Right interventions can improve diabetic situation in middle income nations: Study

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New Delhi: Led by leading researchers at the Public Health Foundation of India, All India Institute of Medical Sciences, and Emory University (Atlanta, USA), a new trial at ten clinical centers in India and Pakistan has shown that a low-cost care model can help patients with diabetes double their likelihood of controlling their disease. The 1146 patients (575 in the intervention group and 571 in the usual care group) with type 2 diabetes and poor cardiometabolic profiles from Pakistan and India were included in the study.

This was the first trial of comprehensive diabetes management in a low/middle-income country setting. Of the 415 million people with diabetes worldwide, 75% live in low/middle-income countries. India alone is home to the second highest number of people with diabetes [nearly 70 million] worldwide. This intervention doesn't require new or expensive drugs, but instead enhances patients' likelihood of managing their disease on their own by providing individualized support and enhancing the physician's likelihood of being responsive.

To compare the effect of a multicomponent quality improvement strategy versus usual care on cardiometabolic profiles in patients with poorly controlled diabetes, a study involving 1146 patients in India and Pakistan revealed key findings.

The intervention yielded sizeable improvements in blood sugar, blood pressure, and cholesterol profiles of participants, using this low-cost approach.

By better controlling their blood sugar, blood pressure, and cholesterol levels, this study offers hope of reducing onset of diabetes complications like heart disease, eye disease, kidney failure, and amputations which are very common in people with diabetes in South Asia. The benefits were similar in public and private diabetes clinics which shows that, with structured care, health inequalities can be reduced.

These findings are relevant for the US, India, Pakistan, and many other countries, low-, middle-, and high-income countries alike where achievement of diabetes care goals is suboptimal and where health disparities are common. This major collaborative study was funded by the US National Institutes of Health and shows the value that can be gained from global collaborations in research to improve health. Next steps involve continued follow-up of this study to evaluate whether this approach reduces diabetes complications like heart attacks, strokes, eye disease, kidney failure, and amputations in the long-term and to assess patients' and providers' views so that the intervention can be delivered more widely.

Results: Baseline characteristics were similar between groups. The median diabetes duration was 7.0 years; 6.8% and 39.4% of participants had preexisting cardiovascular and microvascular disease, respectively.

Limitation: Findings were confined to urban specialist diabetes clinics.

Conclusion: Multicomponent quality improvement improves achievement of diabetes care goals, even in resource-challenged clinics.

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