

Guidelines for ethno-centric psychosocial management of diabetes mellitus in India: The north east consensus group statement

Sir,

I read the review article titled “Guidelines for ethno-centric psychosocial management of diabetes mellitus in India: The north east consensus group statement” by Kalra *et al.* with great interest, in which the authors have nicely addressed the need of having a guideline regarding the management of the psycho-socio-cultural determinants of diabetes in North East India, the habitat of 220 different ethnic groups. In this review article, the authors have framed 18 recommendations regarding the ethno-centric psycho-social management of diabetes in North East India.^[1] The recommendations have been developed as an add-on to the national guidelines for the psycho-social management of diabetes in India.^[2] Psychosocial factors can also influence regimen adherence and glycemic control. Although glycemic control is a major focus of intervention efforts, other types of outcomes, including regimen adherence, psychosocial functioning and quality of life, are also worthwhile targets for intervention. Clinical outcome in diabetics are as dependent on psycho-social factors or learned behavior as on metabolic state or therapeutic interventions. The guideline suggested by the authors will definitely help the health care professionals to identify the unmet needs in the psycho-socio-cultural aspects of diabetes and deal accordingly for a better outcome in diabetes management. Research findings indicate that family-based behavioral procedures such as goal-setting, self-monitoring, positive reinforcement, behavioral contracts, supportive parental communications and appropriately shared the responsibility for diabetes management have improved regimen adherence and glycemic control.

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2. Kalra S, Sridhar GR, Balhara YP, Sahay RK. National recommendation: Psychosocial management of diabetes in India. In: Muruganathan A, editor. *Medicine Update*. Vol. 23. India: Association of physicians in India;2013. p. 209-14.

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