

# “Diabetes is my companion”: Lifestyle and self-management among good and poor control Mexican diabetic patients

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## Abstract

This paper identifies naturally occurring lifestyle and self-care practices in managing type 2 diabetes mellitus that are associated with good glycemic control. In-depth, qualitative interviews were conducted in Guadalajara, Mexico, with 31 matched pairs of good and poor control diabetic patients ( $n = 62$ ), who were matched on their duration of disease and use of medications. While many themes were listed by both groups, a comparison of the responses indicated that themes of daily exercise with a preference for walking, eating beef and milk rather than chicken and fish, economic issues, and emotional issues distinguished poor-control patients. Good-control patients were more likely to have a negative reaction to their initial diagnosis, take a more comprehensive approach to control, eat only two meals a day (plus snacks), use noncaloric beverages to satisfy desires for more food, and know what their blood sugar levels should be.

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## Introduction

This paper identifies lifestyle and self-care practices related to successful glycemic control. Hyperglycemia is associated with poorer outcomes in type 2 diabetes (Turner, Cull, Frighi, & Holman, 1999; UKPDS 33, 1998; UKPDS 34, 1998), and although self-management activities can improve glycemic control, improvements can be small and short

lasting (Deakin, McShane, Cade, & Williams, 2005). Quantitative epidemiological studies of correlates of glycemic control have been limited by a focus on demographic variables, such as age, educational level, and gender. Qualitative anthropological studies have been limited by using a single group of patients and not distinguishing good- and poor-control patients in their study design. In this study, a case-control design is combined with qualitative interviewing. In addition, good- and poor-control patients are matched on their duration of disease and use of anti-diabetic medications. These latter two factors are known to affect

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glycemia and could potentially bias findings if either of the two factors were unequally distributed across the good- and poor-control groups. Thus, our study design highlights lifestyle practices that differentiate the groups.

Anthropological contributions to the study of disease have identified macro-level forces that create epidemics such as the current increase in type 2 diabetes (Chaufan, 2004) and have also demonstrated the importance of the micro-level emic perspective in developing successful interventions. While theoretical work has implicated creation of unhealthy social and physical environments in the overall increase in diabetes (Chaufan, 2004), a continuing problem is the associated increase in morbidity and mortality of affected individuals and the costs to them, their families, and society. Our goal in this study was to focus on individuals and identify strategies used by diabetic patients in good control, so that these might be emphasized in educational efforts for poor-control patients. In addition, we feel that an understanding of the strategies that actually work for control of diabetes may point to the direction that macro-level changes must take to deal with the current epidemic.

## Background

Over the past decade in Mexico, there has been a large (22%) increase in cases of diabetes (Aguilar-Salinas et al., 2003), placing a tremendous burden on affected individuals and their families, as well as on the entire health care system. Strict metabolic control of glucose (HbA1c below 7%) is recommended for diabetic patients to prevent or delay complications (American Diabetes Association, 2003; IMSS, 2000), but is not easy to achieve. In the US, 64% of diabetic patients are above 7.0% (Koro, Bowlin, Bourgeois, & Fedder, 2004). In Mexico, levels of poor control may be much higher (Aguilar-Salinas et al., 2003), possibly accounting for the higher levels of morbidity and mortality due to diabetes. Control of type 2 diabetes requires changes in behaviors, attitudes, and values acquired during the life of the patient. Such aspects of lifestyle are difficult to modify, despite the fact that the person may recognize the need for such changes. As such, glycemic control needs to be considered as not just a medical issue, but in a broader socio-cultural framework, including naturally occurring strategies.

While diet, weight loss, and exercise can be effective in controlling glycemia, patients experience a number of problems addressing these issues. Anger over one's diet and the difficulty of eating a diet different from the rest of the family have been noted among Mexican American type 2 diabetic patients (Eid & Kraemer, 1998). Anderson, Goddard, Garcia, Guzman, and Vazquez (1998) reported that Latinas felt great cultural pressure to put the needs of their family before their own needs for control of their diabetes. Adams (2003) studied 13 Latinas and cultural conflicts with dietary recommendations, including conflicts with cultural food preferences and changes in forms of social interaction, which led to feelings of loss of identity.

Family support and gender issues may also be critical in dietary aspects of glycemic control. Among immigrant Latinos in rural North Carolina, family members were not supportive of efforts to loose weight (Arcury, Skelly, Gesler, & Dougherty, 2003). A sample of women in North Carolina reported that their husbands were not willing to eat the same diets that they required while men noted that their wives prepared the foods necessary for them as well as engaged in physical activity with their husbands (Savoca & Miller, 2001). In Mexico, Mercado and Vargas (1989) found that all men had their food prepared especially for them by a family member, while few women had such support. These data suggest that men may be more likely to be in good control with better compliance with dietary recommendations. Nutrition education improved glycemic control in female middle class type 2 diabetic patients, if a family member took on a supportive role in relation to food, medical advice, management and patient care tasks (Gerstle, Varenne, & Contento, 2001). A health education intervention for type 2 Mexican American diabetic patients in Texas (Brown, Garcia, Kouzekanani, & Hanis, 2002) also reported success in lowering glycemic levels by incorporating a spouse or first degree relative in the program.

Other factors which may be important in diabetes control are motivation, self-esteem, and approach to disease management. MacLean and Lo (1998) reported that positive self-esteem influenced *reported* success (they did not measure glycemia) in adhering to self-care behaviors, such as diet, blood sugar testing and exercise in individuals with type 2 diabetes. A pattern of a more "active approach" to one's illness may be associated with better control. Patients who felt their past actions were responsible

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