

Theme of the Month

World Diabetes Day: Diabetes and Well-being

To keep Members of Diabetes Care team abreast about DSME/DSMS - (Diabetes Self management Education/Support) Concepts

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RSSDI Indian Diabetes EDUCATOR JOURNAL



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To keep the members of diabetes care team abreast with DSME and DSMS concepts

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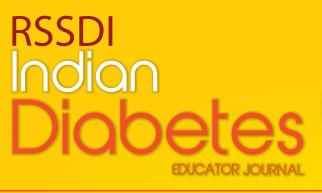
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FOREWORD

Research Society for the Study of Diabetes in India (RSSDI) founded by Prof. MMS Ahuja in the year 1972 is the biggest scientific association of healthcare professionals involved in promoting diabetes education and research in India. RSSDI is happy to collaborate with USV to support their endeavour to make India the 'Diabetes care capital of the world'. Through this collaboration, RSSDI would like to strengthen the cadre of diabetes educators by empowering them with recent updates in diabetes management helping bridge the gap between the physician and the patient. Today, the rule of 50% is prevailing in terms of awareness, detection, treatment and control in T2DM. Our aspiration is to achieve 90-90-90-90 i.e.90% of people with diabetes should be made aware, 90% should be detected, 90% of those detected should be treated, and 90% of those treated should reach their goals.

Indian Diabetes Educator Journal (IDEJ) is the first of its kind in India, and the longest running monthly diabetes educator journal since April 2015 and continues its endeavour to spread awareness, knowledge and enable healthcare teams to manage individuals with diabetes and empower them for self-care. RSSDI IDEJ will continue to keep the members of diabetes care team abreast with concepts of Diabetes Self-Management Education/Support (DSME/S) with a reach of 44000 doctors and diabetes educators digitally.

Each year, on the 14th of November, World Diabetes Day serves as a powerful reminder of the global impact of diabetes. This year's theme, "Diabetes and Well-being," focuses on the intricate connections between diabetes and overall wellness, exploring how the condition affects physical health, as well as psychological and social dimensions of life. This month's IDEJ is dedicated to highlighting the importance of holistic care, aiming to inspire diabetes educators to adopt strategies that address the comprehensive needs of those living with diabetes. We hope this edition equips diabetes educators with valuable insights and practical ways to enhance their efforts in supporting the well-being of individuals with diabetes.

We sincerely thank our contributors for making this issue delightful reading for our readers. We dedicate this journal to all the healthcare professionals who are working relentlessly towards making "India—The Diabetes Care Capital of the World."

Sincere Regards,

Dr. Sanjay Agarwal RSSDI Secretary

Disclaimer: This Journal provides news, opinions, information and tips for effective counselling of people with diabetes. This Journal intends to empower your clinic support staffs for basic counselling of people with diabetes. This journal has been made in good faith with the literature available on this subject. The views and opinions expressed in this journal of selected sections are solely those of the original contributors. Every effort is made to ensure the accuracy of information but Hansa Medcell or USV Private Limited will not be held responsible for any inadvertent error(s). Professional are requested to use and apply their own professional judgement, experience and training and should not

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Article: A Glossary of Mental Health Issues Related to Diabetes





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Cover Story: World Diabetes Day Theme: Diabetes and Well-being



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World Diabetes Day was established in 1991 by the International Diabetes Federation, with support from the World Health Organization (WHO), in response to growing concerns about the health and economic threat posed by diabetes. It became an official United Nations (UN) observance in 2006. It is observed annually on November 14, the birthday of

Sir Frederick Banting, who along with Charles Best, co-discovered insulin in 1922. World Diabetes Day serves as an opportunity to raise awareness about diabetes as a global public health issue and highlights the actions needed; both collectively and individually for better prevention, diagnosis, and management of the condition.

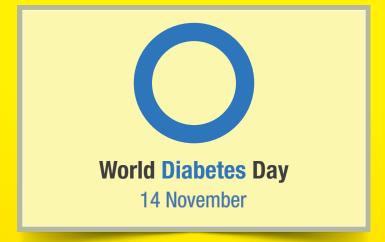
World Diabetes Day is the world's largest diabetes awareness campaign, reaching a global audience of over 1 billion people across more than 160 countries. The campaign highlights critical issues related to diabetes and ensures that the disease remains a priority in public and political discussions.



The World Diabetes Day logo is a blue circle—the global symbol for diabetes.

Last 3 years, the theme has been access to diabetes medicines, care, and diabetes education. The theme for World Diabetes Day from 2024 to 2026 is "World Diabetes Day: Diabetes and Well-being." During this 3-year period, the World Diabetes Day campaign will focus on:

- 1. **Physical well-being:** Emphasizing the significance of regular physical activity and a balanced diet in reducing the risk of type 2 diabetes, as well as in managing all forms of diabetes and its associated complications.
- 2. **Societal well-being:** Addressing the barriers that prevent individuals living with diabetes from leading a healthy and fulfilling life, because of their condition.



 Mental well-being: Raising awareness about the challenges, stress, and anxiety that can arise living with a chronic condition like diabetes and stressing the importance of incorporating mental health support into diabetes management and treatment plans.

In recent years, efforts have been made to improve access to medical nutrition therapy and pharmacotherapy. Increasing research and advancements have led to the use of newer drugs and more sustainable dietary approaches. While these have improved diabetes care and treatment, societal support and mental well-being remain under-addressed aspects.



Social support is vital for helping people with diabetes manage their condition and stick to their treatment plan. Educating family members about diabetes and its long-term complications is essential. Several studies, including the Diabetes Attitudes, Wishes, and Needs study, emphasized that psychological support in these group of patients is under-resourced and inadequate, resulting in poor quality of life (QoL) and reduced general well-being. It is often difficult for many to accept the fact that they have to take drugs invariably throughout their life, resulting in poor treatment adherence and diabetes self-management. These psychosocial issues can lead to depression or other psychological disorders, which are linked to poor self-care, unfavorable metabolic outcomes, higher mortality, functional limitations, increased healthcare costs, loss of productivity, and poor QoL.

"Celebrate World Diabetes Day emphasizing the importance of addressing physical, societal, and mental well-being in the management of diabetes. While advancements in treatment have improved care, the need for greater societal support and psychological resources remain crucial for enhancing the QoL for those living with diabetes."

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A Glossary of Mental Health Issues Related to Diabetes



Dr. Zeba Siddiqui

MD (Medicine)

Professor, Department of Medicine, Era's Lucknow Medical College and Hospital, Lucknow Diabetes is a chronic condition that is not only physically demanding but also psychologically burdensome due to the constant need for self-management and behavioral regulation. According to sociologists Corbin and Strauss, living with a chronic condition involves 3 types of work: Illness work, everyday life work, and biographical

work. People with diabetes face multiple adaptive challenges beyond glucose control, such as navigating the medical system, managing stress, maintaining emotional balance, and fulfilling daily responsibilities. A major challenge in treating mental health conditions in people with diabetes is the low detection rate; up to 45% of mental health conditions and severe psychological distress go undetected. Only about 1/3rd of people with diabetes who have mental health conditions receive a diagnosis and appropriate treatment. To address this, diabetes care teams should emphasize the mind-body connection and provide holistic care, including regular mental health screening during visits.



