

Handling false chronic kidney disease and diabetes treatment information

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Abstract

While examining the social perspectives of chronic kidney disease (CKD) and its most common cause, diabetes, a common problem is spread of misleading information by unqualified people. This concerning trend makes it more difficult for patients to receive prompt and proper medical advice, which in turn further delays their referral to nephrologists and endocrinologists. In this communication, we highlight the challenges and consequences of this burning issue. We also propose the steps that various stakeholders and policy makers should take to contain this issue at the earliest.

Keywords: Chronic kidney disease. Community health, Diabetes, Health education, Quinary prevention.

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Introduction

Chronic kidney disease (CKD) and diabetes have emerged as major public health challenges across the globe.¹ While recent advances in diagnostics and therapeutics have contributed to improvement in health and patients, multiple factors have stymied their optimal usage. One of these is misinformation. While we, as health care professionals, strive to spread accurate information about health and disease, we face various challenges. Misinformation and myths regarding the causative factors, clinical features complications, comorbidities and corrective measures of CKD and diabetes abound on social media.²⁻⁴

Table: Various challenges, consequences, and corrective measures related to false CKD and Diabetes treatment propaganda.

Exposing the Tragedy: Dissecting False CKD and Diabetes Treatment Information	
Challenges	
1. Misinformation	<ul style="list-style-type: none"> ● Quacks use social media platforms to spread false unscientific information concerning treatment ● Unauthorized individuals operate unchecked due to lack of stringent regulation
2. Unproven Untested Remedies	<ul style="list-style-type: none"> ● Influenced patients often resort to unproven remedies, herbal supplements & unconventional diets which may include harmful substances
3. Delayed Medical Advice	<ul style="list-style-type: none"> ● Misinformed patients delay seeking professional medical care ● Early detection and prompt treatment jeopardised
4. Lack of Awareness	<ul style="list-style-type: none"> ● Lack of public awareness about risks associated with treatment from unqualified individuals ● Difficult for layman to recognize credentials of the healthcare providers
5. Mistrust & Cultural Beliefs	<ul style="list-style-type: none"> ● Mistrust in healthcare system may deter patients from seeking authentic medical advice ● Due to Cultural beliefs patients may depend on alternative practitioners or traditional healers
Consequences	
1. Delayed Diagnosis & Management	<ul style="list-style-type: none"> ● Misinformed patients get delayed in getting diagnosed or treated
2. Disease Progression	<ul style="list-style-type: none"> ● Missed opportunities (advanced CKD stage; Diabetes complications)
3. Burden on Healthcare System	<ul style="list-style-type: none"> ● Higher healthcare expenses and difficulties in managing patients in advanced CKD stage or with other Diabetes complications
4. Increased Healthcare Costs	<ul style="list-style-type: none"> ● More extensive and expensive treatments in advanced stages, contributing to financial burdens
Corrective measures	
1. Public Awareness Campaigns	<ul style="list-style-type: none"> ● Targeted campaigns highlighting risks of depending on unreliable sources ● Collaboration with social media, community leaders & healthcare professionals for accurate healthcare information
2. Strict Regulatory Measures	<ul style="list-style-type: none"> ● Identify & penalise people disseminating fraudulent medical information by strengthening regulatory framework ● Engage with law enforcement to take tough measures against offenders
3. Community Engagement	<ul style="list-style-type: none"> ● Educational community programmes to debunk common myths ● Community networks (dissemination of authentic healthcare information)
4. Authentic Health Information	<ul style="list-style-type: none"> ● Integration of accurate health information into school & college curricula ● Development of reliable online resources for public education
5. Empowering Healthcare Professionals	<ul style="list-style-type: none"> ● Encourage healthcare professionals to actively participate in dispelling myths & delivering factual information
6. Responsible Reporting	<ul style="list-style-type: none"> ● Public reporting mechanisms for citizens to report false medical claims ● Responsible reporting of medical misinformation within healthcare community

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Structured response

The term 'quinary preparation' has been proposed to describe the efforts that need to be made to address this. Quinary prevention is a set of policies, conditions, actions and measures aimed at reducing the risks associated with

disseminating inappropriate health related information, and minimizing the impact of such misinformation on the progression on development of disease.⁵

We share a simple framework which lists the challenges, that physicians face, and suggest solutions to improve provision of care for CKD and diabetes in South Asia. Table depicts various challenges, consequences, and corrective measures related to false CKD and Diabetes treatment propaganda.

Summary

In the context of South Asian healthcare, we wish to reiterate that it is critical to address the problem of misleading information about CKD and diabetes therapy that quacks spread. We can break down this barrier and make sure that people seek timely, accurate, and authentic medical guidance by increasing awareness, putting regulations in place, and encouraging community involvement. This will improve health outcomes and increase the effectiveness of the healthcare system.

References

1. Kovesdy CP. Epidemiology of chronic kidney disease: an update 2022. *Kidney International Suppl.* 2022;12:7-11.
2. Priyadarshini G, Parameswaran S, Sahoo J, Selvarajan S, Rajappa M. Vitamin D deficiency in chronic kidney disease: Myth or reality? *Clinica Chimica Acta.* 2021; 523:35-7.
3. Drożdżał S, Lechowicz K, Szostak B, Rosik J, Kotfis K, Machoy-Mokrzyńska A, et al. Kidney damage from nonsteroidal anti-inflammatory drugs—Myth or truth? Review of selected literature. *Pharmacology Research & Perspectives.*(PR&P) 2021;9: e00817.
4. Vijaya A, Rankhambe HB, Kumar S. Myths about Treatment of Diabetes in Common Public. *AMA Arch. Intern. Med.* 2022;5:458-63.
5. Kalra S, Kumar A. Quinary prevention: Defined and conceptualized. *J Pak Med Assoc.* 2019;69:1765-1766.