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Life Style Challenges and Potential Solutions in Type 2 Diabetes: A Single Center, Qualitative Study from Iran

Introduction

According to studies, it is estimated that about 80% of people with diabetes live in middle-income and low-income countries. On the other hand, these patients need continuous medical care and education, and support to prevent acute complications [1, 2]. Patients with diabetes face challenges during their illness. These challenges include various dimensions, including economic, social, psychological, and physical dimensions [3]. Also, the lack of a healthy lifestyle and wrong habits in daily life aggravate the complications of this disease [4].

Materials and methods

This was a qualitative study conducted at the seven health care centers in Shush, Iran. Our study aimed to determine the life style challenges and potential solutions in type 2 diabetes. The sampling criterion was to have information about the challenges of the Lifestyle of patients with diabetes. The interviews were semi-structured and in-depth and were conducted by appointment with the participants. Each interview lasted for approximately 35 to 45 minutes.

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Results

In this study, the number of interviewees was 17, of which 9 were men and 8 were women, and their average age was 35 years (range 30-57 years). In the present study determining the challenges related to the lifestyle of patients with diabetes, 8 main themes and 18 sub-themes were identified (Tab. 1).

Discussion

According to the findings obtained from the interviews with experts, the family of diabetes patients plays an effective role in controlling and treating this disease, and by empathizing and being with the patient, they encourage and give morale to the patient in the family. The incidence and prevalence of type 2 diabetes are one of the major challenges of Iran's health system. Despite the policies for the prevention and control of diabetes, Iran is facing many problems in the field of prevention and control of this disease at the executive level. The results of this study showed that patients with diabetes also face challenges in various dimensions, including occupational performance, mental health, physical performance, economic-social performance, nutrition, health care, knowledge and awareness about the disease, and the patient's family.

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Conflict of interest

None declared.

Table1. Themes and Sub-Themes Related to the Lifestyle Challenges of Patients with Diabetes and Providing Corrective Solutions

Main theme	Sub-theme	Challenge	Solution
Job performance	1. Attendance at work	1. Absence from work	1. Set a work schedule
	2. Performance	2. Low efficiency	2. Increasing effectiveness in the job
	3. Work-life balance	3. Difficulty in balancing work and personal life	3. Creating compatibility between work and family
Mental health	1. Communications	1. Weak communication and isolation	1. Increasing self-confidence and changing perspective
	2. Spiritual-psychological issues	2. Stress and anxiety	2. Managing stress and negative thoughts with positive thinking
Socio-economic	1. The cost of treatment and medicine	1. Increasing the cost of treatment and medicine	1. Putting drugs under insurance coverage
	2. The cost of education, prevention, and information	2. Existence of education and disease prevention costs	2. Creating a platform to make education and prevention programs free
Physical performance	1. Symptoms of the disease	1. Physical effects of the disease	1. Timely care and appropriate treatment and follow-up through health centers
	2. Movement and exercise	2. Inability of some patients to move and exercise due to old age	2. Sufficient movement and daily exercise and age-appropriate exercises
Nutrition	1. Diet	1. Not following the diet	1. Reducing the consumption of carbohydrates in the diet
	2. Weight control	2. Obesity and weight gain	2. Lowering body weight
Health care	1. Providing services	1. Low quality in service delivery	1. Providing services with more effort and attention from health and treatment managers
	2. Follow up and care	2. Weakness in following up with diabetes patients	2. Creating a suitable program to follow up with patients
Knowledge and awareness about the disease	1. Medical information about diabetes	1. Weak medical information in most patients	1. Studying and raising awareness about the disease
	2. Knowledge of self-care	2. Low awareness in most patients regarding self-care knowledge	2. Raising awareness of self-care knowledge with the training of health experts
The patient family	1. Caring for patients at home	1. The burden and fatigue of caring for the patient at home	1. Empowering patients in self-care
	2. Preparing the patient's medicine	2. Problems in preparing the patient's medicine	2. Cooperation with the family of diabetic patients through pharmacies, introducing health centers
	3. The condition of the patient	3. Anxiety caused by thinking about the patient's health	3. Supporting the patient and raising self-confidence

REFERENCES

- Mwila KF, Bwembya PA, Jacobs C. Experiences and challenges of adults living with type 2 diabetes mellitus presenting at the University Teaching Hospital in Lusaka, Zambia. *BMJ Open Diabetes Res Care*. 2019; 7(1): e000497, doi: [10.1136/bmj-drc-2017-000497](https://doi.org/10.1136/bmj-drc-2017-000497), indexed in Pubmed: [31798889](https://pubmed.ncbi.nlm.nih.gov/31798889/).
- Shrivastava SR, Shrivastava PS, Ramasamy J. Role of self-care in management of diabetes mellitus. *J Diabetes Metab Disord*.

2013; 12(1): 14, doi: [10.1186/2251-6581-12-14](https://doi.org/10.1186/2251-6581-12-14), indexed in Pubmed: [23497559](https://pubmed.ncbi.nlm.nih.gov/23497559/).

- Valizadeh R, Vali L, Bahaadinbeigy K, et al. The challenges of Iran's type 2 diabetes prevention and control program. *Int J Prev Med*. 2019; 10(1): 175, doi: [10.4103/ijpvm.ijpvm_371_17](https://doi.org/10.4103/ijpvm.ijpvm_371_17).
- Alshammari SA, Aldhayan AZ, Al-Essa OMS, et al. Challenges to lifestyle modification of chronic disease patients attending primary health care centers in Riyadh. *J Family Med Prim Care*. 2020; 9(12): 6186–6193, doi: [10.4103/jfmpc.jfmpc_1037_20](https://doi.org/10.4103/jfmpc.jfmpc_1037_20), indexed in Pubmed: [33681062](https://pubmed.ncbi.nlm.nih.gov/33681062/).