Diabetes Type 2: Case Study

This assignment will provide and outline a patient case study. It will critically analyse the health issue of the patient, explore and take account of the culture, socioeconomic factors, discrimination, and ethnicity. Additionally, it will also outline critically the patient's service provision and individualised policy, practice delivery care and services the patient received. It will conclude by outlining the main issues and the challenges that arises in the discussion of the case study about the health and social practice and policy. Finally, recommendations will be made to the policies, governmental guidelines and future practice that meet the needs in this case study.

- SH6053: Type 2 Diabetes
- Name: Mrs. B
- Gender: Female
- Date of Birth: 02/03/1945
- Sexual Orient: Heterosexual
- Marital Status: widow
- Nationality:
- Cultural Background: Irish
- Religion: Christian

Overview of Health History

Mrs B reports having a fairly unremarkable medical past, until her retirement age; when she needed a hip operation after a fall. She recalls her health started to struggle when she was diagnosed with type 2 diabetes and hypertension at the age of 61. She had a stroke in 2005 and it was recently identified by her GP that after the stroke she developed a slight cognitive impairment, with the GP identifying this as the reason for her memory problem. Mrs B used to be a heavy smoker before she had the stroke. She drinks occasionally and described her diet as being usually healthy with one or two heavy meals during the week.

The Overview of Social History

Mrs B was born in the East Midland to an English mother and Irish father, she is the only surviving child of five siblings. Mrs B left school at the age of 15 and went on to work in a holiday Inn as kitchen porter. She left the job after few years to be married and raise her family. Mrs B never went back to work again. She had financial support from the government and also obtained a small amount of pension from her late husband's place of work.

Family background

Mrs B is a 74-year-old woman, who currently lives alone in a council property in the East Midlands. She was married in the mid 1960s and she has three children. They all live locally. Her husband used to work in a manufacturing factory until he retired due to health issues and unfortunately passed away in the mid-90s. Since then she has been living alone but moved

from her family house to a smaller council flat in 2000. Mrs B is a Christian and attend church locally every Sunday church locally. She relies on her son to take her to church and shopping, whenever her son is not available to take her, she would not able to attend due to her health issue.

Main Health and Social Challenges

Mrs B did not have a good start in life. she stopped going to school at the age of 15 and went on to work at an early age, start family life by getting married and having children. Her biggest challenge was when she lost her husband and moved from her family home to a smaller apartment. Mrs B's another major challenge was when she was diagnosed with type 2 Diabetes, hypertension and stroke in the year 2005. She is now in her 70's and since after the stroke, she was unable to manage her medication. In this issue, she risks more complications, mainly because the medication helps her in reducing hypertension (high blood pressure) also reduced the persistent of high level of blood glucose circulating due to a significantly reduce response to insulin or the lack of insulin in the body

History of Her Health Interventions (Effectiveness/Ineffectiveness)

Following her visit to the GP, her GP conducted an assessment on mental capacity to see if she could able to make her own decision regarding her health care, the GP also identified that although Mrs B had a stroke as well as cognitive problems, and notwithstanding, she still have the mental ability to make decisions concerning her treatment and care. However, it is also important to note that whenever she visits the GP, her presentation might be altered. For instance, she sometime become confused and forgetful. Which make it important for her mental capacity to be assessed once again, before obtaining her consent in other for the care and procedures to be delivered.

The History of Social Interventions (Effectiveness/infectiveness)

Mrs B believes she has the ability to make decisions by herself regarding her treatment and care. During the GP earlier assessment, she clearly stated she did not need any support, that she could manage independently without any help. While, her children told her to accept some support in the case of them not able or available to help. Although, she still felt that she could manage without any help. Mrs b also stated that she did not want 'people' (social services) 'snooping and interfering' because she does not trust them as they might probably decide to put her in a nursing home'.

Diabetes is said to be a serious and chronic disease that happened when the body does not produce sufficient insulin or when the body cannot respond effectively using the insulin it produces. While Insulin is hormone that controls blood glucose due to non-existence of insulin in the body or a notably weaken the function or the response of insulin in the blood (Diabetes UK, 2010). Also, diabetes has great impact on the health and wellbeing of individuals, families, people and society. It is as well suggested that 9.6 % of all adults affected with diabetes in UK are men while, 7.6 per cent are women (Public Health England, 2016).