List of mental health issues related to diabetes

Depression	Diabetes and depression often occur together, significantly impacting both daily functioning and medical outcomes. These conditions have a bidirectional relationship: Having a history of clinical depression increases the risk of developing type 2 diabetes by 60%, while having type 2 diabetes raises the likelihood of developing depression by 15%. When these conditions coexist, they are associated with a lower quality of life, higher blood glucose levels, increased risk and severity of long-term diabetes complications, more frequent use of medical services, a greater risk of functional disability, and a higher risk of all-cause mortality.			
Diabetes distress	Diabetes distress, also referred to as "diabetes-specific distress" or "diabetes-related distress," is an emotional response to managing diabetes daily, dealing with its long-term complications, and facing the continuous burden of self-care. This distress car also stem from the social impact of diabetes, such as stigma, discrimination, or others' lack of understanding, as well as the financial strain related to insurance and treatment costs. Higher levels of diabetes distress are linked to poorer diabetes self-management, higher glycated hemoglobin (HbA1c) levels, and decreased overall emotional well-being. Tools like the Problem Areas in Diabetes scale and the Diabetes Distress Scale help identify diabetes distress and facilitate discussions about it.			
Diabetes burnout	3 3 3			
Diabetes stigma	Diabetes stigma refers to negative attitudes and discrimination toward people with diabetes, often based on the misconception that their condition is solely due to poor lifestyle choices while overlooking factors like genetics and social determinants of health. This stigma can occur in various environments, such as at home, at work, and in healthcare settings, and can manifest internally as self-blame and shame or externally as judgment and exclusion by others. Experiencing stigma can severely affect a persons self-esteem and diabetes management, potentially leading to serious health complications, depression, anxiety, and reduced adherence to essential routines like insulin use and blood glucose monitoring. Type 1 diabetes with disordered eating, or diabulimia, is an eating disorder where individuals with type 1 diabetes reduce or stop taking insulin to lose weight. Eating disorders are more common in people with type 1 diabetes, particularly in females. Around 20% of females with diabetes have an eating disorder, and teenage girls with type 1 diabetes are twice as likely to develop one compared to those without diabetes. These disorders often involve behaviors like food restriction, binging, vomiting, laxative use, and excessive exercise, sometimes alongside insulin misuse. Risk factors include higher body mass index (BMI), body dissatisfaction, challenges with managing a chronic condition, and the effects of diabetes on self-image and family relationships. The weight gain associated with insulin use can increase body dissatisfaction, contributing to the development of disordered eating behaviors as a way to manage and control weight.			
Diabulimia				

Conclusion: Diabetes involves significant psychological challenges, including mental health issues like depression, distress, burnout, stigma, and diabulimia. These conditions can severely affect diabetes management and overall health. Addressing mental health through regular screenings and comprehensive support is essential for improving the quality of life and outcomes for people with diabetes.

Key points

- O Diabetes is a psychologically burdensome condition that requires persistent self-management and involves multiple adaptive tasks.
- O Depression and diabetes have a bidirectional relationship, significantly affecting quality of life and increasing health risks.
- Diabetes distress and burnout stem from the emotional toll of managing diabetes, affecting self-care and well-being.
- Stigma and diabulimia in diabetes often arise from misconceptions, body dissatisfaction, and management challenges.
- Regular mental health screenings and support are essential for improving the quality of life and outcomes in people with diabetes.



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Effect of Postprandial Exercise on Glucose Response in Type 2 Diabetes Mellitus



Dr. Gireesh H. C.

MBBS, MD (Internal Medicine), Fellowship in Endocrinology and Diabetes (RCP UK) Chief Consultant Physician and Diabetologist, Chandragiri Multi-speciality Hospital, Shivamogga Prolonged sitting, as a type of sedentary behavior, frequently becomes habitual and is correlated with poor health outcomes. Elevated postprandial blood glucose levels and significant glycemic fluctuations are recognized as stronger indicators of cardiometabolic disorders as compared to fasting hyperglycemia in both healthy individuals

and those with type 2 diabetes mellitus (T2DM). Postprandial exercise (PPE) stimulates both contraction- and insulin-mediated glucose uptake, resulting in an additive effect on skeletal muscle glucose uptake. Exercise after a meal is also associated with an increased insulin-to-glucagon ratio, which can decrease hepatic glucose production and lower blood glucose levels.

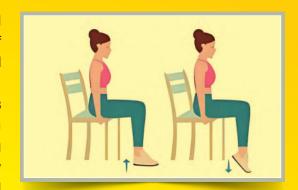


Does exercise timing affect post-meal glucose levels?

To effectively lower post-meal blood glucose spikes, exercise timing must align with glucose absorption. Exercising too early or late can lessen its impact on controlling blood glucose levels. Research shows that exercising 10–15 minutes after a meal is more effective at reducing post-meal glucose peaks than starting 30 minutes later for people without T2DM, as glucose levels in healthy individuals typically stay below 140 mg/dL, but this threshold often exceeds in people with T2DM. For those with diabetes, peak glucose levels occur 60–120 minutes after a meal. Hence, exercise starting 15–30 minutes post-meal significantly reduces glucose peaks. Overall, initiating exercise before peak glucose levels, around 10–15 minutes for healthy individuals and 15–30 minutes for those with T2DM, helps manage glucose response.

What is the most effective type of exercise?

Both aerobic and resistance exercises are effective for managing post-meal glucose levels, especially when combined. Studies show that 30 minutes of moderate-intensity aerobic exercise, like brisk walking or cycling, and 15–30 minutes of resistance training significantly reduce postprandial glucose peaks. Additionally, simple movements like "leg fidgeting" or "soleus pushups" offer practical alternatives for improving glucose control in sedentary settings. Another study found that light-intensity walking significantly reduced postprandial glucose and insulin levels more effectively than prolonged sitting or standing breaks. However, intermittent standing had no significant impact on postprandial insulin compared to prolonged sitting.



The type of exercise, whether aerobic, resistance, or a combination, should be tailored to individual preferences and needs.

What should be the duration and intensity of exercise?



Studies show that even brief periods of light-to-moderate walking for 15 minutes after each meal or 10 minutes of exercise can significantly reduce post-meal glucose levels, comparable to longer sessions. For individuals with T2DM, 20 minutes of self-paced walking is as effective as 40 or 60 minutes. These findings suggest that brief, moderate-intensity exercise is effective for improving post-meal glucose response, with time being more crucial than the duration and intensity of exercise.

Does the amount of carbohydrates in the meal affect the effectiveness of PPE?

Two studies tested 30 minutes of brisk walking, starting 15 minutes after meals with varying carbohydrate content. In summary, brisk walking effectively improves glycemic control after meals with different carbohydrate levels.

Key points

- Evidence supports that 15–30 minutes of moderate-intensity exercise, like brisk walking, around 10–15 minutes after meals
 for healthy individuals and 15–30 minutes after meals for those with T2DM, can effectively lower postprandial blood glucose
 levels.
- While high-intensity exercise also helps, it is more suitable before meals. Combining short exercise bouts throughout the postprandial period may further enhance glucose control.
- Future in-depth research should explore how exercise timing, type, intensity, and duration specifically impact glucose levels, as well as the interaction between exercise and diabetes medications. This can help in formulating more precise recommendations.



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Four Pillars of Diabetes Management



Dr. Pawan Begani

MB, PGFM, FDRC (Chennai), CPCD, ACCD (Boston), CCMTD, EPCP (IIM, AHM) Consultant Diabetologist and Thyroid specialist, Bhagwan Mahavir Diabetes Centre, Surat Effective management of diabetes is built on four key pillars: Diet, physical activity, pharmacologic therapy, and blood glucose monitoring. These four pillars play a crucial role in improving glucose control in individuals with diabetes. Patient education and empowerment during the initial visit are critical for establishing a strong foundation for diabetes care.

