58	14.2
	Unknown	50	12.2
	Affirmative	335	81.9
Underground Vegetables Restriction	Negative	59	14.4
	Unknown	15	3.7
	Affirmative	332	81.1
Bitter vegetables decrease blood sugar level	Negative	59	14.4
	Unknown	18	14.5
	Affirmative	170	41.3
Fruits Restriction	Negative	157	38.4
	Unknown	82	20
	Affirmative	97	23.7
Honey is good for diabetics	Negative	51	12.5
	Unknown	259	63.3



The separation of the patients of this case study carried out into2 groups. Group-1 believed on the use of special diet & Group-2 did not believe in such concepts and the application of the Chi square method carried out to check the significance. Majority of the patients who found with the belief on the use of special diet gave their affirmation about the myths of diet and it provided a significant P value as elaborated in Table-2.

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Variables		Special Diet				Develope
		Yes (n/%)		No (n/%)		P-value
	Affirmative	270	77.6	31	50.8	< 0.001
Rice Restriction	Negative	33	9.5	25	41	
	Unknown	45	12.9	5	8.2	
Underground Vegetables Restriction	Affirmative	308	88.5	27	44.3	< 0.001
	Negative	31	8.9	28	45.9	
	Unknown	9	2.6	6	9.8	
Bitter vegetables decrease blood sugar level	Affirmative	30	87.1	29	47.5	< 0.001
	Negative	32	9.2	27	44.3	
	Unknown	13	3.7	5	8.2	
	Affirmative	161	46.3	9	14.8	< 0.001
Fruits Restriction	Negative	123	35.3	34	55.7	
	Unknown	64	18.4	18	29.5	
	Affirmative	93	26.9	6	9.5	< 0.001
Honey is good for diabetes	Negative	42	12.1	9	14.2	
	Unknown	211	61	48	76.3	

Table-II: Awareness About Different Diets



Further division of the patients of case study carried out in 2 groups, Group-1 consists the patients who got the education about the awareness of diabetes and Group-2 never get such education. The comparison of the results carried out and displayed that the myths of diet were more predominant in those patients who never got any education about diabetes (Table-3).

Table-III: Comparison of Dietary Routines with Diabetic Awareness							
Variables		Diabetic	Diabetic Counselling				
		Yes (n/%	Yes (n/%)		No (n/%)		
Special Diet		Affirmative	121	29.5	227	55.5	< 0.001
		Negative	11	2.7	1	0.2	
		Unknown	21	5.1	28	6.8	
Rice Restriction		Affirmative	82	20	219	53.5	< 0.001
		Negative	58	14.2	0	0	
		Unknown	13	3.2	37	9	
Fruit Restriction		Affirmative	53	13	117	28.6	< 0.001
		Negative	78	19	79	19.3	
		Unknown	22	5.4	60	14.6	
Underground Vegetable	Affirmative	92	22.4	243	59.4	< 0.001	
	Negative	59	14.4	0	0		
Restretion		Unknown	2	0.5	13	3.1	
Bitter vegetable reduce the blood sugar level		Affirmative	87	21.3	238	58.2	< 0.001
		Negative	62	15.2	4	0.4	
		Unknown	4	0.9	14	3.4	
Honey is good for diabetes		Affirmative	26	6.3	73	17.8	< 0.001
		Negative	34	8.3	17	4.2	
		Unknown	93	22.7	166	40.5	

Fable-III: Comparison of Dietary	Routines with Diabetic Awareness
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DISCUSSION:

There are different reasons for the prevailing of the misconception of diet in our communities. This concepts have a deep root in community that only awareness is unnecessary to bring a change in the behavior of the people of our communities [13]. The social, economic, cultural & health factors can influence the attitude toward self-care [14, 15]. There are many changes in the concept of diet for the patients of diabetes from last fifteen years and based on the large use of complex carbohydrate as well as fiber, with a control in the use of fat [16]. In this case study 85.0% patients found with the concept of special diet to restrict the level of sugar of blood and it is also the belief of other regions of world [9] whereas in our country Pakistan, Nighat Nisar [10] displayed that 55.0% non-diabetic people had this kind of conception. Healthy diet has the same importance for both the patients of diabetes and non-diabetics. The optimum macronutrient structure of food for the diabetic patients is a controversy [17-19]. ADA suggests a food that consists carbohydrates from fruits, vegetables, grains and milk with low fat [20]. The special diet for the diabetics offer no advantages and they are able to till rise the level of sugar as well as very costly and they can have purgative impact if they consists of the alcohols.

In our region, they are many fallacies about the use of vegetables and 81.90% patients were not using the ground vegetables. About 41.0% patients of this case study viewed against the use of fruits which is false. Nisar N [10] in his study described that 42.0% nondiabetic people found with the view that diabetic persons should take excess quantity of fruits. The prohibition of the rice was another misconception. There are information describing that the use of the rich fiber food (Fifty gram fiber per day) decreases glycemia in the patients suffering from type-1 diabetes & reduces the glycemia, hyperinsulinemia & lipemia in the patients suffering from type-2 diabetes [21]. Majority of patients from outside Lahore found with less awareness of the vital issue of the disease as administration of the insulin [22]. In Quetta. 77.10% patients of diabetes found with zero awareness about the disease and its complications in a case study conducted there [22]. Asha [24] stated that the knowledge of patient about diet & diabetes control improved the management of the disease. These programs of diabetic education in groups are very vital to enhance the knowledge of patients and the programs should be specific to culture not to the knowledge only [25, 26].

