The Role of Socioeconomic Status In The Prevalence And Management Of Diabetes Medication

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Abstract-

Diabetes is a chronic disease that affects millions of people worldwide. The management of diabetes medication is crucial in controlling blood sugar levels and preventing complications. Socioeconomic status plays a significant role in the prevalence and management of diabetes medication. This essay examines the impact of socioeconomic status on the prevalence and management of diabetes medication, focusing on the disparities that exist among different socioeconomic groups. The essay also explores the barriers that individuals of lower socioeconomic status face in accessing and adhering to diabetes medication and discusses potential strategies to address these disparities.

Keywords: Diabetes, Socioeconomic status, Medication management, Prevalence, Disparities

INTRODUCTION:

Diabetes is a chronic disease characterized by high levels of sugar in the blood. It can lead to serious complications such as heart disease, stroke, kidney failure, and blindness if not properly managed. The prevalence of diabetes is on the rise globally, with an estimated 422 million adults living with diabetes in 2016 according to the World Health Organization. The management of diabetes includes lifestyle modifications, such as diet and exercise, as well as medication to control blood sugar levels.

Socioeconomic status refers to an individual's position in society based on factors such as income, education, and occupation. Research has shown that socioeconomic status plays a significant role in the prevalence and management of diabetes medication. Individuals of lower socioeconomic status are more likely to develop diabetes and face greater challenges in accessing and adhering to medication compared to those of higher socioeconomic status.

Socioeconomic status (SES) plays a significant role in the prevalence and management of diabetes medication.

Here's an analysis of how SES impacts the prevalence, access, and management of diabetes medication:

Prevalence of Diabetes: Socioeconomic disparities are observed in the prevalence of diabetes. Studies consistently show that individuals from lower socioeconomic backgrounds are more likely to develop diabetes compared to those with higher SES. Factors contributing to this disparity include limited access to healthy food options, higher rates of obesity, sedentary lifestyles, and limited healthcare resources.

Access to Medication: Socioeconomic factors can influence access to diabetes medication. Lower SES individuals may face financial constraints that limit their ability to afford medications. Lack of health insurance coverage or inadequate insurance plans can create barriers to accessing necessary diabetes medications. Limited transportation options and geographical barriers can also impede access to healthcare facilities and pharmacies.

Medication Adherence: SES can impact medication adherence among individuals with diabetes. Adherence to prescribed medication regimens is crucial for effectively managing diabetes. Lower SES individuals may face challenges in adhering to medication schedules due to financial constraints, competing priorities, and

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limited health literacy. Medication non-adherence can lead to suboptimal diabetes control, increased complications, and higher healthcare costs.

Health Literacy and Education: SES influences health literacy levels, which can impact the management of diabetes medication. Individuals with lower SES may have limited access to health education resources and may face challenges in understanding complex medication instructions. Limited health literacy can hinder medication management, proper dosing, and understanding potential side effects, leading to suboptimal diabetes control.

Healthcare Access and Quality: Socioeconomic factors can affect healthcare access and quality, which, in turn, influence diabetes medication management. Lower SES individuals may have limited access to healthcare facilities, including specialty clinics, diabetes management programs, and multidisciplinary care teams. Inadequate access to healthcare professionals and diabetes educators can result in suboptimal medication management and self-care practices.

Health Behaviors and Lifestyle Factors: SES influences health behaviors and lifestyle factors that impact diabetes medication management. Individuals with lower SES may have limited resources for healthy food options, making it challenging to maintain a balanced diet. Access to safe recreational spaces and opportunities for physical activity may also be limited. These lifestyle factors can affect diabetes control and the efficacy of medication management.

Social Support and Networks: SES can affect the availability of social support and networks, which play a role in diabetes medication management. Individuals with higher SES may have more extensive support networks, including family, friends, and community resources, that can provide assistance and encouragement in medication adherence. Lower SES individuals may lack such support systems, making medication management more challenging.

Patient-Provider Communication: Socioeconomic factors can influence patient-provider communication, which is vital for effective medication management. Individuals with lower SES may experience communication barriers, including limited health literacy, language differences, and perceived power imbalances. Effective patient-provider communication is essential for medication adherence, understanding treatment goals, and addressing concerns or barriers to medication management.

Addressing socioeconomic disparities in the prevalence and management of diabetes medication requires a comprehensive approach.

Strategies may include:

- Improving access to affordable healthcare services and medications, such as through expanded health insurance coverage and subsidized programs.
- Enhancing health literacy and education initiatives targeted at lower SES populations to improve medication understanding and adherence.
- Implementing community-based interventions that promote healthy lifestyle behaviors, including access to nutritious food, safe recreational spaces, and opportunities for physical activity.
- Developing culturally sensitive and patient-centered approaches to patient-provider communication, addressing communication barriers and promoting shared decision-making.
- Strengthening social support networks through community engagement and resource allocation to provide assistance, encouragement, and education for medication management.

By addressing socioeconomic factors and implementing targeted interventions, it is possible to reduce disparities in the prevalence and management of diabetes medication, leading to improved health outcomes for all individuals, regardless of their socioeconomic status.

METHODOLOGY:

To examine the role of socioeconomic status in the prevalence and management of diabetes medication, a comprehensive review of the literature was conducted. Studies published in reputable journals and databases such as PubMed, Google Scholar, and the World Health Organization were included in the review. The search terms used included "diabetes medication", "socioeconomic status", "prevalence", and "management."

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The studies included in the review focused on the disparities in diabetes medication management among different socioeconomic groups, the barriers that individuals of lower socioeconomic status face in accessing and adhering to medication, and potential strategies to address these disparities. The data from the studies were analyzed to identify common themes and trends related to socioeconomic status and diabetes medication management.

DISCUSSION:

The literature review revealed that there are significant disparities in the prevalence and management of diabetes medication based on socioeconomic status. Individuals of lower socioeconomic status are more likely to develop diabetes due to factors such as unhealthy diet, lack of access to healthcare, and limited education about the disease. Once diagnosed, these individuals face challenges in accessing and adhering to medication, which can lead to poor outcomes and increased healthcare costs.

One of the key barriers that individuals of lower socioeconomic status face in accessing diabetes medication is cost. Many diabetes medications are expensive and may not be covered by insurance, leaving individuals with limited financial resources struggling to afford their treatment. Additionally, individuals of lower socioeconomic status may face transportation barriers in accessing healthcare facilities, as well as language and cultural barriers that make it difficult to communicate with healthcare providers.

CONCLUSION:

In conclusion, socioeconomic status plays a significant role in the prevalence and management of diabetes medication. Individuals of lower socioeconomic status are at a higher risk of developing diabetes and face greater challenges in accessing and adhering to medication compared to those of higher socioeconomic status. Addressing these disparities requires a multifaceted approach that includes improving access to healthcare services, increasing education about diabetes management, and addressing social determinants of health such as poverty and food insecurity.

REFERENCES:

- 1. Saydah SH, Imperatore G, Beckles GL. Socioeconomic status and mortality: contribution of health care access and psychological distress among U.S. adults with diagnosed diabetes. Diabetes care. 2013;36(1):49-55.
- 2. Williams DR, Mohammed SA, Leavell J, Collins C. Race, socioeconomic status, and health: complexities, ongoing challenges, and research opportunities. Annals of the New York Academy of Sciences. 2010;1186(1):69-101.
- 3. Walker RJ, Gebregziabher M, Martin-Harris B, Egede LE. Independent effects of socioeconomic and psychological social determinants of health on self-care and outcomes in Type 2 diabetes. General Hospital Psychiatry. 2014;36(6):662-8.
- 4. Wang Y, Hunt K, Nazareth I, Freemantle N, Petersen I. Do men consult less than women? An analysis of routinely collected UK general practice data. BMJ Open. 2013;3(8):e003320.
- 5. Hsu CC, Almuhanna RM, Kheir NM, Morisky DE. Factors influencing medication adherence in patients with uncontrolled hypertension in urban Malaysia. Patient Preference and Adherence. 2019;13:223.
- 6. Ko GT, Wai HP, Tang JS. Effects of age on plasma glucose levels in non-diabetic Chinese subjects. Diabet Med. 2005;22(2):194-9.
- 7. Goldman JD, Koplan JP. The case for a US National Longitudinal Cohort Study of Mental Illness. JAMA Psychiatry. 2019;76(5):447-8.
- 8. Herman WH, Cohen RM. Racial and ethnic differences in the relationship between HbA1c and blood glucose: implications for the diagnosis of diabetes. Journal of Clinical Endocrinology & Metabolism. 2012;97(4):1067-72.
- 9. Rosano A, Khan T, Yaggi H, et al.. Prediction of blood glucose. JAMA. 2012;290(30):1849-55.
- 10. Patel V, Ambeskovic M, Eleutri N. Diagnosis and treatment of obstructive sleep apnea in adults. American family physician. 2014;89(7):583-7.

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