Four key pillars in diabetes management

Diet	Medical nutrition therapy focuses on individualized meal plans tailored to each person's socio-cultural preferences, health goals, weight status, and presence of comorbidities. It includes moderating carbohydrate intake, focusing on low glycemic index and low-moderate glycemic load foods as part of an overall healthy dietary regimen. Food education tools/models assist in delivering important dietary education and subsequently, glucose management.
Physical activity	Another crucial pillar is physical activity. Individuals with diabetes are advised to do a combination of aerobic and resistance training exercises. Starting exercise programs at a slow pace and gradually progressing under the guidance of a trained professional is important, especially for sedentary individuals. Fitness monitors and structured program improve motivation and adherence. It is important to seek guidance from a healthcare professional before starting a new exercise regimen, as the presence of comorbidities may influence the recommended exercise plan.
Pharmacotherapy	Pharmacotherapy in diabetes involves using medications to manage blood glucose levels and prevent complications. These include insulin, oral anti-diabetic drugs such as metformin, sulfonylureas, and alpha-glucosidase inhibitors, as we as newer drugs like gliptins (Dipeptidyl peptidase 4 [DPP-4] inhibitors) and (Sodium-glucose cotransporter 2) [SGLT2 inhibitors), which offer additional options for controlling blood glucose levels. Effective pharmacotherapy is tailored to individual patient needs, considering factors such as the type of diabetes, comorbid conditions, and treatment goals.
Blood glucose monitoring	Blood glucose monitoring is essential to evaluate the outcomes of the current treatment regimen. This helps in adjusting diet, physical activity, and medication to meet specific glucose targets. Self-monitoring of blood glucose (SMBG), continuous glucose monitoring system (CGMS), and glycated hemoglobin (HbA1c) levels are different ways to assess glycemic control in diabetes. The integration of technology, such as smartphone apps and advanced glucometers, can significantly improve diabetes care by simplifying data tracking and communication.

A structured approach to patient education and personalized care, integrating these elements, is crucial for optimizing glucose control, addressing individual needs, and reducing the risk of associated complications.

Resource:

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Interview with Dr. A. G. Unnikrishnan



Dr. A. G. Unnikrishnan
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Dr. A. G. Unnikrishnan is an eminent endocrinologist and the CEO of Chellaram Diabetes Institute, a leading diabetes institute in India and an International Diabetes Federation-certified centre for education and excellence in diabetes care. He heads clinical care, research, education and also oversees a philanthropic rural diabetes care program run by the Institute. He also heads the newly formed Chellaram Diabetes Research Center, which is in the field of innovations in diabetes-related diagnosis and management and the Institute's e-learning academy. He has contributed immensely to diabetes education by heading the educational programs at Chellaram Diabetes Institute. He has published and edited various journals over the years and has won several awards.

Diabetes and Well-being



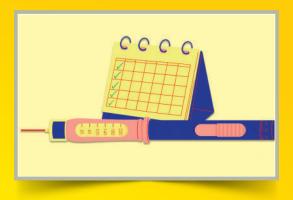
 What initiatives can healthcare providers implement to raise awareness and improve diabetes care, and how can it be enhanced on World Diabetes Day?

Ans. World Diabetes Day is an important occasion for healthcare providers to educate patients and raise public awareness about diabetes and its management. One of the most effective ways to spread awareness is through social media by using short, clear messages in the form of videos, single-page flyers, or pictures. Healthcare providers can also participate in programs on radio and television, and contribute articles to newspapers and blogs. Additionally, it is crucial to educate patients and bystanders while they wait outside doctors' clinics. Healthcare providers can organize special educational and screening programs for people with diabetes and their companions, helping them learn more while they are at the hospital or clinic.



2. Are there any promising clinical trials or research studies among the latest advancements in diabetes treatment that you are particularly excited about?

Ans. Several studies promise to change the management of diabetes. Among them are the studies on once-weekly insulin injections. As we all know, patients with diabetes are usually fed up with daily insulin injections. Being able to inject insulin once a week instead of once a day will bring down the injection number from 365 injections in a year to just 52 injections yearly. Hence, the studies of once-a-week insulin, as well as the studies of the



weekly insulin glucagon-like peptide (GLP) combinations, will be exciting to see. I am also enthusiastic about anti-obesity injections in people with obesity and type 2 diabetes, which could offer benefits to individuals who struggle to achieve medically significant weight loss through exercise or other lifestyle interventions.

3. How important is diet and exercise management for good control of diabetes?

Ans. Diet and physical activity are the cornerstones of diabetes management. Today, both patients and expert doctors frequently



refer newly diagnosed type 2 diabetes patients to nutritionists and explore the possibility of diabetes remission. Diet is the most effective way to achieve weight loss in people who are obese and can also help reduce the need for medications and injections. There are various nutritional approaches for managing diabetes, and an expert nutritionist can help select the right regimen for each patient. Exercise plays a key role in lowering blood glucose levels, improving blood pressure, and enhancing cardiovascular fitness. It is also important for maintaining weight loss. However, diet remains the foundation; as the saying goes, "You can't outrun a bad diet!"

4. How can family and friends support someone with diabetes?

Ans. People with diabetes face various stressful situations daily. Like everyone, they are often tempted by the easy availability of highly refined carbohydrate foods. At times, individuals with diabetes, especially those with coexisting obesity, may experience body shaming. During this time, friends and family can be a source of support. Many family events, such as birthdays and weddings, do not provide diabetes-friendly meal options. Families can help by treating the person having diabetes with compassion, empathy, understanding, and by taking steps to make following a proper diet and exercise routine easier. This is particularly important for women, who often manage household responsibilities and may struggle to find time for exercise.



Family members should proactively share household and family-related tasks, allowing women the time they need for exercise, blood tests, and taking their medications on time. A supportive family can significantly improve a patient's quality of life, leading to better glucose control and ultimately, better health outcomes.

5. What message would you like to share with people living with diabetes, on World Diabetes Day?

Ans. On World Diabetes Day, I want to share the message that diabetes can be seen as an opportunity—an opportunity to lead a disciplined life, be physically active, commit to regular testing, and face challenges head-on. It is also an opportunity to practice letting go of certain desires, such as sugary foods, which can help build self-control and detachment from material temptations. People with diabetes need to view the condition not as a burden, but as an opportunity to discipline themselves and lead a healthier life. Indeed, the person with diabetes who is most disciplined and knowledgeable often enjoys the best health and longevity. So, my friends, I wish you a life of long health and wellness. Do not fear if you have diabetes. There are dietitians, diabetes educators, doctors, and many other specialists who will guide you toward health and happiness.



Physical Well-being: Essential Components of Diet and Exercise in Comprehensive Diabetes Care



Dr. Shriram Agrawal

MBBS, MD (Medicine), DNB (Medicine), DM (Cardiology), DrNB (Cardiology) Consultant Cardiologist, Dr. R. K. Agrawal Memorial Hospital, Narmadapuram Diet and exercise are cornerstone elements in the comprehensive management of diabetes. These lifestyle factors play crucial roles not only in controlling blood glucose levels but also in preventing complications and maintaining overall physical well-being.

