Sir,

The editorial on the ‘Burden of Undiagnosed Airflow Obstruction in India’ in the August 2007 issue of the journal highlights the enormous burden caused by chronic obstructive pulmonary disease. But it is not correct to state that the data from India on the epidemiology of COPD is scarce. There is a fair amount of data available on the subject in Indian literature. The national burden of COPD for 1996 was estimated at over 12 million, based on the median prevalence rates of several different studies from population study sponsored by the Indian Council of Medical Research (ICMR), on 35295 adults of > 35 years age out of a total study population of more than 73000 individuals. The smoking association in a ratio of 2.65 was similar to that reported from other Asian countries such as China and Japan. The other important finding in this study was the clear demonstration of a causal relationship of environmental tobacco smoke (ETS) i.e. passive smoking exposure with COPD (Odds Ratio of 1.535) in large nonsmoker population of 8668 adults.

The World Health Corporation, India and the Government of India have therefore taken initiatives to effectively implement and improve the prevention and management of COPD at all different levels of health care. It is therefore of critical importance to continue efforts to improve our strategies to tackle this disabling illness.

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Reply from the Authors

Sir,

I am grateful to Prof. Jindal for his comments on my editorial. I continue to maintain that there is a paucity of data on the epidemiology of COPD from India. Prior to 1995, a detailed Medline search reveals only 11 studies; the majority of which looked at very small population samples.

In 2006, Jindal et al published or best available population based-survey on the prevalence of COPD. In this well conducted study which sampled 35,295 subjects the prevalence of COPD was estimated to be 4.1%. Although carefully executed and meticulously compiled, there are some obvious flaws:

1. The population sampled was not representative of the country as a whole. The authors themselves admit that this study of ‘COPD epidemiology from four centers only, does not in any way speak of the national epidemiology’.

2. This study was based on a positive response to mainly one cardinal symptom; chronic cough. Patients presenting only with breathlessness were not considered thus excluding the emphysema-end of the COPD spectrum and under-estimating prevalence.

3. Finally, and most importantly, spirometry was not performed in any of the subjects. This should really be the gold-standard in any COPD prevalence study.

Jindal’s study is a big step in the right direction but clearly the epidemiological data currently available is thin and must be backed up by objective spirometry.

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Knowledge, Attitude and Behaviour Regarding Diabetes Amongst Family Members of Diabetes Patients

Sir,

Diabetes is an iceberg disease, affecting vast population worldwide. India today leads with its largest number of diabetic subjects in the world as compared to any given country. Diabetes education and awareness programmes are integral and essential contents of diabetes care. There is now irrefutable evidence that diabetes education, awareness and motivation for self care, improves diabetes care, reduces diabetic complications and thus reduces economic burden of diabetes.

A hospital-based, cross-sectional study conducted at Diabetes Centre, KLES Hospital and Medical Research Centre, Belgaum over a period of one year on knowledge, attitude and behaviour regarding diabetes amongst family members of diabetic patients is reported. 513 family members participated in the program. The health education regarding basic knowledge about diabetes, risk factors, prevention of complication and control of diabetes was imparted to them without assessing their existing level of knowledge, attitude and behaviour. It was given in groups, each group consisting of approximately 100 members. The health education sessions were conducted every month over a period of one year, by lectures, slide projections, charts, pamphlets, video-show and distributing book
containing literature on diabetes. After the completion of study period the relevant information about knowledge (level of knowledge expressed by the family members on selected aspects of diabetes that lead to information regarding prevention of diabetes), attitude (tendency of family members to respond positively or negatively to diabetes) and behaviour (expression of family member regarding harmful or beneficial practices that he/she is going to adopt if he/she is detected as diabetic) of family members regarding diabetes were documented in pre-designed proforma.

The level of knowledge according to gender of the subject and place of residence (Figs. 1 and 2) showed 236 (74.21%) male and 127 (65.13%) female persons had an average knowledge about diabetes. Chi–square test showed that the findings were statistically significant (p=0.042641). Though 89 (52.35%) persons from rural area and 249 (72.59%) from urban area had an average knowledge about diabetes, surprisingly 42 (24.71%) persons from rural area and 35 (10.20%) from urban area had a good knowledge of the subject. Chi–square test showed that the association between level of knowledge and place of residence was significant (p=0.000004).

In our study more number of subjects who have completed their education up to secondary level have good knowledge compared to others. However, the association between level of knowledge and literacy status of subjects was statistically not significant (p=0.001987).

On asking family members regarding type of treatment they would like to prefer if they suffer from diabetes, to what extent diabetes will affect their life and whether diabetes education is required or not, 408 (79.53%) persons preferred allopathic treatment and 105 (20.47%) alternative medicine. 219 (42.7%) persons said that the condition would affect their life very much whereas 263 (51.26%) persons said that it would affect to certain extent, and 31 (6.04%) felt that there will be no change to their life. All persons opined that diabetic education is required to their family.

The behavioural changes among the family members were appreciable. 512 (99.8%) persons said that they will restrict consumption of oily, fried food and sweets. 374 (72.91%) persons said that they will exercise regularly and 139 (27.09%) persons exercise occasionally if they are detected as diabetic. This implies that majority of the people are aware of the risk factors of disease. The study carried out by Wyshak at an interval of 15 years among collegiate students found that they believed modified behavioural practices such as physical activity and weight control would reduce risk of diabetes.

The individuals will change their behaviours and attitudes regarding diabetes only if they perceive themselves to be at high risk and if they are likely to get affected with diabetes in near future. Proper, adequate and relevant health education regarding diet, weight reduction, physical exercise and quitting of bad habits will help in risk reduction. Such studies will help people to replace maladaptive behaviours with healthy behaviours.

99.8% persons said in the study that they would restrict consuming oily, fried food and sweets, and 73% persons said that they would exercise regularly if they were detected as diabetic. This implies that majority of the people are aware of the risk factors of disease. The study carried out by Wyshak at an interval of 15 years among collegiate students found that they believed modified behavioural practices such as physical activity and weight control would reduce risk of diabetes.3

The study revealed that many underestimated the risk of the disease and knew little about preventive measures. Pierce et al., drew similar conclusions in the study of offspring’s view about diabetes.4 The present study showed that the attitude towards outcome of disease was positive among most of the subjects. 80% of persons preferred allopathic medicine and viewed that it will have quick control over hyperglycaemia and prevent complications. Majority viewed that the disease will affect their life. All persons agreed that diabetes education to their family is very important and a must to understand the disease in detail.

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