



# Lifestyle Modification- Most Evidenced Based and Most Neglected Subject

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## Abbreviations

DM: Diabetes Mellitus; GOI: Government of India; DPP: Diabetes Prevention Program; DPS: Diabetes Prevention Study; DPPOS: Diabetes Prevention Program Outcome Study; UKADS: United Kingdom Asian Diabetes Studies.

## Introduction

As per IDF Atlas 2021 factsheets, the numbers of Diabetes mellitus (DM) in the south-east Asian region are 90 million and it is expected to grow to 152 million by 2045. The corresponding figures for prediabetes are 95.2 million and 125.4 million respectively. The topmost country contributing to these figures is India; 74.2 million amongst the 90 million is the prevalence of DM in India. Another alarming data from IDF is the number of undiagnosed DM in India is estimated to be 39.4 million and it is about 53.1% of the total DM population. So, it should be a top priority of Government of India (GOI) to look into these facts to formulate strategies to prevent this onslaught and slowdown the incidence and prevalence of the disease as a national policy. Almost 1 in 2 adults is unaware that they have DM.

We also know beyond any doubt and controversy that DM is one of the most important risk factors for early-age development of cardiovascular, renal, neurological diseases and their associated morbidities and mortality. We also know that Type 2 DM and insulin resistance has a genetic basis, but the onset of Type 2 DM can be delayed by intervention from childhood days. The IDF atlas factsheets also states that the incidence and prevalence of childhood DM, mainly Type 1 and early onset Type 2 DM is also rising.

We also know the reason for the increased incidence and prevalence of DM, especially in this century is related to our socio-economic development and increased incidence and prevalence of obesity, increased consumption of carbohydrate and fats, increased incidence of stress related to work-related pressure, nuclear family-related stress, and change in our sleep patterns, due to over use of mobiles phones and tablets, work-related changes of our sleep timings, especially in the IT industry. The level of physical activities is decreasing in the general population and the industry figures show that use of alcohol is increasing in our society. Traditionally, our country uses tobacco in many forms, inhalations, chewing etc.

We also know that lifestyle intervention can prevent the early onset of DM from different studies like Diabetes Prevention Program (DPP) from USA, NHS DPP from UK, The Finnish Diabetes Prevention Study (DPS): Lifestyle intervention and 3-year results on diet and physical activity, Diabetes Prevention Program Outcome study (DPPOS). Multiple meta-analysis and systematic reviews of numerous studies have also been published and few facts have emerged from all the studies:

- Healthy eating to promote weight loss.
- Regular exercise
- Smoking cessation
- Reducing stress
- Moderation of alcohol consumption

The very important issue to be noted here is that Indians and other south-Asians have been under represented in all the studies, except few data from UK -based studies, which

have specially focused on these particular communities, like UKADS (United Kingdom Asian Diabetes Studies). Lifestyle intervention promoting weight loss not only can prevent and delay the onset of the development of DM, it can also reverse DM. The studies involving Bariatric surgeries have shown that recently.

These facts are being discussed in various scientific meetings across the country. Most parts of the meetings are being about the new spectacular drugs and their uses, the treatment algorithms and their uses for glycemic controls and treatment and prevention of organ complications. The question is who will bell the cat? Who will educate the masses? Where is the incentive to health care worker to devote sufficient time for this purpose? Will our medical insurance companies take part in these initiatives?

In summary, lifestyle intervention is the most cost-effective and natural way to tackle this tsunami of DM. If we accept these simple evidence-based facts we have to do the

followings:

- GOI should make expert panel to look in the issue urgently and make it a mission to promote lifestyle change a mission like “Swachh Bharat Mission”. The key is the awareness the level of the masses and health care provider. GOI should formulate such policies to prevent availability and accessibility of fast foods and junk foods to the children and young population, as has been tried in some developed countries, like UK and Scandinavian countries.
- Regular propaganda through social media, electronic media, tele-consultation and community level communications and monitoring is important.
- This issue has really become a national emergency.
- Health care providers should also be trained to promote lifestyle modification advices and follow them up.
- There should be some incentivization schemes.
- The medical insurance companies should also be involved. The cashless claims in the hospitals do not even reimburse dietician consultation fees!