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Diploma in Pharmacy 2nd Year Pharmacotherapeutics Experiment

To Provide Counselling to Patient on Diabetes Disease Condition, Medications, Life-Style Modifications, Monitoring Parameters. Aim:

To Provide Counselling to Patient on Diabetes Disease Condition, Medications, Life-Style Modifications, Monitoring Parameters

Reference :

⁶ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, "Practical Manual of Pharmacotherapeutics" Published by Nirali Prakashan, Page no 73 - 76

Theory : Diabete<mark>s:</mark>

Diabetes is a chronic condition with altered carbohydrate. lipid and protein metabolism, and also affects the quality of life in diabetic patients. Factors like understanding of the patients about their disease, dietary regulation, and self-monitoring of blood glucose are important in diabetes management. Patient counselling and education by the pharmacist improves the quality of life of these patients.

Patient Counselling Points

- 1) 1) The pharmacist gives an overview of diabetes, stress and psychosocial adjustment, family involvement and social support, nutrition, exercise and activity, monitoring and use of results, relationship between nutrition, exercise, medication, and blood glucose level.
- 2) The complications of diabetes can be reduced by glycemic control.



- 3) The anti-diabetic drugs possess some uncharacteristic features such as "Taken half an hour before food" in case of sulfonylureas.
- 4) The patients should be made aware of hypoglycaemic condition during insulin therapy.

Medications	Pharmacist Role
Sulfonylureas	The pharmacist should describe how to prevent,
	identify, and treat hypoglycaemia. He/she should
	check the patient for jaundice symptoms. He/she
	should ask about the administration time in relation
	to food and the nec <mark>essity for alcohol abstine</mark> nce and
	any sulphur sensitivity history
Insulin	He/she should describ <mark>e how to prevent, ide</mark> ntify, and
	treat hypoglycaemia. H <mark>e/she should</mark> educate the
	patient on improved insulin administration
	strategies and optimal insulin storage conditions.
	He/she should instruct the patient to bring
	chocolates or other sweets with him on the trip and
	not to skip meals.
Metformin	He/she should advise the patient to take the
	medication with or after meals He/she should check
	the patient for muscle soreness, unexplained
	tiredness, nausea, stomach pain, and weight loss.
Thiazolidinediones	He/she should take a history of any previous liver
	disorders, and observe the patient for yellow
	discoloration of urine He/she should check the
	patient for signs of peripheral oedema.
Acarbose	He/she should encourage the patient to take the
	drug with the first food bite. He/she should check
	the patient for cramping and stomach pain. He/she
	should advise the patient not to consume sucrose
	(sugar) during a hypoglycaemic crisis since it may
	interfere with acarbose absorption.

Table 2: Drug Counselling Points in Diabetes



Lifestyle Modifications in Diabetes: The recommended lifestyle interventions include:

1) Exercise and Diabetes:

- i) Exercise is beneficial for everyone including diabetic patient.
- ii) Exercise is also beneficial for everyone, including those with diabetes or issues related to diabetes.

Effects of Exercise

- i) Exercise encourages cardiovascular fitness and weight loss.
- ii) It reduces high blood pressure.
- iii) It enhances lipid profiles.
- iv) It helps to improve blood sugar control.
- v) It appears to reduce insulin resistance via turning on glucose transporters. (This effect is transient and degrades after 72 hours) well-being
- vi) It produces a general feeling of well-being.
- vii) It helps to prevent type 2 diabetes when combined with dietary lifestyle intervention.

2) Smoking and Diabetes

- i) Over 25% of people with new diagnoses of diabetes are smokers.
- ii) Smokers with diabetes can reduce their risks by quitting.
- iii) It is very difficult to quit for most people.
- iv) Nicotine replacement treatment should be prescribed if required
- v) Diabetes patients who smoke have an increased risk of:
 - a) Death (heart attacks and strokes)
 - b) High LDL, cholesterol levels
 - c) Worsened blood sugar controlled as compared to nonsmokers
 - d) Nerve damage from diabetes



- e) Kidney disease leading to dialysis
- f) Foot ulcer and amputation of toes, feet or legs caused by peripheral vascular disease
- g) Increases abdominal fat accumulation and insulin resistance.
- h) Increased blood pressure

Monitoring Parameters

The most standard method for determining hypertension is ambulatory blood pressure monitoring. A Home blood pressure monitoring is a corresponding method. If the average of twice-daily readings for at least five days shows 135/85 mmHg or higher, hypertension is considered to occur.

1) **Type 1 Diabetes:** Regular blood glucose testing is the only risk-free and effective method for managing blood glucose levels in people with type 1 diabetes. Blood glucose monitoring (BGM) with fingersticks and a glucose metre or continuous glucose monitoring are both options for people with type 1 diabetes (ICGM] if available and affordable)

The majority of persons who do not use CGM must test at least four times daily. Three or more insulin injections should be given to the patient who is using an insulin pump and a pregnant woman with type 1 diabetes may need to test up to ten times per day.

2) **Type 2 Diabetes:** The recommendations for frequently testing blood glucose in people with type 2 diabetes depend on a variety of personal factors, including the type of treatment (oral medications, insulin, and/or lifestyle changes), A1C level, risk of hypoglycemia (when blood glucose is too low). and treatment objectives. For patient with type 2 diabetes who take insulin or other drugs that

can result in hypoglycemia, blood glucose monitoring is helpful.

patient with diabetes who manage their blood sugar levels primarily by diet or who use medications that do not cause hypoglycemia, it is often not necessary, especially if they have reached their blood sugar goals. Depending on circumstances, the healthcare provider can assist in deciding the way to monitor blood glucose regularly

Result: Patient counselling on Diabetes disease condition, medications, life-style modifications, monitoring parameters was provided.



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