CONCLUSIONS:

Majority of the patients suffering from diabetes in or population particularly those who never got any awareness education about the disease found with valid misconceptions and myths about diet. The programs for the diabetic education are necessary for the management of this disease in better way.

REFERENCES:

- Stam DM, Graham JP. Important aspects of selfmanagement education in patients with diabetes. Pharmacy practice management quarterly. 1997; 17:12-25.
- Via P, Salyer J. Psychosocial self-efficacy and personal characteristics of veterans attending a diabetes education program. Diabetes Educ 1999; 25:727-737.

- Gannon MC, Nuttall FQ, Westphal SA, Fang S, Ercan-Fang N. Acute metabolic response to highcarbohydrate, highstarch meals compared with moderate-carbohydrate, lowstarch meals in subjects with type 2 diabetes. Diabetes Care 1998; 21:1619–1626.
- Wolever TMS, Nguyen PM, Chiasson JL, JA Hunt, RG Josse, C Palmason, et al. Determinants of diet glycemic index calculated retrospectively from diet records of 342 individuals with noninsulin-dependent diabetes mellitus. Am J Clin Nutr 1994; 59:1265–1269.
- O'Dea K, Snow P, Nestel P. Rate of starch hydrolysis in vitro as a predictor of metabolic responses to complex carbohydrate in vivo. Am J Clin Nutr 1981; 34:1991–1993.
- Snow P, O'Dea K. Factors affecting the rate of hydrolysis of starch in food. Am J Clin Nutr 1981; 34:2721–2727. 7.
- Jarvi A, Karlstrom B, Granfeldt Y, Bjorck I, Vessby B. The influence of food structure on postprandial metabolism in patients with NIDDM. Am J Clin Nutr 1995; 61:837–842.
- Hughes TA, Atchison J, Hazelrig JB, Boshell BR. Glycemic responses in insulin-dependent patients with diabetes: Effect of food composition. Am J Clin Nutr 1989; 49:658–666.
- American Diabetic Education. Medical experts dispel myths about diabetes. JET, 2005. <u>http://findarticles.com/p/articles/</u> mi_m1355/ is_1_108/ai_n15681366.
- 10. Nisar N, Khan IA, Qadri MH, Sher SA. Myths about diabetes mellitus among non-diabetic individuals attending primary healthcare centers of Karachi suburbs. J Coll Physicians Surg Pak 2007;17(7):398-401.
- Diabetic foods. Joint statement on 'diabetic foods' from the Food Standards Agency and Diabetes UK". Positional statements. Diabetes UK. July 2002. Retrieved 2006-10-22.
- 12. Adler E, Paauw D. Medical myths involving diabetes. Prim Care 2003; 30:607-618.
- 13. American Diabetic Association. Screening for type 2 diabetes: Diabetes Care 2000; 23:20-23.
- 14. Simmons D. Personal barriers to diabetes care: Is it me, them or us. Diabetes Spectr 2001; 14:10-12.
- 15. Brown JB, Harris SB, Bogaert SW, Wetmore S, Faulds C, Stewart M. The role of patient, physician and the management of type 2 diabetes mellitus. Fam Pract 2002; 19:344-349.
- 16. Pennock T. Diabetes and nutrition: The latest thinking on dietary management. Prof Nurse 2005; 20:27-30.

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- 17. Franz MJ. Carbohydrate and diabetes: Is the source or the amount of more importance. Curr Diab Rep 2001; 1:177-186.
- 18. Wolever TM, Mehling C. Long term effect of varying the source or amount of dietary carbohydrate on postprandial plasma glucose, insulin, triacylglycerol, and free fatty acid concentrations in subjects with impaired glucose tolerance. Am J Clin Nutr 2003; 77:612-621.
- Shah M, Adams-Huet B, Bantle JP. Effect of a high – carbohydrate versus a high monounsaturated fat diet on blood pressure in patients with type 2 diabetes. Diabetes Care 2005; 28:2607-2612.
- 20. Bantle JP, Wylie-Rosett J, Albright AL, Apovian CM, Clark NG. Nutrition recommendations and interventions for diabetes: A position statement of the American Diabetes Association. Diabetes Care 2008;31(suppl 1): S61-S78.
- 21. Franz MJ, Bantle JP, Beebe CA, Brunzell JD, Chiasson JL, Garg A, et al. Evidence-based nutrition principles and recommendations for the

treatment and prevention of diabetes and related complications. Diabetes Care 2002; 25:1;48–198.

- Jabbar A, Contractor Z, Ebrahim MA, Mahmood K. Standard of knowledge among patients with diabetes in Karachi, Pakistan. J Pak Med Assoc 2001; 51:216-218.
- 23. Ali M, Khalid GH, Pirkani GS. Level of health education in patients with type II diabetes mellitus in Quetta. J Pak Med Assoc 1998; 48:334-336.
- Asha A, Pradeepa R, Mohan V. Evidence for Benefits from Diabetes Education Program. Int J Diab Dev Ctries 2004; 4:96-102.
- Barlow J, Wright C, Sheasby J, Turner A, Hainsworth J. Self-management approaches for people withchronic conditions: A review. Patient Educ Couns 2002; 48:177-187.
- Sarkisian CA, Brown AF, Norris KC, Wintz RL, Mangione CM. A systematic review of diabetes self-care interventions for older, African American, or Latino adults. Diabetes Educ 2003; 29:467-479.