

Barriers to diabetes care include restaurants and high-risk lifestyles, says international review

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Eating out, lack of social support and high-risk lifestyles are just some of the barriers that stop patients with type 2 diabetes from controlling their condition, according to a research review that covered 8,900 patients and 4,550 healthcare providers from 28 countries.

The study, published in the March issue of the *Journal of Nursing and Healthcare of Chronic Illness*, shows that psychosocial, socioeconomic, physical, environmental and cultural factors can provide major barriers to effective care.

Researchers from Hong Kong and Northern Ireland studied research carried out between 1986 and 2007 to try and identify how [treatment regimes](#) could be improved. Their findings have enabled them to come up with a three-point plan for nurses involved in [diabetes care](#).

"[Diabetes](#) is a [chronic condition](#) and [patients](#) need to modify their lifestyle on a long-term basis to cope with it" says Sandra Pun from the School of Nursing at The Hong Kong Polytechnic University.

"According to the World Health Organization, up to 380 million people worldwide will suffer from diabetes by 2025 so it is important to identify and tackle any barriers that prevent people from making those changes."

Major barriers identified by the review included:

- Financial. Even if healthcare was free or funded by insurance, patients still had to spend more money on healthy food, home glucose monitoring kits and transport to and from healthcare appointments.
- Social support. Patients who received support from family, friends and diabetes clinics appeared to handle self-care better than those who did not
- Patient provider gaps. Care was more effective when patients and healthcare providers worked together to devise treatment plans that patients could stick to.
- Meals out. Eating out in restaurants was a frequently mentioned problem and being offered inappropriate food when visiting others was also an issue.
- Favourite foods. Healthcare professionals did not always appreciate that patients disliked being denied their favourite foods and would cope better if they were incorporated in eating plans.
- Exercise. Attitudes toward exercise, physical limitations and discomfort prevented people from taking regular exercise. These need to be taken into account when devising exercise programmes.
- High-risk lifestyles. Behavioural and psychiatric disorders and cultural and language barriers, among both patients and family members, can impede effective treatment.
- Medication. Some patients forgot to take their medication and others ran out. Others were also reluctant to carry out regular glucose tests.

- Psychological well-being. Psychological problems are common among people with diabetes, but providers don't always have the resources to manage this aspect of their patient's care.
- Understanding. Patients often lack knowledge about their condition and don't always understand the relevance of diet and care plans.
- Frustration. Being unable to maintain good glucose control can cause helplessness and frustration, as can the progression of the disease

"Our review found that there are various barriers to achieving optimal self-care in [type 2 diabetes](#)" concludes co-author Professor Vivien Coates, from the Institute of Nursing Research at the University of Ulster, UK. "Some stem from limitations within the healthcare team, some from ineffective communication between providers and patients and some from the patient's lack of empowerment, motivation and involvement in their treatment.

"Better healthcare delivery systems and reforms that improve affordability, accessibility and efficiency of care are also essential to help both providers and patients to meet desirable standards of diabetes care."

As a result of the study, the researchers are advising that nurses to adopt a three-point plan to overcome patients' barriers to self-care:

1. Nurses should provide patients with enough information about their condition and its treatment to enable them to make informed decisions about their care.
2. Patients need to be motivated to take action to ensure that they manage their diabetes and prevent complications.
3. Nurses need to approach diabetes care in a holistic way that takes account of a wide range of physical, psychosocial, cultural, financial and environmental factors.

"Nurses need to address a number of key questions like what is important to the patient in terms of lifestyle changes and status quo and what patients would expect from the healthcare team" says Professor Coates.

"Understanding the barriers that prevent effective self-care from the perspective of both the patients and the healthcare provider is a vital part of this process."

More information: Barriers to the self-care of type 2 diabetes from both patients' and providers' perspectives: literature review. Pun et al. Journal of Nursing and Healthcare of Chronic Illness. 1, 4-19. (March 2009).

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