Metabolic Disorders

VERBATIM -

'As I say to the residents in the clinic, "Don't slough sloughing the slough. Don't throw an antibiotic at [a wound]. Get out your tools and dig away. Don't give up."'

Dr. Brian Kunimoto, p. 36

Diabetics Unsure About Seeing Dietician

BY MIRIAM E. TUCKER
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SAN DIEGO — Before referring diabetic patients to a dietician, you might want to ask them how they feel about going.

If the findings of a study from the Mayo Clinic are any indication, about a third of patients feel conflicted about it and might not be willing to go without further encouragement. Such patients will often make an appointment but then cancel or

simply not show up, Kathleen Krause, R.D., told Family Practice News in an interview at the annual scientific sessions of the American Diabetes Association.

"We wanted to identify the people who won't go so we can try and engage them," said Ms. Krause, who presented her findings in a poster at the meeting along with her colleague, Steven A. Smith, M.D., of the Division of Endocrinology, Metabolism, and Internal Medicine at the Mayo Clinic, Rochester, Minn.

Of a total 668 primary care patients with diabetes who were mailed a validated survey about choosing to see a dietician, 37% responded.

In those 247 respondents, the mean age was 66 years (range 28-92), 47% were male, and mean diabetes duration was 5 years.

Nearly half (46%) were on oral hypoglycemic agents, 21% on insulin alone, 18% on a combination of the two, and 17% on diet alone.

Overall, 32% of the respondents expressed some degree of conflict about seeing a dietician, based on the proportion who either disagreed or were neutral in response to statements such as "I would meet with a dietician if my health care provider felt it was important" (16%) and "The decision to meet with a dietician is easy for me to make" (31%).

Conflicted patients were just as likely to have been referred to a dietician as were nonconflicted patients, but were less likely to agree to see one.

About one-third of patients feel conflicted about seeing a dietician; they will often make an appointment and then cancel or simply not show up.

For group as a whole, among the most common reasons for not choosing to meet with a dietician were "I already know what to do" (32%), "I have not been successful in the past" (22%), "cost" (18%), and "I will be

given an unrealistic diet" (18%).

Other reasons endorsed by more than 10% of the respondents included "Too much conflicting information about diet," and "I feel overwhelmed."

Of the 224 respondents who had seen a dietician previously, 76% felt that the dietician had been helpful in his/her approach and 73% said they had made improvements in their diet based on the information they received from the dietician. Among respondents who were conflicted about seeing a dietician, the positive responses were endorsed by just 66% and 51%, respectively, compared with 81% and 84% of respondents who were not conflicted, said Ms. Krause, Dr. Smith, and their associates.

Family and friends appear to play a role in the patient's decision as well.

Although 90% of the nonconflicted group said that their family and friends would support their diet efforts if they saw a dietician, just 79% of those who were conflicted about seeing a dietician said that their friends and family would support them.

But not all the findings of the survey were negative. Three-fourths of all the respondents said that they would like to meet with a dietician to "improve my health," 65% to "lose weight," and 62% to "eat nutritiously."

And, Dr. Smith said, "They don't want to see the dietician, but they still ask me all kinds of nutrition questions."

