Help for elderly Hispanic patients in managing diabetes mellitus: A practical approach

The Hispanic American population faces a major health burden in diabetes mellitus—a burden that is much greater than that faced by non-Hispanic white Americans. Hispanic American adults are 1.7 times more likely than non-Hispanic white American adults to have been diagnosed as having diabetes mellitus, and Hispanic Americans are about 1.5 times more likely to die of diabetes mellitus than are non-Hispanic white American people.

Diabetes mellitus is the fifth leading cause of death among the Hispanic population residing in the United States, as well as a leading factor in many of the ensuing complications.
The risk of diabetes mellitus and its complications increases with age. As the elderly population in the United States increases in number, diabetes mellitus will continue to grow as a public health problem. This situation will be a challenge for osteopathic physicians who care for patients in their offices and for specialists who handle the complications of poorly controlled diabetes mellitus, such as strokes, heart disease, blindness, renal failure and amputations.

Some osteopathic physicians who have seen complications of diabetes mellitus may not be fully aware of ways to prevent these problems. The present article focuses on practical lifestyle modifications that would help elderly Hispanic patients manage diabetes mellitus.

**Education**

One powerful tool that can assist osteopathic physicians in the fight against diabetes mellitus is education. By educating themselves about cultural differences and about resources that can help their patients, osteopathic physicians will be better able to serve the Hispanic population—the fastest growing minority population in the United States. In addition, education of patients will likely be effective in reducing complications of diabetes mellitus. Hispanic Americans who have college degrees are less likely (7%) to receive a diagnosis of diabetes mellitus than their counterparts who did not complete high school (11.8%). Although osteopathic physicians may not be able to assist in the formal education of their patients, they can use osteopathic medical philosophy by taking into account each patient’s unique personal situation and by addressing more than just the physical health of patients—as the tenets of osteopathic medicine demand.

To educate their elderly Hispanic American patients about diabetes mellitus, osteopathic physicians must first assess each patient's baseline knowledge, beliefs and fears. Because a patient’s ideas about a disease may vary based on several factors besides education—including extent of assimilation into U.S. culture, ethnic subgroup, socioeconomic status and influence of family, friends and community leaders—osteopathic physicians need to take these factors into account. A useful reference for physicians is Kleinman’s “Tool to Elicit Health Beliefs in Clinical Encounters” (Figure 1). By using this tool, osteopathic physicians will avoid the trap of assuming that all patients of a shared ethnicity or culture will have similar beliefs and ideas about diabetes mellitus.

Osteopathic physicians should also be aware that for many elderly Hispanic patients, especially those who have recently immigrated to the United States, English may not be the primary language. Hence, bilingual materials may be crucial to successful patient education. Some patients may not reveal their illiteracy to physicians unless asked, and they may prefer to refer to their own resources for health information. AOA Health Watch column In This Corner on page 28 contains 12 culturally sensitive tips that physicians can use to educate patients about diabetes mellitus (such as patient handouts), including a National Institute of Aging toll-free telephone number that patients can call for information about diabetes mellitus. Using illustrations or pictures in handouts may improve the learning of patients. It is important to keep in mind that patients may have difficulties in obtaining quality health care unless they speak English.

**Diet and exercise**

Elderly Hispanic American patients may be reluctant to purchase food items that are expensive and unfamiliar. Often, foods that are prevalent in the Hispanic culture are prepared in unhealthy, traditional manners, such as by frying and by using lard as a cooking agent. In addition, a patient with limited resources may find it easier to purchase readily available, inexpensive food from a fast-food restaurant than to prepare a healthy home-cooked meal. Educating patients about the relative glycemic indices of various foods may be helpful, because patients often base food preferences on taste rather than health information.

Another potential barrier to obtaining access to health care is transportation, especially for those Hispanic Americans who live in rural areas that are distant from a physician’s office and not easily accessible by public transportation. Often, several family members may share one automobile for all of their needs, including school, employment and health care. Older family members may be loath to place their medical needs ahead of the needs of others in the family, especially if it means a family member would be unable to go to work if the automobile was used to take a patient to a medical appointment.

Even if public transportation is available, the language barrier may again play a role by increasing a patient’s reluctance to deal with the intricacies of travel. Osteopathic physicians should ask the patient about such potential challenges and be sympathetic to such concerns, instead of assuming that the patient has missed an appointment for other reasons. Patients should be made aware of possible programs that may be able to provide transportation assistance for senior citizens and patients with diabetes mellitus.
persuading a patient's family members to attend diabetes education classes, physicians can help these family members learn how to encourage patients to make changes in diet. Ultimately, family-based diabetes education not only can help adults with diabetes mellitus, but may also help prevent the development of diabetes mellitus in younger family members who are at risk.