Medical nutrition therapy has been shown to reduce glycated hemoglobin (HbA1c) levels by 0.3–2.0% in people with diabetes. While there is no one-size-fits-all diet for diabetes, general recommendations include consuming non-starchy vegetables, minimizing added sugars and refined grains, and opting for whole foods over processed ones. Individualized nutrition plans are essential, taking into account factors such as age, weight, health status, and food preferences. Various eating patterns, including Mediterranean, low to moderate carbohydrate, high-fiber, and plant-based diets, have demonstrated benefits for diabetes management.



Exercise is equally important in diabetes care. Regular physical activity improves blood glucose control, reduces cardiovascular risk factors, and contributes to weight management. Guidelines suggest that most individuals with diabetes should engage in at least 150 minutes of moderate to intensive exercise per week, spread over at least 3 days. Exercise interventions of 8 weeks or more can lead to an average HbA1c reduction of 0.6%. Moreover, physical activity has been shown to prevent complications such as diabetic neuropathy.

Protein intake and muscle health are often overlooked aspects of diabetes management that significantly impact physical well-being and mobility. Adequate protein consumption, combined with resistance exercise, is crucial for maintaining muscle mass and preventing sarcopenia, the age-related loss of muscle tissue. Sarcopenia is a particular concern for people with diabetes, as it can impair mobility, increase the risk of falling, and negatively affect quality of life. A balanced diet with sufficient high-quality protein, along with regular strength training, can help preserve muscle mass and physical function.



The synergy between diet and exercise in diabetes management is crucial. Together they improve glycemic control, reduce complications, and enhance overall well-being. Proper nutrition supports exercise performance, while exercise improves insulin sensitivity and helps maintain a healthy weight. A comprehensive diabetes care plan must emphasize both diet and exercise, as they are fundamental to effective management and physical well-being; not just adjuncts to medication.

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Personalized Counselling for Patients with Co-morbid Conditions and Preventing Complications A Doctor's Experience on the MyCare Patient Support Program



Dr. Shardul Kothary
MBBS, D. Diabetology (Gold Medalist)

A man with type 2 diabetes mellitus and foot infection was managed by Dr. Shardul Kothary.

Here's what Dr. Shardul Kothary has to say:

A patient with persistently high blood glucose levels and a foot infection was referred for consultation. He was unable to walk due to the foot infection. During the assessment, it was revealed that his erratic lifestyle had adversely affected glycemic control, despite ongoing treatment. Considering the current diabetes complications that needed immediate care and to prevent further detrimental health effects, I proposed insulin therapy. He was started on 40 units of rapid acting insulin.

I also sought the guidance of MyCare Diabetes Educator (MDE), Purvi Gala, who explained the importance of insulin and clarified various misconceptions regarding insulin and diet. She explained the insulin administration process and advised a healthy dietary regimen. She emphasized that with a healthier lifestyle, insulin use could be temporary. Stressing the impact of lifestyle changes on blood sugar control, the MDE motivated the patient to adopt healthy eating habits.

In just a month, his foot infection was resolved, and his blood sugar levels were under control. His fasting blood glucose levels came down to 124 mg/dL, and his postprandial blood glucose levels were 176 mg/dL. After six months, the patient is still following the advised regimen and managing with only 8 units of insulin. His blood glucose levels also remain in the desired range (fasting: 120 mg/dL and postprandial: 140 mg/dL). An integrated approach involving medical intervention, patient education, and continuous support helps achieve and maintain optimal diabetes control; preventing the risk of complications.



Ms. Purvi Gala

NDEP and T1DE Certified Diabetes Educator

Here's what MDE Purvi Gala has to say:

Educating on insulin administration, providing healthy eating tips to control blood glucose levels, and emphasizing protein-rich foods for faster recovery from infection enabled the patient to achieve and maintain good diabetes control. This demonstrates the critical role personalized education, lifestyle modifications, and insulin use play in diabetes care.





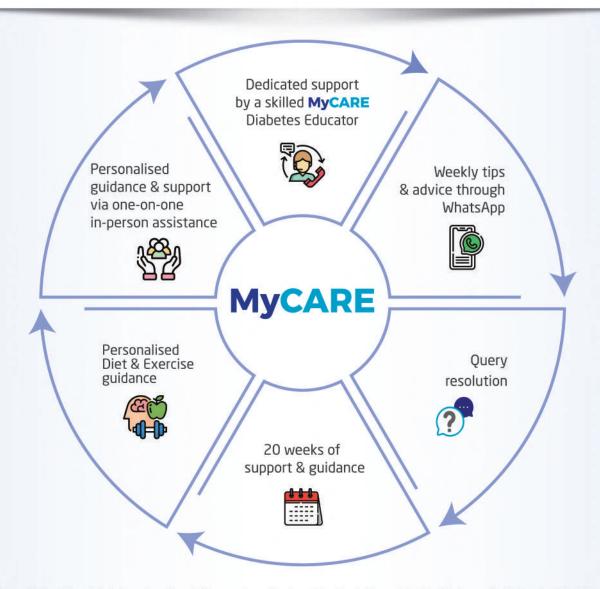


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Composition: Dapagliflozin 10 mg, Sitagliptin 100 mg & Metformin Hydrochloride Extended Release 1000 mg tablets Dapagliflozin propanediol monohydrate eq. To Dapagliflozin 10 mg Sitagliptin Phosphate Monohydrate IP Eq. Sitagliptin 100 mg Metformin Hydrochloride IP (as Extended Release) 1000 mg Dapagliflozin 10 mg, Sitagliptin 100 mg & Metformin Hydrochloride Extended Release 1000 mg tablets Dapagliflozin propanediol monohydrate eq. To Dapagliflozin 10 mg Sitagliptin Phosphate Monohydrate IP Eq. Sitagliptin 100 mg Metformin Hydrochloride IP (as Extended Release) 500 mg Indication: It is indicated as an adjunct to diet and exercise to improve Glycemic Control adults with type 2 diabetes mellitus Recommended Dosage: As directed by the physician. Method of Administration: Oral Adverse Reactions: Most common adverse reactions reported are: Dapagliflozin - Female genital mycotic infections, Nasopharyngitis, Urinary tract infections. Sitagliptin - Upper respiratory tract infection, nasopharyngitis and headache. Metformin - Diarrhea, nausea/vomiting, flatulence, asthenia, indigestion, abdominal discomfort, and headache. Warnings and Precautions: Dapagliflozin: Volume depletion; Ketoacidosis in patients with Diabetes Mellitus; Urosepsis and Pyelonephritis; Hypoglycemia; Genital mycotic infections Sitagliptin: General: Sitagliptin should not be used in patients with type 1 diabetes or for the treatment of Diabetic Ketoacidosis. Acute pancreatitis: Hypoglycemia is used in combinations when combined with other anti-hyperglycemic medicinal product; Renal impairment: Hypersensitivity reactions including anaphylaxis, angioedema, and exfoliative skin conditions - Steven johnson syndrome; Bullous pemphigoid Metformin Hydrochloride: Lactic acidosis; In case of dehydration (severe diarrhea or vomiting, fever or reduced fluid intake), metformin should be temporarily discontinued and contact with a healthcare professional is recommended. Contraindications: Hypersensitivity to the active substance of Dapagliflozin, Sitagliptin & Metformin or to any of the excipients listed. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis). Diabetic pre-coma; Severe renal failure (eGFR < 30ml/min); Acute conditions with the potential to alter renal function such as: Dehydration, Severe infection, Shock; Acute or chronic disease which may cause tissue hypoxia such as: Cardiac or respiratory failure. Recent myocardial infarction, Shock, Renal Impairment, Acute intoxication, Alcoholism. Use in special population: Preqnant women: Due to lack of human data, drugs should not be used during pregnancy. Lactating women: It should not be used during breastfeeding. Pediatric patients: The safety and efficacy of drugs has not yet been established. No data is available. Geriatric Patients: In patients >65 years, it should be used with caution as age increases. For Additional Information/full prescribing information, please write to us: USV Private Limited, Arvind Vithal Gandhi Chowk, B.S.D Marg, Govandi, Mumbai - 400088 Last updated on 02/04/2024.

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Ref.: L Ravikumar et al.Cardiology and Cardiovascular Medicine. 2023; 7: 141-144. |

Abridged Prescribing Information

Composition: Each Film Coated Tablet Contains: Dapagliflozin (Propanediol Monohydrate eq. to Dapagliflozin (10 mg) + Sitagliptin (100 mg). Indications: For the treatment of type 2 diabetes mellitus inadequately controlled on Metformin monotherapy. Recommended Dosage: As directed by the physician. Method of Administration: Oral. Adverse Reactions: Female genital mycotic infections, assopharyngitis, and urinary tract infections are most common adverse reactions associated with dapagliflozin. While, upper respiratory tract infection, nasopharyngitis, and headache are most common adverse reactions associated with sitagliptin. Wanings and Precautions: Risk of Volume Depletion in Elderly - Before initiating upper pagnitus and Sitagliptin, assess volume status and renal function in the elderly patients with renal impairment or low systolic blood pressure, and in patients on diuretics. Monitor for signs and symptoms during therapy. Ketoacidosis in Patients with Diabetes Mellitus - Assess patients who present with signs and symptoms of metabolic acidosis for ketoacidosis regardless of blood glucose level. If suspected, discontinue UDAPA*-S, evaluate and treat promptly, Before initiating UDAPA*-S, consider risk factors for ketoacidosis. Patients on UDAPA*-S may require monitoring and temporary discontinuation of therapy in clinical situations known to predispose to ketoacidosis. Urosepsis and Pyelonephiritis - Evaluate for signs and symptoms of urinary tract infections and treat promptly, if indicated. Hypoglycemia - Consider a lower dose of insulin or the insulin secretagogue to reduce the risk of hypoglycemia when used in combination with Dapagliflozin and Sitagliptin. Rerotizing Fascilitis of the Perineum - Serious, life-threatening cases have occurred in patients with diabetes, both females and males. Assess patients presenting with pain or tenderness, erythema, or swelling in the genital or perianal area, along with fever or malaise. If suspected, institute prompt treatment. Genital Mycotic Infections - Monitor and

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Family Support in Diabetes



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Diabetes impacts not only the individual but also the entire family, creating psychological stress. When a family member is newly diagnosed or when the disease progresses, emotional reactions can arise, which leads to challenges in family functioning and self-care management. Family dynamics play a crucial role in the self-management of diabetes, influencing health outcomes.

In a recent behavioural study (DECODE Study), it was observed that in about 43% cases, once an individual is diagnosed with diabetes, their families play a major role in deciding the line of treatment which is usually in favour of alternative therapies. This is simply due to the lack of knowledge about diabetes and importance of strict control of blood glucose levels. This in turn causes an individual to delay the treatment, which leads to poor initial glycemic control and hence increases the risk of complications later on.

Hence, the unique challenges faced by families dealing with diabetes include knowledge gaps, communication barriers, role confusion, everyday practices, and mutual worries.

Here are few tips and the role of family support in managing diabetes:

- 1. Knowledge and education Diabetes management requires a good understanding of the condition, which involves learning about diet, exercise, medication, and monitoring blood glucose levels. Knowledge-sharing within the family helps in identifying early signs of complications and reduces the burden on the individual with diabetes. When family members are educated about diabetes, they can provide better support, ensuring the patient follows the treatment plans. Similarly, identifying the signs and symptoms of severe acute hyperglycemia and hypoglycemia, and taking quick action in such scenarios can help prevent drastic consequences.
- 2. Communication Effective communication within the family is key to managing diabetes. Open discussions about challenges, needs, and concerns can help in creating a supportive environment. Regular communication can help in addressing any misconceptions and ensure that everyone is on the same page regarding the care routine. For example, individuals who are on insulin therapy and are afraid, or facing challenges in administering the dose themselves, must convey this clearly to their family members who can help them out with it.
- 3. Emotional support Diabetes can be emotionally strenuous, and family support plays a significant role in alleviating stress. Emotional support from family members can boost the individual's confidence and encourage them to maintain a positive outlook toward managing their condition. This support can include simply listening to the person's concerns, encouraging them during difficult times, and celebrating small victories in their management journey. Sleep is a major parameter which affects diabetes control. Identifying if the person is having disturbed sleep and working on improving it collectively by the entire family will help in effective diabetes control as well.



- 4. Role clarity Role confusion often arises in families dealing with chronic illnesses like diabetes. Defining and clarifying the roles of each family member in the management of diabetes is crucial. For instance, one member may take charge of meal planning while another might help with medication reminders. Clear roles help in reducing stress and preventing burnout, ensuring that the care is consistent and effective.
- 5. Daily practices and routine Managing diabetes requires strict adherence to daily routine, including diet, exercise, and medication. Family involvement in these daily practices can make them more manageable. For example, families can plan meals together that are diabetes-friendly or engage in group physical activities (walking, meditation, yoga, etc.), avoid keeping sweets and savories at home or avoid eating them in front of the person with diabetes, purchasing medications for them, keep the meal timings fixed for the entire family so that the person with diabetes is eating with everyone, on time, and does not feel left out thereby making the process more enjoyable and sustainable for the person with diabetes.



6. Mutual worries and support systems - Diabetes doesn't just affect the individual; it impacts the whole family. Mutual worries about the future, health complications, and the emotional toll can be overwhelming. It is important that family members create a support system where they can share their worries and work together to find solutions. This collective approach helps in reducing the overall burden and fosters a sense of togetherness in managing the condition which helps in controlling blood glucose levels. Family members must schedule appointments with the healthcare providers for follow-ups and accompany them for tests to ensure prevention of complications of diabetes.

Family support and community resources are vital for effectively managing diabetes. When families actively participate, educate themselves, and maintain open communication, they significantly improve health outcomes and quality of life for their loved ones.

Key points

- Diabetes doesn't just affect the individual but the entire family, creating psychological stress and impacting family dynamics.
- Effective management requires knowledge-sharing, open communication, emotional support, and clear role definitions within the family.
- O Daily routine and mutual worries can be better managed when families actively participate in care, plan meals together, engage in group activities, and support each other emotionally.
- A strong family support system is crucial for improving diabetes management, reducing burdens, and enhancing the quality of life for those affected.



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Social Support in Diabetes Care



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Nutritional and pharmaceutical therapies have been the main emphasis in diabetes care. New research highlights the role of social support in improving diabetes management. Strong social support is the cornerstone of boosting one's quality of life and has been instrumental in reducing psychological stress, removing psychological barriers, maximizing the benefits of therapy, and improving prognosis.

Diabetes-related social support

It refers to the resources available from family, friends, neighbors, coworkers, healthcare professionals, and organizations to promote and facilitate coping behaviors and assist individuals in managing their diabetes.

Social support can be categorized into four domains

Informational support	Providing recommendations, advice, and useful information to manage diabetes			
Instrumental support	mental support Providing tangible goods, services, or assistance			
Appraisal support	Delivering information relevant to self-evaluation rather than problem-solving			
Emotional support	Extending care, love, empathy, and trust			

Research suggests that individuals with strong social support systems tend to have better glycemic control and adherence to treatment. A study revealed that involving both adults with diabetes and a family supporter in a dyadic intervention led to significant improvements in individual behaviors, individual activation, self-efficacy, eating habits, and overall health outcomes. Other studies have also corroborated these findings. This underscores the need for a comprehensive approach to diabetes care that addresses social determinants of health alongside medical treatment.

Support groups can be very helpful in diabetes management too. Connecting with others who are managing diabetes, whether in a casual or formal setting, in person or online, individually or in a group, can be comforting, motivating, and empowering. This kind of support can foster a sense of being understood and offer chances to exchange knowledge and practical tips. It can also provide a strong sense of validation and foster hope. Mutual support, which involves both seeking help and offering it to others, can have a particularly profound effect.



Therefore, healthcare providers should regularly evaluate patients' social support systems and promote strategies to enhance them. This approach underlines the importance of integrating social support into diabetes care strategies to improve patient well-being and manage disease progression effectively. It aligns with the growing recognition that diabetes care should extend beyond the individual to include their immediate social environment.

Strategies to enhance patients' social support systems

Individualized care plans	Tailor diabetes management based on patients' social support systems, including family, friends, and community involvement. Provide extra support for those with limited resources.
Multidisciplinary team	Collaborate with a healthcare team (dietitians, nurses, mental health professionals) to provide comprehensive patient-centered care, enhancing education and emotional well-being.
Mental health screening	Regularly screen for mental health issues such as depression and anxiety, which can affect diabetes management. Provide psychological support where needed.
Patient education programs	Promote community-based programs that educate patients and their families, enhancing empowerment and long-term self-management.
Caregiver burden	Address the stress on caregivers by offering support groups and respite care to maintain their well-being and improve patient care quality.
Social support assessments	Routinely assess patients' social support systems using tools like the Diabetes Social Support Questionnaire to identify and address evolving needs.

Key points

- Social support plays a crucial role in diabetes management, improving quality of life and therapy outcomes by reducing stress and addressing psychological barriers.
- Studies show that involving both individuals with diabetes and their family supporters enhances glycemic control and adherence to treatment.
- Healthcare providers should assess and help strengthen patients' social support systems as a part of comprehensive diabetes care
- Future research should explore methods to enhance and optimize social support systems and investigate effective ways to integrate social support into diabetes care strategies.



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What is Diabulimia?



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Eating disorders are a typical occurrence in people with type 1 diabetes mellitus (T1DM). They come under the broad heading, type 1 and disordered eating (T1DE). "Diabulimia" is the term used to describe the behavior of people with T1DM purposely underdosing or missing insulin to regulate their weight. It is the combination of T1DM and bulimia nervosa and is not formally recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Prevalence and risk factors

Having T1DM with an eating disorder results in a threefold risk of mortality. According to a systematic review (De Paoli T *et al.* 2018), prevalence of insulin restriction/omission ranged from 4.1% to 58% in T1DM populations without comorbid eating disorders, and from 47.9% to 90% in T1DM with eating disorder populations. Between the ages of 7 and 18 years, eating disorders are more common in females with T1DM. This may be due to changes in cognitive function and an increased interest in weight management during this time.

Etiopathogenesis

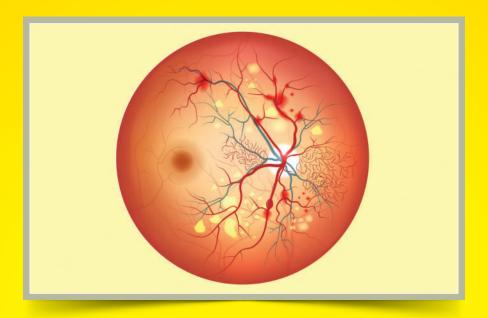
Currently, not much is known about the etiopathogenesis of diabulimia. However, two relationships stand out from the literature review:

- 1. Diabetes may increase the risk of developing eating disorders because of the need to closely adhere to a diet, dietary modifications, or restrictions that call for the elimination of certain foods and the emphasis on calorie content.
- 2. Irregular food intake and frequent binge eating that puts an excessive amount of stress on the endocrine system, may also increase the risk of developing eating disorders.



Complications

Similar to any patient with poorly-controlled diabetes, people with diabulimia are present with the following complications: Microangiopathy, retinopathy, diabetic nephropathy, peripheral neuropathy, diabetic ketoacidosis (DKA), abnormal electrolytes, and possibly lethal coma. Adding an eating disorder to diabetes exponentially increases conditions like low body mass index (BMI), electrolyte imbalances, and bone fractures. Diabulimia also complicates treatment, leading to challenges such as refeeding syndrome and hypoglycemia.



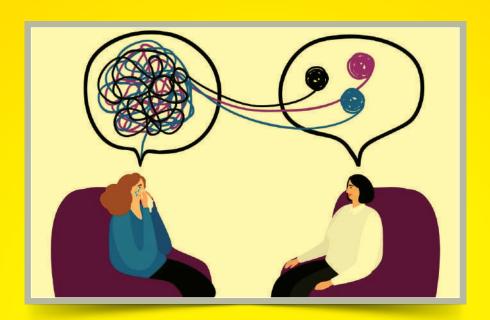
Management and treatment

Management of diabulimia requires an integrated strategy that closely co-ordinates diabetes and specialized mental health services involving endocrinologists, psychologists, dietitians, and diabetes educators. Adherence to insulin therapy and improving disruptive eating behaviors would be the main objectives of treatment. A straightforward intervention that can be provided is motivational interviewing, along with a focus on conflict avoidance and affirmation. Treatment strategies include cognitive behavioral therapy (CBT). This is proven to be effective in addressing underlying psychological issues, and family-based therapy for younger patients (Yahya AS *et al.* 2023). Restoring a healthy relationship with food and insulin is equally important, alongside continued support to prevent relapse.

Diabulimia presents significant health risks, making it essential for medical professionals to recognize and address this condition. Additional research is required to create more effective interventions and to gain a deeper understanding of the prevalence and effect of diabulimia across various populations.

Key points

- O Diabulimia is a type of eating disorder and is a perilous confluence of disordered eating patterns with diabetes management.
- O Diabulimia exacerbates diabetes complications and introduces risks like low BMI and electrolyte imbalances, complicating treatment.
- Effective treatment requires integrated care from endocrinologists and mental health professionals, focusing on insulin adherence and therapy.



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Frequently Asked Questions on Diabetes and Well-being



Dr. Abhishek Kumar

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1. I am a 26-year-old female. I'm worried about how type 1 diabetes mellitus (T1DM) might affect my future, especially when it comes to marriage and starting a family. How can I manage these concerns and handle any social stigma I might face?

