

# Contribution of Family is Critical in the Management of Diabetes

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Diabetes is a global health problem and World Health Organization (WHO) has described this as an epidemic, especially in India. Though the prevalence of diabetes started increasing in 1970s and 80s, there is a rapid escalation of the disease in first decade of this century. Especially in India, due to rapid industrialization and abrupt change in socio-economic fabric of the society, diabetes has become more prevalent in Indian subcontinent. Earlier diabetes was a disease of affluence in the society who can afford to eat diet rich in sugar and fat. But now, diabetes is quite common in lower and middle class population due to change in the eating habit and decline in physical activity. In 1960s, 2% of adults between the age group of 20 to 50 years had diabetes in the southern part of India including the city of Chennai. But, today diabetes is prevalent in more than 25% of population in this age group in this part of the country. Further, equal number of population is having prediabetes.<sup>[1]</sup>

Diabetes is a disease of family. It is strongly observed and scientifically reported that diabetes runs in the family. If either of the parent or both, or siblings or close family relations is having diabetes, it is almost sure that the person will develop diabetes in due course of time.<sup>[2]</sup> It is not only the genetic constitution that compels the development of diabetes, but also the similar food habits and socio-cultural practices in the family, predispose family members to develop diabetes. Therefore, diabetes is an ideal example of a family disease. Therefore, once diabetes occurs in one individual in the family, it is perceived that other individuals are prone to develop diabetes and can develop diabetes any time in future. Therefore, it is imperative that family adopts healthy lifestyle including food habit, sleeping habit and eating habit that is all interdependent among the members. To give an example, during Pongal or during Durga Puja usually there is a tendency to eat lot of sweets, prepare dishes rich in carbohydrates and fats and exchange among the families. The family can take a decision to prepare a healthy food and not to be tempted to eat preparations rich in sweets and fats. Such a family decision requires determination of the members of the family not to eat such carbohydrate-rich diets in special festive seasons. If one person eats in the family, others will be tempted to eat and thus the family keeps eating without realizing the undeclared restrictions imposed in the family. Therefore,

all the family members have to be conscious in controlling the food intake in the family.

Nowadays, there are many preparations available that can replace sugar/ carbohydrate rich foods such as preparations containing nuts, fruits and fibres. Nuts are very healthy as they are rich in proteins, quality fat and minimum carbohydrates. Examples are almonds, pistachios, groundnuts and cashewnuts. Family can take a decision to eat and distribute food items rich in such nuts and fibres and less in sugar and cholesterol.

Yoga, meditation and exercise are common indoor practices that decrease the intensity of diabetes by increasing insulin sensitivity and decreasing insulin resistance.<sup>[3]</sup> Usually, the patient himself may sometimes get bored and feel monotonous by practising himself alone all these exercises at home. Therefore, the family members who are quite vulnerable to acquire the disease should also practice for prevention of the disease and motivation of the diabetic patients in the family. For example, morning walk is one of the best methods of maintaining blood glucose in the normal range. But alone to walk everyday in the morning may not be always motivating to the patient. If one or two family members make it a habit of morning walk regularly and join the patient for the walk or motivate him to join the walk, it becomes a family morning walk. Such kind of family practice is always rejuvenating to the mind and body and never encounters mental and physical tiredness and fatigability.

A patient having diabetes in the family should be motivated by other family members not to think that he or she has the disease, because diabetes perse if managed by adequate nutritional adjustments and exercise and yoga, the person remains healthy without developing the complications of the disease. It is most important to maintain the normal glycaemic status and not allow the glycated haemoglobin to rise beyond 6.5 gm%, which happens due to chronic glycaemic load accentuated by states of acute hyperglycemia. Therefore, the family should be educated to ensure that the chronic or acute glycaemic loads are avoided as much possible. Most important part of diabetic management is regular intake of medicines such as Metformin and/or Glimepiride tablets. Sometimes, patient forgets to take medicines as he has to take drugs every-day. Therefore, the family

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members should help the diabetic person to take medicines and also check if he has taken the medicine.

If the family is involved in the diet control, practice of exercise and yoga and taking medicines by the patients regularly, the person will never feel that he is a diabetic patient and he will live a life normal like others in the family. It is very important that the patient should forget that he is having the disease without forgetting to take medicine and practicing a healthy lifestyle. The stress of having diabetes is the biggest stress to the patient which aggravates the disease. With family cooperation, with improvement in eating habit and adaptation to healthy socio-cultural lifestyle, a diabetic patient can live for more than 50 years with diabetes and without diabetic complications. Therefore, diabetes is not only a disease

of family but also management and prevention of diabetes are also the family responsibility. Let us live together and be happy in the family as a unit of expression of joy and bliss.

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