

Case Study**After the diagnosis of type II diabetes**

Please read the interview with the young woman who was diagnosed with a type II diabetes. After reading, discuss with you peers starting with the questions provided.

- What was your first thought when you heard the diagnosis of diabetes?

- First of all, the question "What to do now?" arose. And instead of a step-by-step explanation, reassurance, and action plan, all I got was an electronic referral for more research. And I was left alone with my questions and worries.

- Is this situation common among patients?

- Frequent. The health care system of most countries lacks interdisciplinary cooperation among family doctor, endocrinologist, and nurse diabetologist. By the way, most patients don't even know about the latter, also about nutritionists, psychologists, angiologists, and other specialists who can help.

- Nonetheless, is the situation the same everywhere, in your opinion?

- I think that a person with diabetes is very lucky if he or she lives in a big city and receives treatment in one of the biggest hospitals or health care centers because they will be offered additional consultations with various health care specialists there. Unfortunately, the gap between urban and rural medical facilities is huge.

- So tell your story, please.

- I am a 25-year-old woman living in the area of a small (rural) town, working in a simple service facility, owning a family farm. My physical activity is very poor. My husband takes care of the farm, so even after work I don't move much, I eat rather fatty, high-calorie food, and I don't have much knowledge about healthy lifestyle.

One day, when I came for my annual mandatory work medical testing, I took blood tests and found out that my sugar level was not up to the norm. I was informed about the diagnosis of type II diabetes. I also found out when I have to come for additional tests and was appointed for a visit to



an endocrinologist. I had to wait two weeks for an appointment with an endocrinologist. I was hoping that after these two weeks it would be explained to me what measures I could take and what to do to not make the situation worse. However, I did not receive such information. During the visit, drugs were prescribed for the treatment of diabetes. Also I was told to fill in a diary of sugar measurement. And that was it.

During additional tests, more than one concomitant disease was found: impaired kidney function, enlarged liver, significant overweight, swollen legs, complicated heart work, and aggravated asthma. I would think that multidisciplinary work is mandatory here, all specialists must cooperate and help achieve better results. However, even three months after the diagnosis, I still didn't know what kind of diet is suitable for me, what products can be eaten, what is the glycemic index, what kind of physical activity I could start with, how to lose excess weight, what to do so that diabetes doesn't ruin my life forever. I don't know how long I will be able to fight diabetes.

Comment from the doctor of the university clinics:

In this situation, an endocrinologist should refer a patient to a dietician. If the town does not have one, the woman could visit the big city. Therefore, the patient would get at least the recommended menu with products that she can consume or must avoid. This would help to adjust eating habits. Then the patient would most likely be referred to a rehabilitator that would help the physiotherapist to encourage the patient to engage in at least nature therapy as the start of daily physical activity. The endocrinologist would also refer the patient to a nurse diabetologist who would introduce her to foot care, glycemic control, and other things. The family doctor should also refer the patient to a psychologist who would help to properly accept the news about the disease, control the emotional state, and help to familiarize the family members with the diagnosis of the loved one.

Questions for discussion

1. What could have influenced the fact that the family doctor did not suggest other specialists?
2. What measures could have been taken by the woman on her own to help herself?
3. How can we help professionals in small towns learn more about options for helping patients with diabetes?