Ans. It is natural to worry about how T1DM might affect your future, especially regarding marriage

and starting a family. Here's how to manage these concerns and handle social stigma:

- a) **Educate yourself and others:** Understand T1DM thoroughly and share accurate information with your prospective partner and family. Proper management ensures that T1DM does not come in way of having a healthy life.
- b) **Communicate openly:** Discuss your health and future plans honestly with your prospective partner to build a supportive and informed relationship.
- c) **Seek support:** Join T1DM support groups for valuable advice and emotional support, helping you feel empowered and connected. You can get other individuals with T1DM who have a family, to talk to your partner and his family.
- d) **Consult healthcare professionals:** Regularly consult with your endocrinologist, nutritionist, and diabetes educator for personalized advice on managing diabetes and preparing for pregnancy.
- e) **Focus on your strengths:** Remember, T1DM is just one part of who you are. Many people with T1DM lead healthy, fulfilling lives and manage their families successfully.
- f) **Prepare proactively:** Maintain well-controlled blood glucose levels and have a solid management plan. Good glucose control reduces risks and supports overall well-being.

By staying informed, communicating openly, seeking support, and managing your diabetes effectively, you can confidently pursue your plans and enjoy a fulfilling life.



2. I am a 22-year-old boy, and my father was diagnosed with diabetes a few months back at the age of 52 yrs. Since then, he has become more irritable and short-tempered. He is not the jovial person he once was and refuses to be in the company of his family and friends. He even refuses to go to the doctor sometimes and feels that he is having too many restrictions in life. What can I do to help my father?

Ans. Diabetes is a chronic condition and can cause distress in some due to the stress of managing it lifelong. This is common, and you need to be empathetic toward him. Discuss with him as to what part of the management is stressing



him out. Help him achieve smaller goals rather than aiming for major lifestyle changes. Get help from the entire family to help him deal with the situation. Family support is important when it comes to making changes in diet and positive lifestyle changes. Everyone in the family should follow a healthy routine and diet, as there is no specific diabetic diet. Diabetes just demands eating healthy foods and reducing refined carbohydrates, which can be followed by the entire family to stay healthy. You can also be an exercise partner to your father so that he enjoys his exercise and stays regular. This way, he will also socialize a bit and realize that managing diabetes is just about getting into a healthier lifestyle and complying with medications to enjoy a normal life. If you still feel he is feeling very low, you must seek help from a mental health professional, as emotional disturbance can cause his blood glucose levels to elevate further.

3. I'm a teenager with T1DM who loves sports, but I'm worried that my condition might prevent me from pursuing a career in athletics. How can I manage my diabetes while following my passion for sports, and what should I consider if I want to turn it into a professional career?

Ans. It is fantastic that you're passionate about sports. Many athletes with T1DM have successfully pursued their careers by effectively managing their condition. Here's how you can balance diabetes management with your athletic goals:



- a) Consult your healthcare team: Regularly work with your endocrinologist, nutritionist, and diabetes educator to create a personalized diabetes management plan, including insulin adjustments, meal plan, and glucose monitoring around your training and competitions.
- Develop a routine: Consistently check your blood glucose levels before, during, and after exercise to understand how different activities impact your glucose levels and make necessary adjustments.
- c) Stay informed: Learn how various types of exercise affect your diabetes. Understanding the impact of high-intensity and endurance workouts can help you manage your condition more effectively.
- d) **Communicate with coaches:** Ensure your coaches are aware of your condition and any specific needs or adjustments. Open communication helps them support you better.
- e) **Prepare for challenges:** Have a plan for managing your diabetes during training and competitions, carrying necessary supplies, including glucose gels/drinks and snacks, and knowing how to handle potential glucose level fluctuations.
- f) **Stay positive and persistent:** Many athletes with T1DM achieve their goals through dedication and effective management. Keep a positive attitude, stay focused, and seek support from diabetes communities or mentors.

With these strategies, you can successfully pursue your sports career while managing your diabetes.

Superfood: Apple Cider Vinegar

With the increasing prevalence of diabetes, the focus on functional foods as a part of complementary therapy for improving diabetes control has been well studied. One such food is apple cider vinegar (ACV), which is found to be beneficial in diabetes and dyslipidemia management. It is one of the oldest fermented food products.

Since many years, ACV has been used for various purposes.

ACV has acetic acid as its primary constituent. The acidic component makes it usable as a flavoring and preservative agent in different foods such as pickled fruits, vegetables, and salad dressings. It also contains a variety of flavonoids,



such as gallic acid, catechin, caffeic acid, ferulic acid, pectin, and minerals. Many healthful benefits are attributed to polyphenols, such as antioxidant, anti-allergic, anti-inflammatory, antiviral, antimicrobial, antimutagenic, and anticarcinogenic effects.

Health benefits

- Obesity and diabetes: In people with diabetes, ACV has been shown to improve anthropometric indices such as weight, body mass index, waist circumference, and hip circumference which facilitates blood glucose control. Studies have also shown improved fasting blood glucose levels and glycated hemoglobin (HbA1c) levels with ACV intake. The average ACV intake in these studies has a range between 15–30 mL per day. Possible mechanisms include reducing gastric emptying rate, inhibitory effect on alpha-amylase, reducing lipogenesis by suppressing liver lipogenic genes, and inhibiting transcription factors that convert glucose to fat.
- Cardiovascular benefits: ACV intake in people with diabetes has also been shown to significantly decrease total cholesterol, low-density lipoprotein (LDL)-cholesterol, LDL/high-density lipoprotein (HDL) ratio and cholesterol/HDL ratio providing a cardioprotective effect and reduce the risk of cardiovascular diseases. Significant weight and fat loss associated with ACV may also contribute to regulating blood pressure levels, a common comorbidity in people with diabetes.

How to consume: 10 mL diluted to 200 mL with water, 10 minutes before or just before meals.

Recommended dosage: 15-30 mL/day

Note: It is important to choose ACV with "mother" as it is made through natural fermentation of apples and yeast, which forms "mother" (cloudy appearance) associated with health benefits. Whereas, synthetic vinegars are usually made from acetic acid diluted with water and often lack beneficial organic compounds.

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- 2. Jafarirad S, Elahi MR, Mansoori A, Khanzadeh A, Haghighizadeh MH. The improvement effect of apple cider vinegar as a functional food on anthropometric indices, blood glucose and lipid profile in diabetic patients: A randomized controlled clinical trial. *Front Clin Diabetes Healthc.* 2023;4:1288786.doi:10.3389/fcdhc.2023.1288786
- 3. Morgan J and Shibeeb S. The Potential of Apple Cider Vinegar in the Management of Type 2 Diabetes. *International Journal of Diabetes Research*, p-ISSN: 2163-1638, 2016; 5(6): 129–34. doi:10.5923/j.diabetes.20160506.02.

