PRIMARY CARE DIABETES

The Primary Care Endocrinologist

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Abstract

Superficially, primary health care seems to have nothing in common with the esoteric science of endocrinology. Changing trends of disease prevalence have facilitated a reappraisal of this attitude. Comprehensive endocrine services are now needed at the primary care level. Endocrine specialists have already taken on the mantle of working as bariatric physicians. The future will see qualified endocrinologists working at primary care level, handling metabolic and hormonal diseases, along with comorbid conditions. This will be a welcome trend, both for public health and for the specialty's growth.

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Primary Health Care

Primary care is a whole- of -society approach which offers integrated services to meet people's health needs throughout their lives, while empowering them to take change to their own health. Primary care is person centred as well as public or community centred. It is considered an inclusive, equitable and cost-effective method of ensuring optimal health. At a larger scale, primary health care meets the needs of the society and nation, by ensuring a robust and resilient reserve against unexpected challenges and crises whether natural or man-made.[1]

Public Perception

In popular parlance, at least in Asia and Africa, primary health care is associated with vaccinations, and maternal health. It is also the 'go-to' service for simple ailments such as cough, cold and fever. The management of non-communicable disease, such as cardio vascular disease, diabetes and hypertension, has always been considered a preserve of secondary and tertiary level specialists.[2]

Changing trends in disease prevalence, however, have created a need to rethink, and recalibrate our approach. Metabolic diseases, including diabetes and obesity, have surged across the world. Already endemic and embedded in many communities, they are projected to increase over the coming decades.[3]

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Concordance

The basic principles of chronic metabolic and endocrine disease management mirror those of primary and person centred care. In chronic diseases, such as diabetes, hypothyroidism, obesity, polycystic ovary syndrome and hypogonadism, we aim to achieve sustainable good health, in a person friendly manner. We empower the person living with disease, through support, counselling and education, to optimize their well-being and quality of life, while adhering to suggested therapeutic interventions.[4]

The basic of almost all chronic endocrine and metabolic diseases management is lifestyle modification. The success of this depends upon multiple psychological, social and environmental factors.[5] While biomedical determinants of disease are definitely of prime importance, and must not be ignored, the 'non-biological' aspect of endocrine health is equally significant. Such issues are best taken up at the primary level.

The Future

Community -based, community-oriented physicians and health workers[6] are needed to spread the message of metabolic hygiene and diabetes care in the community. This messaging also influences the adherence to, and efficacy of, secondary and tertiary medical care.

As forecast over a decade ago, endocrine specialists have already taken on the mantle of working as bariatric physicians.[7] The future may see tertiary-trained endocrinologists working at primary care level, handling the ever-increasing load of metabolic and hormonal diseases, along with comorbid infectious and non-metabolic conditions. This will be a welcome trend, both for public health and for the specialty's growth.

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