evaluation, early diagnosis and successful replacement therapy.

R Menaka*, TK Sabeer*, RR Joshi*,
A Bhattacharyya**
*Registrar; **Consultant; Department of Diabetes and Endocrinology, Manipal Hospital, Bangalore.
Received : 5.10.2006; Revised : 1.12.2006; Accepted : 2.12.2006

REFERENCES

A Focus Group Study Among Type 2 Diabetic Subjects

Sir,

A person with diabetes has to cope with many lifestyle changes. In this study, focus group sessions are employed to assess type 2 subjects’ perceptions, affect and family support. It is a special type of group in terms of purpose, size, composition and procedures. The aim of this study is to know how the diabetic subjects reacted to diagnosis and their lifestyle changes.

Anderson et al., reported that focus group was found as a useful means for identifying issues in diabetes care. Previous studies have used focus groups for exploring patient education, dietary management, psychosocial issues and barriers to control in the management of diabetes.

The sample comprised of 154 type 2 subjects having diabetes for duration of one year or longer without complications. Purposive sampling method was used. The size of each heterogeneous group ranged from 4 - 8 members and a total of 25 groups participated. Two moderators acted as facilitators. The discussions were recorded in an audio tape recorder.

Content analysis of the taped messages was carried out. The tape-based approach relied on listening to the tape recording content of each focus group and then developing an abridged transcript of the relevant and useful portions of the discussion. Frequency of critical words and phrases were counted. These frequencies were categorized as themes and percentages were calculated based on the frequency of themes. Four themes were identified:

1) Initial reactions to diagnosis
2) Adherence to diet regimen
3) Adherence to exercise regimen
4) Extent of family support.

One hundred eighteen responses represented how the subjects felt when they were diagnosed as having diabetes. There were 52 no worry responses and 76 responses represented negative feelings. Out of the 76 responses, worry was expressed (28.9%), followed by fear (25%), shock (23.7%), depression (11.8%) and denial (10.5%). With regard to the exercise and diet regimen, 83 responses (57.2%) related to adherence to regular exercise, 116 (81.7%) of the responses pointed towards adherence to the prescribed diet pattern and 26 responses (18.3%) indicated lack of adherence to the diet plan. 110 responses (93.2%) indicated family support and 8 responses (6.8%) connoted no family support. Seventy one reasons were reported for non-adherence to the exercise regimen. Non-adherence was due to the nature of occupation (38%); followed by household work (35.2%), bodyache (18.3%) and laziness (8.5%).

The data brought out four primary themes into focus. They are initial reactions during diagnosis, adherence to diet and exercise and role of family support in diabetes management.

At initial diagnosis, negative feelings of worry, fear and shock were more commonly felt than depression and denial. Subjects were more compliant to the prescribed diet plan than to regular exercise program. The reasons for their non-adherence were attributed to lack of time due to the nature of occupation and household work. However the present study did not bring out reasons for non-adherence to diet regimen. 93.2% responses indicated that subjects received family support. Hence this suggests the significant role of family members in the subjects’ management and adherence to treatment, which cannot be underestimated. In India the concept of ‘family’ remains as a dynamic entity and it has a major impact on the individual.

Through this study, the subjects’ inner feelings and perceptions were explored more candidly and spontaneously unlike through standard interview schedules. The data generated on psychosocial problems encountered by the subjects, can be utilized to develop a psychometric tool for an in-depth study.

R Shobhana, A Christina, PR Rao, M Margaret, V Vijay, A Ramachandran
Diabetes Research Centre and M.V. Hospital for Diabetes, WHO Collaborating Centre for Research and Training in Diabetes, Royapuram, Chennai - 600 013.
Received : 22.5.2006; Revised : 30.11.2006; Accepted : 4.12.2006

REFERENCES
Adult Onset Still’s Disease

Sir,

Adult Onset Still’s Disease (AOSD) was reported first by Baywaters in 1976 with clinical features identical to those of Juvenile Rheumatoid Arthritis (JRA).

Studies from France, Japan and India comparing and analyzing clinical features, course and prognosis of JRA and AOSD are basically identical. The pathogenesis and treatment are also the same. It seems therefore reasonable to consider them as a single distinct entity irrespective of age of onset and use a single nosological term viz. Still’s disease.

