# Impact of a Diabetes Management Intervention in Primary Healthcare Providers

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## Abstract

Diabetes is a significant and growing health-care issue. The number of persons with diabetes is predicted to double by the year, owing to a rise in the frequency of type 2 Diabetes as well as an increase in occurrences of type 1 Diabetes. Diabetes is responsible for a significant amount of morbidity and mortality due to micro- and macro vascular problems. However, it is now known that maintaining stringent blood glucose, blood pressure, and cholesterol levels can help to lower the risk of diabetes complications. Structured care is required to establish strict control. As a result, a variety of therapies aiming at improving diabetes care and obtaining improved metabolic control in diabetic patients have been implemented. The goal of this study is to figure out how to bridge the gap between what is known to be beneficial in diabetes care and what is currently available. As a result, the goal was to evaluate the efficacy of various interventions aimed at health care professionals and the organisation of care in order to enhance diabetes management in primary care, outpatient, and community settings.

**Keywords:** Diet • Primary care • Illness management

## Introduction

The goal of this study was to look into the perceived barriers and facilitators in primary care physicians' management of diabetic patients with comorbidities. Optimal diabetes care continues to be a challenge for health systems all over the world. The prevalence of additional comorbidities adds to the problem, given the chronic and complex character of the condition. Prior research has shown the significant occurrence of comorbidities in diabetic patients, as well as the challenges of managing these various illnesses. In resource-constrained low- and middle-income countries (LMICs), where health systems are dealing with a dual burden of infectious diseases and an increase in non-communicable chronic diseases, the problem is projected to become increasingly complicated [1,2].

Most diabetic patients in LMICs rely on an already overwhelmed primary care system due to an insufficient and unequal distribution of specialised care facilities. Furthermore, primary care physicians have an uphill battle in managing patients with diabetes and comorbidities due to health systems' historic focus on infectious illness management, inadequate resources, and fragmented primary care. As a result, it's critical to comprehend the problems that primary care health physicians in LMICs confront when it comes to managing patients with diabetes and comorbidities. Studies in the past have emphasised the relevance of primary care physicians' role in effective diabetes management since they are a central figure in disease management at the primary care level. In India, the public health care system is divided into three levels: primary, secondary, and tertiary. Medical college hospitals provide tertiary health care, while district and sub-divisional hospitals provide secondary care. Primary healthcare is provided via primary healthcare centres. Primary care physicians are responsible for providing outpatient clinical services. Urban health has emerged as one of India's most important health themes of the decade, owing to rapid urbanisation and an expanding urban population. Multiple social and financial hurdles to excellent treatment face the growing share of urban poor and disadvantaged with comparable poorer health indices than rural areas. While urban health has received a lot of attention over the years, there hasn't been much of a national effort to deliver comprehensive health care to urban residents [2-4].

The National Urban Health Mission (NUHM) initiative has recently bolstered primary health care in urban areas. Although urban primary health care centres (UPHCs) have been built specifically to improve the health of the urban poor, there is little data on primary health care among India's urban populace. In India's metropolitan populations, there is a lack of perspective among health care practitioners on how to manage patients with diabetes and comorbidities. Understanding the problems and opportunities of controlling diabetes and the comorbidities of the local community is critical for developing successful policies and initiatives. However, these issues have not been addressed among India's urban populations. As a result, the current study looked into primary care physicians' perceptions of barriers and facilitators in the management of diabetes and comorbidities patients in urban settings [5].

## Conclusion

Comprehensive guidelines with on-the-job training for physicians' capacity building and the formation of multidisciplinary teams at the primary care level for a more holistic approach to diabetes treatment with comorbidities could be the way forward for optimal care delivery.

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