Four surprising factors affecting adherence to the diet for diabetes

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Abstract
When a person is first diagnosed with diabetes, one of the first questions voiced is "What can I eat?" Many will then attend self-management education classes to learn more - a time when, unsurprisingly, adherence to the diet is at an all-time high. Over time however, that adherence declines, with research suggesting that among people with diabetes, long-term adherence to the prescribed diet rarely increases above 50%. Why might this be the case when the consequences of not adhering are clearly reiterated by every health professional they see? Contrary to popular belief, adherence to the diet is impacted by more than just inadequate knowledge or poor food choices. As health professionals, we have a responsibility to appreciate this complexity. Predicting who will be adherent to the diet is very difficult. However current research indicates four factors affecting adherence to the diet for diabetes that I want to discuss - ones that might surprise you.

Keywords
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Title: Four surprising factors that affect adherence to the diet for diabetes

When a person is first diagnosed with diabetes, one of the first questions voiced is “what can I eat?”. Many will then attend self-management education classes to learn more. Unsurprisingly, adherence to the diet in this time period is often high.

But over time, adherence is known to decline. Research suggests that long term adherence to the diet for diabetes rarely increases above 50% of individuals with diabetes (1).

Why might this be the case, when the consequences of not adhering are so plainly reiterated by every health professional they see? Contrary to popular belief, adherence to the diet is impacted by more than just inadequate knowledge or poor food choices.

Predicting who will be adherent to the diet is very difficult. Research indicates that there are four surprising factors that will affect adherence to the diet.

1. **Income:**
   People on a low income are not ignorant of what constitutes a healthy diet or where to buy affordable food. However, during times of financial hardship, purchasing fresh fruit and vegetables is frequently sacrificed. Australian research on the affordability of healthy eating indicated that depending on family type, between 20-60% of welfare payments were required just to purchase the basic food items required to meet a diet consistent with the healthy eating guidelines (2).

2. **Health literacy and the language used by health professionals to communicate with patients**
   Approximately 60% of the Australian population do not have adequate health literacy (3). This means they do not have the ability to understand and use health information. The problem is even worse in older people, with the proportion of individuals with low health literacy increasing to almost 80%.

   Low health literacy affects adherence to the diet in several ways. Firstly, individuals with diabetes may not fully comprehend the instructions provided about their diet (4). For example, this might include not understanding how to distribute carbohydrate
intake over the day. It may also impact their ability to interpret food labels and to then make appropriate food choices. Low health literacy will also affect how individuals with diabetes integrate dietary messages with other aspects of their self-management regimen.

The language used by health professionals to explain treatment choices, especially to individuals with low health literacy is also critical to empowering patients and promoting adherence. Diabetes Australia has developed a position statement for health professionals that outlines suitable communication strategies to ensure optimal communication and to increase the motivation, health and well-being of people with diabetes (5). Key to promoting adherence are avoiding terms such as ‘diabetic’ and instead refer to an ‘individual with diabetes’.

3. **Multimorbidity**

   Diabetes is rarely the only chronic health condition that is managed, especially in those taking oral hypoglycaemic agents or insulin. Australian general practice data suggest that half of individuals with diabetes have at least 2 other chronic conditions that they are required to self-manage (6).

   A common complaint for multimorbid individuals is that they receive conflicting messages from health professionals about the various diet prescriptions required (7). For example, this may include conflicting messages about the diet for those with diabetes and kidney disease. This leads to message confusion and ultimately, non-adherence to the diet (8).

4. **People with escalating regimen complexity**

   People with diabetes who are experiencing an escalation in treatment complexity are more likely to be non-adherent – not less likely (9, 10). Although it is possible that the new dose of a drug might be ineffective for that patient, if the history includes numerous recent additional drugs or switching to new combinations of drugs without improvement, then non-adherence to treatment is the most likely cause.
Increasing the attention of health professionals to improving treatment adherence is predicted to have a greater impact on health outcomes than any new medicines developed (11).

Here are five suggestions about how pharmacists can help improve treatment adherence:

- Consider including questions in medication reviews that will sensitively elicit whether limited finances may be impacting on adherence to treatment
- Ensure patient education materials you provide are written in plain English with a readability level of about Year 6. To check this, use freely available online readability calculators such as http://www.readabilityformulas.com/free-readability-formula-tests.php
- Be attentive to the language used when discussing treatment adherence with individuals with diabetes. Ask your patients what they know about their disease and their treatment. Correct any misconceptions.
- Make time to check in with patients who are multimorbid, and with escalating treatment regimens. Be proactive and ask them if they are experiencing any challenges with their treatments. For example, “I have noticed that you have had quite a few changes to your medications recently. How are you managing these changes? Would you like to ask any questions about these new treatments?”
- Ask about how often blood glucose levels are tested. Those who do not test regularly may not have accepted the nature of their disease and require additional support to enhance adherence (1)

References:


