International Journal of Pharmaceutical and Clinical Research
Online ISSN: 2664-7605; Print ISSN: 2664-7591
Received: 05-03-2019; Accepted: 07-04-2019; Published: 14-04-2019
www.pharmaceuticaljournal.in
Volume 1; Issue 1; 2019; Page No. 21-24

The importance of medical patient relationship in therapeutic adherence in people living with type 2 Diabetes

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Abstract
The behavior and coping modes of people living with type 2 Diabetes can play an important role in their course and the fact that a patient complies with medical prescriptions plays a primary role in the control of the same. Adherence to treatment depends on the patient's behavior, but is also closely related to the physician's behavior. The behavior of the patient is influenced in the way of approaching the doctor towards the disease that he suffers, being at present the doctor-patient relationship, one of the important factors to consider in order to design strategies that strengthen the therapeutic adherence in these patients and decrease the economic waste that currently exists in health due to failure in attachment. Objective. Carry out an analysis about the patient medical relationship as an important element that influences adherence to treatment in people living with type 2 Diabetes. **Conclusion.** The doctor as first contact has a great responsibility to be the one who educates the patient as to his illness. This is currently perpetuated by the existence of an excessive workload that in the public health services, which is why it is necessary to establish new models of care.

Keywords: Type 2 diabetes, relationship, therapeutic adherence, physician, patient

Introduction

It is estimated that more than 371 million people in the world suffer from Diabetes mellitus, a figure that increases annually and produces 4.8 million deaths each year due to complications derived from the disease [1]. At present, according to ENSANUT 2012, the prevalence of type 2 Diabetes in our country is 9.2 %, and it is noteworthy that this figure has increased in the next 4 years to 9.4 %, that this figure predicts that this is a public health problem whose resolution must be a priority [2, 3]. The management of type 2 diabetes mellitus represents a challenge for the health system, since chronic complications such as blindness, renal failure, amputations and cardiovascular complications, among others, can lead to a significant decrease in quality and the life expectancy of the patients who suffer it [4]. The behavior and ways of coping people with the disease can play an important role in their course and, in this context, the fact that a patient complies with medical prescriptions plays a key role. In medical practice, a large part of the treatments remain under the responsibility of the patient, and the patient has considerable autonomy in its management, which is a serious problem. Failures to follow the prescriptions exacerbate health problems and promote the progression of diseases, making it impossible to estimate the effects and value of a treatment, making it difficult to make a good diagnosis and unnecessarily increase the cost of health care [5]. The patient medical relationship constitutes the most sensitive and human aspect of medicine and one of the most complex human relations. For the doctor the disease has a particular meaning different from that of the patient. It pursues the goal of performing the best possible in this chosen profession for various individual reasons, on a general basis of vocation of service and affinity for the challenges [6].

The challenge of diabetes mellitus

The approach to type 2 diabetes mellitus, as mentioned above, represents a challenge for the health system. In addition, there is a great ignorance about the type 2 diabetes, since in many cases the disease is silent and goes unnoticed until it does not result in major complications. But why put so much effort in this direction? The answer is that we are faced with a chronic disease that has a great impact in terms of morbidity and mortality. Diabetes can trigger a number of chronic complications such as blindness, renal failure, amputations and cardiovascular complications, among others, which cause a significant decrease in the quality and life expectancy of patients suffering from it. In order to deal with this situation, profound changes and new strategies must be promoted. In this sense, the experts highlight the preventive measures linked to the promotion of healthy habits of life as one of the

key elements [4]. All these strategies will allow the evolution from the paternalistic models of patient-doctor relationship to models where the patient has a more active and responsible role with the preservation of their health status. There is evidence that trained and informed patients, active patients, represent a very valuable, and still relatively little used, resource for the system. These patients can better participate in the decision making process shared with health professionals. In our country, the strategy has not yet been explored in depth in the area of diabetes, but we are working in some european countries (UK and Scandinavian countries, for example) [4]. Chronic patients who take responsibility for their health contribute to improving the quality and sustainability of the health system, as well as providing example, motivation and support to people who are in the same situation [7]. Other areas to be developed are the greater participation of patient associations and patients themselves in decision-making in the organization of care, and at the community level, the development of transversal policies for prevention and health promotion. The success of these initiatives and strategies aimed at getting patients with type 2 Diabetes more active and responsible with their health will be conditioned to reach new alliances and collaborations between the different health agents. Experience shows that changes in a health system cannot be performed unilaterally, and it is necessary to seek the commitment of the many agents involved [4].

Therapeutic adherence in Diabetes

As mentioned above, the behavior and coping methods of people to the disease can play an important role in its course and the fact that a patient complies with medical prescriptions plays an important role. They will be able to achieve a better control of the disease and to increase or preserve their quality of life those people who are able to adhere adequately to the treatments and behavioral regimes that each one of the diseases demands for its good evolution. According to the WHO, therapeutic adherence can be defined as "the extent to which the patient assumes the rules or advice given by the health professional, both from the point of view of recommended habits or lifestyle and from the prescribed pharmacological treatment itself". The lack of adherence is between 30 and 51% in patients with type 2 diabetes who take oral antidiabetic drugs and about 25% in in Sulinized patients [1].

No less important is the fact that adherence to treatment depends on the patient's behavior, but is also closely related to the physician's behavior, at least to the extent that the physician verbally offers the instructions with the required clarity, understanding by your patient and devote to this process the necessary time. As can be inferred, we are facing a very complex phenomenon because of its multidimensional and multifactorial character, and this constitutes a cardinal challenge for its study. Therapeutic adherence does not refer to a single behavior, but to a set of behaviors, including: accepting to be part of a treatment plan or program, continuous implementation of its indications, avoid risky behaviors and incorporate healthy behaviors into the lifestyle; These behaviors are basically developed based on the interaction of the patient and the health agents, although there is no consensus regarding the components of the behaviors mentioned or the conditions that explain them [5].