Dia-Games

Multiple Choice Questions

		· · · · · · · · · · · · · · · · · · ·				
1.	Why is world diabetes day celebrated on November 14 th ?					
	A.	To commemorate the discovery of insulin	В.	To mark the birthday of Sir Frederick Banting		
	C.	To raise awareness about diabetes complications	D.	Both A and B		
2.	W	nat year was world diabetes day first established?				
	A.	1991	B.	2000		
	C.	1988	D.	1995		
3.	Which organization is responsible for world diabetes day?					
	A.	Centers for Disease Control and Prevention (CDC)	В.	International Diabetes Federation (IDF)		
	C.	World Health Organization (WHO)	D.	Both B and C		
4.	What is the primary goal of world diabetes day?					
	A.	To promote healthy eating	B.	To celebrate scientific advancements		
	C.	To encourage physical activity	D.	To raise awareness about diabetes and improve diabetes care		
5.	Th	ere is nothing like a diabetic diet.				
	A.	True	B.	False		
6.	Which type of diabetes is characterized by insulin resistance?					
	A.	Type 1 diabetes	B.	Type 2 diabetes		
	C.	Diabetes insipidus	D.	All of the above		
7.	Wł	Which of the following is a common symptom of diabetes?				
	A.	Increased thirst	B.	Frequent urination		
	C.	Weight gain	D.	Both A and B		
8.	Which of the following is not recommended for a person having diabetic retinopathy?					
	A.	Cycling	B.	Walking		
	C.	Weightlifting	D.	Swimming		
9.	What color is the circle that symbolizes diabetes awareness?					
	A.	Red	B.	Blue		
	C.	Green	D.	Yellow		
10.	Which dietary change can help manage diabetes?					
	A.	Moderating carbohydrate intake	B.	Increasing sugar intake		
	C.	Skipping meals	D.	Eating more processed foods		

In PwD Uncontrolled on Dual OADs,

Choose

UDAPA GOLD

Metformin HCL 500mg ER + Glimepiride 1/2 mg + Dapagliflozin 10 mg



Dapagliflozin, Glimepiride and Metformin Hydrochloride (Extended Release) Tablets Composition:

Each film coated bilayered tablet contains: Dapagliflozin Propanediol USP Eq. to Dapagliflozin 10 mg, Glimepiride IP 1mg, Metformin Hydrochloride IP (As Extended release) 500 mg Indication: As an adjunct to diet and exercise to improve glycemic control in adult patients with type 2 Diabetes Melitus(T2DM). Recommended Dosage: As directed by the Physician Method of Administration: Oral Warnings and Precautions: Dapagliflozin, Metformin and Glimepiride should not be used in patients with type 1 diabetes and must not be used for the treatment of diabetic ketoacidosis. Lactic acidosis, a rare but serious metabolic complication, most often occurs at acute worsening of renal function or cardiorespiratory illness or sepsis. Metformin accumulation occurs at acute worsening of renal function and increases the risk of lactic acidosis. Hypotension - Dapagliflozin causes intravascular volume contraction. Symptomatic hypotension can occur after initiating dapagliflozin particularly in patients with impaired renal function (eGFR less than 60 ml/min/1.73 m2), elderly patients, or patients on loop diuretics. Before initiating dapagliflozin in patients with one or more of these characteristics, volume status should be assessed and corrected. Monitor for signs and symptoms of hypotension after patients with one or more of these characteristics, volume status should be assessed and corrected. Monitor for signs and symptoms of hypotension after the retard parporpriately. Hypoglycemia - Patients receiving Insulin and insulin secretagogues (e.g., sulfonylurea) may be at risk for hypoglycemia. Therefore, a reduction in the dose of the sulphonylurea or insulin may be necessary Precautions for use: Pregnancy Limited data on Dapagliflozin, Glimepiride & Metformin Tablets use during pregnancy. Advise patients to inform their healthcare provider if pregnant or planning pregnancy before initiating treatment. Nursing Mothers Udapa Gold is not recommended in breastfeeding. Hence, if you are breastfeeding or planning to breastfeed. Pediatric U

Glimepiride - To minimize the risk of hypoglycemia, the recommended starting dose of glimepiride is 1 mg daily for all patients with type 2 diabetes and renal impairment.

Contraindications: Udapa Gold is contraindicated in patients with: Severe renal impairment (eGFR below 30 mL/min/1.73 m2), end stage renal disease or patients on dialysis; History of a serious hypersensitivity reaction to any of the excipients of this Tablet. dapagliflozin, such as anaphylactic reactions or angioedema, or hypersensitivity to metformin HCI, Sulfonamide derivatives, such as glimepiride, other sulfonylureas, other sulfonamides; Acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma. Diabetic ketoacidosis should be treated with insulin; Hepatic insufficiency; Acute alcohol intoxication, alcoholism; Lactation.

For Additional Information/full prescribing information, please write to us: USV Private Limited, Arvind Vithal Gandhi Chowk, B.S.D Marg, Govandi, Mumbai - 400088 Updated on 01st June'24, Expiry by 01st June'25



Glycomet-GP 0.5

Metformin Hydrochloride 500 mg SR + Glimepiride 0.5 mg





















Abridged Prescribing Information

Active Ingredients: Metformin hydrochloride (as sustained release) and glimepiride tablets Indication: For the management of patients with type 2 diabetes mellitus when diet, exercise and single agent (glimepiride or metformin alone) do not result in adequate glycaemic control. Dosage and Administration: The recommended dose is one tablet daily during breakfast or the first main meal. Each tablet contains a fixed dose of glimepiride and Metformin Hydrochloride. The highest recommended dose per day should be 8 mg of glimepiride and 2000mg of metformin. Due to prolonged release formulation, the tablet must be swallowed whole and not crushed or chewed. Adverse Reactions: For Glimepiride: hypoglycaemia may occur, which may sometimes be prolonged. Occasionally, gastrointestinal (GI) symptoms such as nausea, vomiting, sensations of pressure or fullness in the epigastrium, abdominal pain and diarrhea may occur. Hepatitis, elevation of liver enzymes, cholestasis and jaundice may occur; allergic reactions or pseudo allergic reactions may occur occasionally. For Metformin: GI symptoms such as nausea, vomiting, diarrhea, abdominal pain, and loss of appetite are common during initiation of therapy and may resolve spontaneously in most cases. Metallic taste, mild erythema, decrease in Vit B12 absorption, very rarely lactic acidosis, Hemolytic anemia, Reduction of thyrotropin level in patients with hypothyroidism, Hypomagnesemia in the context of diarrhea, Encephalopathy, Photosensitivity, hepatobiliary disorders. Warnings and Precautions:: For Glimepiride: Patient should be advised to report promptly exceptional stress situations (e.g., trauma, surgery, febrile infections), blood glucose regulation may deteriorate, and a temporary change to insulin may be necessary to maintain good metabolic control. Metformin Hydrochloride may lead to Lactic acidosis; in such cases metformin should be temporarily discontinued and contact with a healthcare professional is recommended. Sulfonylureas have an increased risk of hypoglycaemia. Long-term treatment with metformin may lead to peripheral neuropathy because of decrease in vitamin B12 serum levels. Monitoring of the vitamin B12 level is recommended. Overweight patients should continue their energy-restricted diet, usual laboratory tests for diabetes monitoring should be performed regularly. Contraindications: Hypersensitivity to the active substance of glimepiride & Metformin or to any of the excipients listed. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis, diabetic pre-coma). Severe renal failure (GFR<30ml/min). In pregnant women. In lactating women. Acute conditions with the potential to alter renal function (dehydration, severe infection, shock, intravascular administration of iodinated contrast agents); acute or chronic disease which may cause tissue hypoxia (cardiac or respiratory failure, recent myocardial infarction, shock); hepatic insufficiency; acute alcohol intoxication; alcoholism. Use in a special population: Pregnant Women: Due to a lack of human data, drugs should not be used during pregnancy. Lactating Women: It should not be used during breastfeeding. Pediatric Patients: The safety and efficacy of drugs has not yet been established. Renal impairment: A GFR should be assessed before initiation of treatment with metformin containing products and at least annually thereafter. In patients at increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g. every 3-6 months.

Additional information is available on request.

Last updated: March 13, 2023

*In case of any adverse events, kindly contact: pv@usv.in

For the use of registered medical practitioner, hospital or laboratory.*



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