8. CONCLUSION

The present study is aimed to evaluate the prescribing patterns and community pharmacists’ impact on subject’s diabetes knowledge, belief, related behaviour and psychological outcomes for T2DM subjects. This study was conducted in two community pharmacies and data were collected from 2011 to 2013. The entire study was carried out for 24 months, the identified intervention group pharmacists were provided with study materials on intervention strategies then baseline data were collected for 3 months from July 2011 to December 2011; interventions were made for 1 month, January 2012 and the post-baseline data were collected for 20 months between February 2012 and September 2013. A total of 2860 patients were selected for the study in both the control and intervention groups.

1. Significant finding in the study was male predominance as compared to female.

2. Present study showed that the majority of diabetic patients were in the age group of 40 to 49 years and mean age of study population was 46.15 years resulting in development of diabetic related complications in most productive years of life, as compared to Western studies where mean age is around 60 years.

3. Prescription pattern analysis showed that most patients were on mono-therapy (26.72% to 39.70%) followed by combination of two drugs (23.96% to 34.12%). Commonest drugs used in mono-therapy were sulphonylureas, insulin and metformin. The commonest two drug combinations were
sulfonylureas with metformin and sulfonylureas with Insulin. There are no overall changes in prescription pattern by the clinicians during the three year study period.

4. Our study finding is similar to other studies, where delay in the diagnosis of diabetes results in higher complications, higher complications in rural illiterate poor patients when compared to urban educated counter parts, reaffirming poor accessibility to healthcare for this section of society.

5. Approximately 60% of the subjects (53.96% control and 59.98% intervention post-baseline) were having their HbA₁c levels within the standard values as prescribed in the standard guidelines (IDF). There was no significant difference in HbA₁c between the groups at the end of the study. Adherence to medication and self-management recommendations was good for both groups. There were no significant differences between the two groups for any of the other psychosocial variables measured.

6. Many prescriptions were not according to the Tamil Nadu Standard Treatment Guideline (TNSTG). Interventions made by pharmacists in the post-baseline group of subjects on the diabetes knowledge, beliefs on medication and pharmaceutical care on diabetes were having less significant impact on the control of glycaemia or therapeutic adherence. The post-baseline subjects were not satisfied on the care provided by healthcare workers and no significant improvement on their psychological variables when compared to the control subjects.