

Diabetes Therapy by the Ear via this Health Promoting Attitude Called Salutogenesis

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ABSTRACT

Diabetes is a major public health problem that is approaching epidemic proportions globally. Despite the best efforts by healthcare providers, persons with diabetes and the community at large, remain unsatisfied with the approach to diabetes management. This brief communication utilizes Antonovsky's concept of salutogenesis, to suggest a person friendly and community friendly framework for diabetes care. Salutogenesis is used as a means of studying the biopsychosocial domains of diabetes, and as a guiding principle for health-related communication. Adoption of a salutogenic approach to diabetes care should help improve outcomes and satisfaction with healthcare.

Keywords: Diabetes, biopsychosocial communication, health promoting attitude, patient-centered care

Salutogenesis is derived from two Latin words, "salus" meaning health and "genesis" meaning origin. The concept of salutogenesis was proposed by Aaron Antonovsky, an Israeli medical sociologist, nearly 40 years back.¹ The salutogenic theory uses a positive thought process to describe health, focusing on factors that support well-being, rather than those that cause disease (pathogenesis). It's an approach which focuses on factors that support human health and wellness rather than diseases and their complications. It's an umbrella term which encompasses gratitude, empathy, humor optimism and positivity, wellness and mindfulness, attachment and emotional intelligence.

Chronic disease is characterized by a strong psychosocial component, in addition to biomedical dysfunction. As lifestyle is an important contributor to chronic disease pathophysiology, lifestyle modification becomes an integral strategy of management. This requires multiple and significant changes, which can create a lot of discomfort and distress. Asking them to leave sweets and all their favorite food items, and then asking them to get out of their comfort zone, and go for walks and exercise daily, may lead to impaired adjustment to the chronic disorder. In diseases such as diabetes, this has been termed as "diabetes distress".² Diabetes distress is when a person feels frustrated, defeated or overwhelmed by diabetes. Diabetes is not limited to

quantitative variables such as glucose, weight, blood pressure or lipids. The diabetes care provider also tries to assess emotional and social domains of health.

Disease cannot be managed until it is screened for, diagnosed and monitored. However, diagnosis and management can occur together in clinical medicine. The concept of therapeutic patient education suggests that patient interaction and education have a direct therapeutic effect as well. Another term for this diagno-therapeutic strategy is "diabetes therapy by the ear", delivered with "words of comfort".³ Half the patient's pain, agony and suffering should get better with the comforting words from their doctor. If we give time to the patient, if we just listen to them, they feel heard and they start getting better.

The medical interview serves several functions. It is used to collect information to assist in diagnosis (the "history" of the present illness), to understand patient values, to assess and communicate prognosis, to establish a therapeutic relationship, and to reach agreement with the patient about further diagnostic procedures and therapeutic options. It also serves as an opportunity to influence patient behavior, such as in motivational discussions about smoking cessation or medication adherence.⁴ To help improve adherence in the long-term, physicians should counsel about the importance of taking medicine and reinforce it by using the teach back method.⁵ Though delivered to the best of our ability, we are sometimes unable to explain the rationale of our interventions, thus creating lack of confidence and distrust. A 3I strategy (interaction,

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information, involvement) has been proposed to bridge the patient-provider gap in communication.⁶ The clinician's role does not end with diagnosis and treatment. The importance of the empathic clinician in helping patients and their families bear the burden of serious illness and death cannot be overemphasized. "To cure sometimes, to relieve often and to comfort always" is a French saying as apt today as it was five centuries ago—as is Francis Peabody's admonition: The secret of the care of the patient is in caring for the patient.⁷ Training to improve mindfulness and enhance patient-centered communication increases patient satisfaction and may also improve clinician satisfaction.

As clinicians, we should always keep a health promoting attitude and add scoops of salutogenesis during the conversation with our patients to motivate them to strive for good health and well-being.

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