



Editorial

Need of Self-Management Education for Iraqi Diabetic Patients

Ehab Mudher Mikhael^{1,2} Mohamed Azmi Hassali² Saad Abdulrahman Hussain³¹Department of Clinical Pharmacy, College of Pharmacy, University of Baghdad, Baghdad, Iraq²Department of Social and Administrative Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Pulau Pinang, Malaysia³Department of Pharmacology and Toxicology, Faculty of Pharmacy, Al-Rafidain University College, Baghdad, Iraq

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Iraq is facing an epidemic of diabetes mellitus (DM), with a prevalence of approximately 20%; such prevalence has significantly increased (~4 times) in the last four decades, and it is expected to continue rising in the future.¹ Long-term DM complications are common (approaching 80% for some microvascular complications [retinopathy and neuropathy]; 25–48% for macrovascular complications [cardiovascular diseases and stroke respectively]) and significantly higher among Type 2 DM (T2DM) patients living in Iraq than those living in other regions of the world.^{2,3} The main cause for the high-prevalence of DM complications maybe attributed to the poor glycemic control among Iraqi T2DM patients at which $\geq 76\%$ of the Iraqi DM patients couldn't reach their glycemic target.⁴ The main reason that prevents achievement of good glycemic control is the poor adherence to both antidiabetic medications and lifestyle modifications (diet and physical activity).⁵ This low-adherence to pharmacological and nonpharmacological treatment of DM is mainly attributed to the lack of awareness and knowledge about the seriousness of diabetes, importance of diabetes management, and how to manage DM appropriately.⁶ Reasons for poor diabetes knowledge among Iraqi DM patients are widely heterogeneous and conflicting in literature, including formal education, gender, duration of DM, type of medication and age; however, all studies agreed in that lacking of sufficient diabetic patient education is the main cause for such poor knowledge.^{7,8}

This high-prevalence of DM and its complications in Iraq is associated with a devastating economic burden.⁹ On the other hand, opportunities for preventing and treating such complications are limited in Iraq.¹⁰ All these necessitate the need to improve glycemic control among Iraqi DM patients to prevent or, at least, postpone DM complications, rate of hospitalization, and hence, the burden on health institutions. The main way to improve glycemic control is

through improving DM patients' knowledge and awareness about DM and its management by educating DM patients about appropriate diabetes self-management behaviors and practices. Unfortunately, till now, no comprehensive diabetes self-management educational program is adopted in Iraq.¹¹ Although many diabetes self-management educational programs are developed and tested with positive outcomes in different countries but not one can be directly adopted, because they are evaluated in countries where patients have different health beliefs, practices, social and ethnic structures from Iraqi patients.¹² Hence, the development and evaluation of an Iraqi-specific DSME program is crucial.

Conflict of Interest

None declared.

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Address for correspondence

Ehab Mudher Mikhael, MD, Social, Pharmacy/Clinical Pharmacy Universiti Sains Malaysia/University of Baghdad, Iraq (e-mail: ehab_pharma84@yahoo.com).

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