Health professionals, and especially primary care physicians, should be aware of the phenomenon of lack of adherence, detect it and find out its causes, as well as having resources to be able to intervene effectively in patients.

The medical patient relationship as a predictor of therapeutic adherence

In today's medical practice, the most frequent tendency is to evaluate the organic problems that afflict the patient without integrating the characteristics of his personality and the perception he has of his problem, as well as his social conditions and the circumstances that can determine or aggravate them. The patient medical relationship constitutes the most sensitive and human aspect of medicine; It involves several factors: the characteristics of the personality of the patient and the physician; aspects of communication, consisting of the verbal and non-verbal content of the message being conveyed, the behaviors and attitudes that depend on the role played by each of the members of the relationship, affective interactions (transference, counter transference and empathy) and the characteristics of the area in which the relationship develops [6].

Fig 1: Affective interactions-empathy in relationship improves adherence to treatment

Chronic diseases such as type 2 diabetes are characterized by high blood pressure in their control. This makes them ideal for causing frustration and resentment in the treating patient-professional relationship and transforming an initial relationship of demand and assistance, in a relationship in which one subject watches over and the other puts pretexts to justify his failure. The person feels frustrated, although he can hardly express it, while the professional, on the other hand, feels that he acted correctly [8]. For some physicians, one of the most difficult aspects to handle during the interview is emotional changes. However, emotions are a component in human exchanges and, of course, in diseases [9]. In this way the patient and the doctor move away from each other. The consultations end in a vicious circle where the practitioner repeats to the patient suffering from the disease what he

should do and challenges him for his errors or deficiencies, both of which are stuck in stereotyped roles and predestined to produce a large number of therapeutic failures [8]. The absence of therapeutic adherence can then be assumed to be a behavior that must be understood from various dimensions, from the properly behavioral aspects, mediated by cognitive and motivational elements, linked to relational issues, where communication with the professional of Health, the relationship of the patient to the social and family environment, to the role of health service organization [5].

On the other hand, a large number of authors raise the existence of a large group of factors that influence the conduct of compliance or non-compliance of medical treatment, also involving elements of a psychosocial, medical, medical-patient and managerial nature [10,11,12,13,14,15,16,17]. A first group of determinants consists of variables related to the interaction with the health professional, where the satisfaction of the patient is found in the interaction process with health professionals and the characteristics of the communication that he establishes with his physician. Patient satisfaction consists of a set of assessments of the different dimensions of care of the health professional, in which the specific and global satisfaction are distinguished; the first determined by the perception of the specific characteristics of the health professional and the second as a more general appreciation of the patient. It appears that the most dissatisfied patients are more likely not to carry out the treatment instructions [13]. The communication allows the patient to understand the information that is being given about the prescription or recommendation, which is a first step so that he can accept and remember it [18]. Morales points out the importance of the following factors: communication, recognition of the individuality of the patient, perceived professional qualification and the characteristics of the place where the care is produced. In addition, satisfaction is basically related to the level of expectations of the patient regarding the service he aspires to receive. According to several authors, satisfaction is to a greater extent "perceived quality" and constitutes the spectrum of the subjective aspects of the characteristics of care [19]. In a case study carried out on two people living with type 2 Diabetes in the city of Puebla, it was found that planning and follow-up of health interventions with continuity of care by the staff nursing results in the increase of the interdependence of the people, reflected in the weighted improvement of their health. Therefore, it is important that nurses and/or health professionals in case studies consider the use of theories, based on adaptive health responses of type 2 diabetes and their therapeutic adherence through continuity of care, which would reinforce the patient physician relationship [20]. It is also extremely important to evaluate the teaching methods taught in medical units where patients with type 2 Diabetes mellitus are treated; especially if this disease is considered chronic and requires adequate control - in order to avoid serious complications in the short and long term in which multiple disciplines, especially educational ones, and not only adherence to treatment [21], which should be addressed in an interdisciplinary way and involve all health personnel in the management of this disease Consideration should also be given to the patient's empowerment with regard to his illness. A system based on empowerment requires the establishment of a subject-subject relationship between physician and patient. Although we can recognize many variations according to the cultural and socio-economic context of each individual, that individually modify the therapeutic process, this recognition must always show solidarity and consider the diversity and information of the alternatives available to be able to make a decision together with the patient. In this way, certain useful keys can be recommended to achieve the patient's empowerment: 1) Establish a subject-subject relationship; 2) Avoid stereotyping and mechanical work; 3) Deliver responsible knowledge; 4) Sharing decisions; and 5) Consider the sociocultural environment [22]. Finally, it is convenient to consider co-responsibility as an important element that must be taken into account in the design of strategic plans aimed at improving the therapeutic adherence in people living with type 2 Diabetes, since this means leaving aside the paternalistic relationship that in the present has the doctor with the patient.

Conclusions

Currently there is not much research on the doctor-patient relationship as the main factor of low therapeutic adherence in people living with type 2 diabetes, because it has been shown that adherence does not depend only on the physician, There are several factors that lead the patient to not follow recommendations and treatment. However, it is worth noting that the doctor as the first contact has a great responsibility to be the one who educates the patient as to his illness. This is currently perpetuated by the existence of an excessive workload in public health services, so it would be worthwhile to rethink a new scheme of relationship with the more personalized patient, and to establish strategies and with it strengthen adherence to treatment.

Acknowledgements

To those professors of the Masters in Public Health of the Uaeh-Pnpc-Conacyt, who in addition to intervening in the teaching-learning process, have motivated us to generate works like this publication, and Promep/Sep For your support to publish this article. The authors declare that there is no conflict of interest for the publication of this article.

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