AOSD is uncommon and even less frequently reported. About 30 cases have been reported from Northern India. There are no reports from the south and over 300 cases have been reported in world literature.

Here is a fairly typical case of Still’s disease. A 19 year old boy presented with 12 days history of sore throat, high fever with rigors and spikes, bodyache, pain in joints and erythematous rash all over the trunk which was blanching on pressure. Rash was prominent with spikes of fever and almost disappeared with fall in temperature. On examination he was found to be febrile with non-itching macular erythematous rash on the trunk. He had arthralgia of left hip, left knee and right elbow. Inguinal glands were minimally enlarged and non-tender.

Serial laboratory tests revealed rise in WBC count from 8700 to 13000/cmm, neutrophils from 69% to 84%, ESR from 15 to 108 normal platelet count and hemoglobin level. Malaria, dengue, infectious mononucleosis, typhoid fever, HIV infection and syphilis were ruled out on the basis of laboratory tests. CXR and abdominal ultrasound were normal. CT abdomen showed mild splenomegaly. Blood cultures were sterile. Rheumatoid factor, ANA, C-ANCA and P-ANCA tests were negative. LE cells were not found in blood. Aspiration and trephine biopsy examination of bone marrow showed mild myeloid hyperplasia and increased iron stores. ASO titer was negative CRP was 96 mg/L (1:16 positive) LDH was 477 IU/L (N=109-193). SGOT was raised. Bilateral lymphnode biopsies showed reactive hyperplasia with no evidence of malignancy. Serum ferritin level was 16887.82 mg/L (N=18.7 to 323 mg/L). Hyperferritinaemia is a powerful marker of AOSD.

This costly and time consuming work up to exclude infections, seropositive autoimmune disorders and certain malignancies may be obviated if a proposed new set of (AOSD) criteria suggested by Fautrel B et al(Table 1) and the earlier preliminary criteria proposed by Yamaguchi M et al(Table 2) are considered first.

Table 1

<table>
<thead>
<tr>
<th>Major Criteria</th>
<th>Minor Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiking fever ≥ 39°C</td>
<td>Maculopapular rash</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>Leucocytosis ≥ 10,000/mm³</td>
</tr>
<tr>
<td>Transient erythema</td>
<td></td>
</tr>
<tr>
<td>Pharyngitis</td>
<td></td>
</tr>
<tr>
<td>Polymorphs ≥ 80%</td>
<td></td>
</tr>
<tr>
<td>Glycosylated ferritin ≥ 20%</td>
<td>(Of serum ferritin)</td>
</tr>
</tbody>
</table>

Presence of 4 or more major criteria or 3 major + 2 minor criteria have 80.6% sensitivity and 98.5% specificity

Table 2

<table>
<thead>
<tr>
<th>Major Criteria</th>
<th>Minor Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fever &gt; 39°C or higher lasting 1 week or more</td>
<td>1. Sore throat</td>
</tr>
<tr>
<td>2. Arthralgia</td>
<td>2. Lymphadenopathy and or splenomegaly</td>
</tr>
<tr>
<td>3. Typical macular evanescent rash</td>
<td>3. Liver dysfunction</td>
</tr>
<tr>
<td>4. Leucocytosis (10,000/cmm) with 80% or more granulocytes</td>
<td>4. Negative RA and ANA</td>
</tr>
</tbody>
</table>

Presence of total of 5 criteria with 2 or more major criteria have 96.2% sensitivity and 92.1% specificity.

RB Bhagwat, RU Deshpande, DV Rajurkar, SP Ekbote
Physicians Kamalnayan Bajaj Hospital, Aurangabad.
Received: 19.7.2006; Revised: 3.10.2006; Accepted: 6.11.2006

REFERENCES


Renal Failure and Neuromuscular Weakness in Cleistanthus collinus Poisoning

Sir,

The case report of Cleistanthus collinus poisoning by Benjamin SPE et al in September, 2006 issue of JAPI was very informative. One of our patients, who ingested the extract of Cleistanthus collinus leaves, had renal failure and neuromuscular weakness at presentation. In animal models, it has been demonstrated that the leaf extract markedly inhibited muscle contractions by reducing excitability of the nerve and muscle membranes and also blocked neuromuscular transmission. But these are without the hypokalemic milieu seen in...