Diabetes affect more than 1.4 million people in the UK (Diabetes UK, 2010) diabetes has two types, type 1 and type 2, both having one thing in common by persistent of high level of blood

glucose circulating; due to a significantly reduce response to insulin or the lack of insulin in the body or to both factor combination. Type 1 diabetes is when the glucose in the body is too high and cannot produce enough hormone called insulin. Insulin administration is required daily to regulate the glucose amount in the blood, because the body immune has destroyed the insulin. Type 2 diabetes on the other hand, is when the insulin in the pancreas (Beta cells) makes in the body that cannot work properly, and the amount of insulin produce in the cell is reduced in the body by the level of insulin resistance inside the body. In most case insulin resistance is connected with being overweight and lifestyle factors where patient's metabolic reaction toward insulin stop reacting.

Mrs B has type 2 diabetes, she identified herself as a Christian living in a small community of older people and her children lives close by, she had a quite a number of social supports from friends in her church and her children. Being around her children and church member seem to keep her occupied. In terms of ethnicity, diabetes type 2 is more common among Black people, South Asians, of African-Caribbean origin and African (Diabetes UK, 2014). In addition, the South Asians people living in UK are 6 times more likely to develop the disease than the white population. And African-Caribbean and African population in UK are three times more likely to have the disease than white people (Public Health England, 2018). On the other hand, (Diabetes UK, 2014) also stated that Obesity is 80-85% another risk factor of developing type 2 diabetes.

According to Diabetes UK, (2017) noted, it was estimated that there are nearly 1 million people living with diabetes in UK, that are undiagnosed having type 2 diabetes. Furthermore, globally the prevalence of diabetes in adults is between the age of 20 and 79 and it was also estimated that globally in 2012, the disease affected 382 million people. In the UK, the number of growing elderly population mostly affected are aged 65 and current the figures of (Office for National Statistics, 2010) suggested that over the last 25 years 15 per cent increased in 1984 to 2009 as well as, 16 per cent rise of 1.7 million people. While Diabetes UK (2010) stated that the national trend was reflected on evidence of people over the age of 65 on local level in East Midlands where Mrs B lives suffer diabetes.

Type 2 diabetes has one of the greatest links with obesity. Although, nearly two in every three individuals in UK are obese or overweight with 65.7% of men and 61.9% of women. Also, in 2006, about one in four kids in England that were measured in reception year are obese or overweight. While, in year six the rate is almost one in three. Furthermore, in UK, high levels of men meet the recommended levels of physical activity than women (Diabetes UK, 2010); however, moderate 30 minutes physical intensive activity a day for five day a week was recommended for everyone by the department of health. Additionally, deprivation is strongly linked with greater levels of obesity, physical inactivity, unhealthy diet and lower level of blood pressure control. However, each of these factors are for the people already diagnosed with the risk of developing serious complications of the health issues; such as type 2 diabetes (Diabetes UK ,2010). While at any given age, most individual in the UK are two times more likely than the average to have diabetes. Also, women who live in a home with low income are four times likely to be diagnosed with diabetes; than the individual's who lives in the homes with highest income, (Diabetes UK. 2010) In Mrs B" s case, as noted above, she is been living alone in a council house with the effect of financial limitation to buy healthy food and to attend healthcare appointments.

On the other hand, in terms of socioeconomic factors, Mrs B inability to further her education

and where she lives, might have influenced her health condition, while education is a vital means for improving one's health and well-being, as with people with more education are probable more likely to learn about healthy behaviours. However, patients who had education might be more likely to understand their health needs, follow guidelines, able to communicate effectively with health care providers also able to advocate with their family and others. While, on the other hand, fewer resources and lower income means that individual with fewer education are more likely to live in communities that lack good health resources. Although, these communities are usually economically disregarded and might face more risk of poor health issues, due to, availability fewer means to supermarkets or further causes of healthy food and overflow of fast food outlets and restaurants promoting unhealthy foods. Additionally, socioeconomic factors like educational accomplishment, income and occupation is one of the major factors that influence health.

According to Salway et al., (2007) individuals on low-income might find it difficult to keep a stable healthy diet and the key cause of ill health is linked with economic factors, while poverty sometime results in disadvantaged and lack of nutrition. Furthermore, poverty might also lead to discrimination (both present and past) in addition to failure in national policy and corruption which is directly associated with shorter life expectancy and ill health, (Scambler G, 2019). Furthermore, (Scambler G), stated that having poor health is mostly linked with poverty and low income. However, it can be argued that such condition might affect the living condition of the individual such as housing, food as well as medical care. Although, with more effective approach in mind, promoting of health is intended at targeting groups who are at high risk on developing health issue such as type 2 diabetes. (Salway et al., 2007). Referring this to Mrs B case, moving from her family home to a smaller apartment and being lonely might also have contributed to her health issues.

