

Diabetes therapy by the ear: A bi-directional process

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INTRODUCTION

The concept of “diabetes therapy by the ear” has been discussed earlier in the Indian Journal of Endocrinology and Metabolism.^[1] Therapeutic patient education (TPE), delivered with words of comfort (WoC), is an accepted, evidence-based therapeutic modality of diabetes. The significance of ear-based therapy, however, extends far beyond doctor-to-patient communication.

THE IMPORTANCE OF LISTENING

The stethoscope has been used as an aid to diagnosis-making and decision making for centuries now.^[2] The use of this simple instrument is based upon the ear and utilizes patient-to-doctor communication, to inform appropriate management. Though the opinion about the utility of the stethoscope in modern practice is mixed,^[3] its contribution to clinical medicine is unmatched by most developments. The stethoscope lends itself to examination of diverse physiological systems and can be used to assess a variety of illness, ranging from respiratory infection to thyroid over activity to intestinal obstruction. All this, however, is dependent on the auditory acuity of the physician. Diabetes, too, is a multi-systemic syndrome, with a wide spectrum of clinical manifestations. The diabetes care professional’s hearing acuity is equally important, as a trained, empathic ear is necessary to pick up subtle cues from the patient’s history.

HISTORY-TAKING

History-taking is an essential prerequisite of medical management.^[4] For the person with diabetes, this forms her/his major contribution to the dynamic, continuous process of diabetes care. A complete history helps in planning a focused physical examination, allows ordering of relevant investigations, and facilitates optimal choice of nonpharmacological as well as drug therapy. A comprehensive history helps achieve economy and efficiency in further management. This step of management is integral to the concept of person-centered care,^[5] and shared decision-making. Comprehensive history-sharing creates patient-physician bonding while ensuring that the person with diabetes is kept as the center of the diabetes care universe.

It makes sense, therefore, to describe diabetes therapy by the ear as being a bi-directional process. Not only does therapy by the ear indicate TPE or WoC, it also includes history in its ambit.

History-taking is an art as well as a science. The first step of clinical medicine that is taught to students, it continues to be practiced and improved upon throughout one’s career. History-taking in itself a two-way street, involving active communication between the patient and physician.^[6] In the context of diabetes, history-taking assumes much larger dimensions, however.

Diabetes has frequently been described as a family or as a community condition.^[7] In many cases, therefore, the family and community contribute significant information, which helps plan intervention for a person with diabetes.

A 360° assessment, therefore, is required while managing diabetes. Information about dietary intake, physical

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activity patterns, regularity of insulin administration, sleep habits, and various high-risk behaviors, for example, can be confirmed during conversation with informants within the family. All such knowledge gathering should be carried out in a confidential and nonjudgmental manner. This is especially important when information is being solicited from family members or colleagues. These activities are included in the process of diabetes therapy, and under the umbrella of diabetes therapy by the ear, as well.

THERAPEUTIC LISTENING

Therapy by the ear forms the basic bedrock of all diabetes care. Thus, it makes sense to strengthen this foundation, to improve further care. Diabetes care professionals need to be trained in both the art and science of history-taking. Most continuing medical education programs focus upon pharmacological and interventional therapies: the issues related to bidirectional diabetes therapy must be given a place of pride in such events. Using checklists and tools^[8] is a simple way of improving completeness of information-gathering. The Stanford Hypoglycemia Questionnaire, for example, provides a simple way of eliciting symptoms suggestive of hypoglycemia.^[9] Screening and diagnostic instruments used in psychiatry practice^[10] also buttress the process of eliciting knowledge about the possibility of impaired quality of life and depression.

THERAPEUTIC SHARING

Persons with diabetes, too, need training and support in effective communication. Checklists, and reminders to note down important issues before consulting a professional, help in effective sharing of information. The Stanford Communication with Physicians Questionnaire^[11] provides a simple means of encouraging this. Providing paper and pen in waiting areas facilitates the writing of significant problems, which the person with diabetes wishes the diabetes care professional to address.

It may not be out of place to discuss the Quadruple of Atreya here. Acharya Atreya, the renowned Ayurvedic physician, describes four essential characteristics that a “good” patient must possess. These include memory, obedience, fearlessness and providing all information about the disorder.^[12] Persons with diabetes should be encouraged to follow the precepts laid down by Acharya Atreya.

SUMMARY

Diabetes therapy by the ear is a vast concept, which emphasizes the bi-directional relationship between the person with diabetes and her/his diabetes care professional. It lays equal stress upon listening to, and speaking with, the person with diabetes. This therapy also involves other stakeholders in the diabetes care process, including family, colleagues, and community members. It complements the philosophy of person-centered care, and of shared decision-making, by enhancing effective communication and bonding between all stake-holders. Diabetes therapy by the ear transcends evidence-based medicine: In reality, it is the key to ensuring that evidence-based therapy is effective in practice. As we tackle the diabetes epidemic, we must continue to improve our hearing acuity, to be able to provide effective therapy by the ear.

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