The Behavioral Risk Factor Surveillance System Survey of adults compared various races and ethnicities of people in the United States with regard to regular physical activity and the Healthy People 2010 goals. This survey showed that between 2001 and 2005, Hispanic men—the least likely demographic group to regularly exercise—were the only group to experience a decline in exercise rate. Hispanic women did better than Hispanic men in this survey, demonstrating an improvement in exercise rate during the analyzed time interval. Elderly survey participants (age 65 years), both men and women, were the least likely to achieve exercise goals.

As any practicing osteopathic physician knows, many patients present barriers when asked to exercise, claiming that their daily activities provide sufficient exercise. Patients with limited resources may find it difficult to take time off from work or household duties to perform exercise. Elderly Hispanic Americans may feel unsafe exercising in their neighborhoods, or they may not understand the value of exercise for a disease that they do not understand. Older Hispanic Americans are often advised by their family members to “take it easy” and relax, after being reminded that they have spent a lifetime working hard to provide for their families.

Osteopathic physicians can assist patients by working with their families to develop realistic lifestyle modification plans that are also enjoyable. Consideration should be given to plans that combine recreation with exercise, such as accompanying grandchildren to play sports. The value of exercise can be reinforced by introducing patients to statistics indicating that diabetes mellitus will develop in one out of every two Hispanic Americans born in the year 2000. Exercise can help prevent this disease, and exercise with family members takes advantage of the strong sense of family in Hispanic culture.

Cultural beliefs and practices
The use of Kleinman's tool (Figure 1) to elicit beliefs of patients will help osteopathic physicians understand patients' views and attitudes about their diagnoses, and this understanding will influence patients' treatment plans. Many elderly Hispanic American patients may feel that their health may be out of their control and in the hands of a “higher being,” resulting in a fatalistic viewpoint (fatalismo) toward their diabetes mellitus. Similarly, espiritismo is the belief in the existence of malevolent and benevolent spiritual beings who may be able to negatively or positively influence the health of material beings. Presentismo refers to the belief that only issues that are an immediate problem should be dealt with—a belief that may cause some patients to delay seeking treatment for their diabetes mellitus until after complications have developed.

Jerarquismo refers to the interplay of family members in the social structure of Hispanic culture, which is a predominantly patriarchal society. Younger family members may be reluctant to “interfere” in the health care decisions of older adult family members—especially men—unless asked to help by the patient. However, osteopathic physicians can assist younger family members in expressing their views during patient visits, thereby encouraging healthy family behaviors.

It is important for osteopathic physicians to keep in mind that elderly Hispanic American patients may be more likely to take the advice of respected community members than the advice of their physicians. This tendency can be exploited by the physician to help the patient. Studies have shown that the use of trained lay persons, called promotores, can assist Hispanic patients in navigating the complexities of the health care arena, including becoming familiar with the availability of health care resources in the community.

Hispanic Americans may be more likely than the U.S. population as a whole to use, and to place faith in, herbal preparations. According to a recent survey of 142 Hispanics in southern Florida, 75% of respondents reported using herbal products within the previous 12 months. This rate compares to a rate of approximately 19% of the general U.S. population who stated in the 2002 National Health Interview Survey that they had used herbal products within the previous 12 months. These results underscore the importance of asking patients about their use of herbal products before prescribing traditional medications and of being aware of
potential interactions between the two.

Coupled with the preference of some Hispanic Americans for the traditional preparations of their ancestral countries is a fear of the use of insulin therapy. The belief that insulin can cause blindness or other complications of diabetes mellitus may have its origin in the fact that insulin is often used in patients with advanced diabetes mellitus or with decreased β-cell functioning who are more likely to experience complications.

**Special considerations for elderly patients**

Another useful tool for osteopathic physicians is the incorporation of personalismo (a warm, friendly relationship) in the physician-patient relationship. For example, learning a few phrases in Spanish will allow physicians to help Hispanic patients feel more comfortable. Non-H Hispanic physicians can help their elderly Hispanic patients feel more at ease by following basic communication skills during office visits and by demonstrating basic respect for the patients. By taking the time to develop a warm and friendly environment in the office and to get to know patients as individuals, osteopathic physicians are likely to achieve greater success in the treatment of elderly Hispanic patients with diabetes mellitus. A little bit of “culturally competent” care will go a long way toward establishing trust and avoiding complications of diabetes mellitus.

**References**


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**Final notes**

Elderly Hispanic patients may feel alienated and lost in the maze of the U.S. health care system, and they may feel especially fearful if they are uninsured. By taking the time to develop a warm and friendly environment in the office and to get to know patients as individuals, osteopathic physicians are likely to achieve greater success in the treatment of elderly Hispanic patients with diabetes mellitus. A little bit of “culturally competent” care will go a long way toward establishing trust and avoiding complications of diabetes mellitus.