In relation to service provision for Mrs B, as noted above, Mrs B clearly stated that she did not require any assistance and believes she could cope without any help. Also, during her GP earlier assessment, she clearly stated that she did not need any support, that she could manage independently. Meanwhile, her children told her to accept some support in the case of them not able or available to help. Though, she still felt that she could manage without any help. She also stated that she did not want 'people' (social services) 'snooping and interfering' because she does not trust them as they might probably decide to put her in a nursing home'. Although, evidence clearly shown that after she had been diagnosed with type 2 diabetes, she was unable to manage taking her medication and also relies on her children to take her to church and shopping, whenever her son is not available to take her, she would not attend.

She is also unable to go out to do shopping or have social activities on a daily basis. With these, no proper evidence of socialising, eating healthy meal and her poor compliance of medication was mention in her case which might suggest; that she might require some care as well as social support. The Mental Capacity Act (MCA) (2005) stated, that there is a well-defined reference mentioned on decision-making process of individuals and on how individuals make 'unwise decisions. In considering the circumstance surrounding Mrs B case, it seems she is making unwise-decision by not accepting help, although with her GP assessed Mrs B seems to have the ability and capacity of making her own choice based on her own informed value and belief.

While Mrs B declined to be assessed by social service on the view of receiving support care at home, potentially there would be many other support venues, that might be available and may

also be a beneficial in improving her health condition and quality of life. With regard to the issue of compliance with her medication, there could be other possible ways to prompt her taking her medication, such as to explore some medication resources like medication alarms that remind individual to take their medication which can be purchase in the chemist or suggest to family to ring her. Additionally, by not taking her medication could put her in further risk of health complications, as mainly because the medication helps her in reducing hypertension (high blood pressure) also reduced the persistent of high level of blood glucose circulating due to a significantly reduce response to insulin or the lack of insulin in the body (Department of Health, 2001).

While it is important for her to continue maintaining her social life link as being elderly, Mrs B meet her religious need by attending church service where she socialises church other member before being taken home. According to (Valtorta, 2012) noted, social isolation is one factor that contribute to other health issue such as loneliness and depression, tackling these problems would consequently has the effect to reduced health inequalities along with improving individual quality of life. However, Mrs B could not able to walk to shop sometime or attend church due to her feeling physically unwell, although, the only way to addressed the issue of loneliness and depression is to see if there is any other way to help and improve her social life through voluntary drivers in the church or any other scheme the council have in their area like ‘ring and ride’ car that she could take when her children are not able to take her. However, in Mrs B case, it might be good ideal to get her shopping delivered by voluntary agencies such as Age UK and many others that may also assist her or offer her support like ordering reading meals food from some large supermarket and company that are specifically arranged to deliver food to elderly.

According to (Singh, 2009) confirmed, that Age UK, also offer different kind of service such as ensuring that Mrs B needs, and entitlement are met by helping her in reviewing her benefits and offer her befriender that might also help her to reduce further risk of social isolated mainly when her children are away.

As previously identified in the case study confidentiality plays a significantly part in the relationship between patient and doctor and the responsibility of confidence arises when individual discloses information to another person in situations that is expect for the information will be held in confidence (Department of Health 2003). However, patient relationship is built successfully, this sequentially encourage the patient to release useful information about their health without hesitation. While not trusting might prompts an impersonal and self-justification attitude to medication by the patient and clinician, which could lead to the deterioration of the quality of profession life and patient care (Guttman, 2017).

Although, during Mrs B visit to GP for assessment, one can assume that the GP conduct medical assessment, like taking her blood and doing her blood pressure; the GP could have asked her prior on carrying out both procedure which she approved on both cases NCM, (2015). However, obtaining consent is a process and important part of health care practitioners’ duties by ensuring that a consent is obtained from the patient before any care procedure can be carried out, also regards and respect must be given to individual who decline treatment. According to (NCM, 2015) stated, that code of professional practice clearly outlines guidance with regard on how to obtain consent and when fail, could be seen as the act of a breach of conduct. One of the issues identified in Mrs B case study, is the issue of code of conduct which highlight individuals that lack capacity and the issues of consent. Furthermore, the (Mental Act,

2005) is intended to protect individual who can't make decisions for themselves or lack the mental capacity to do so. However, this could be due to a mental health condition, a severe learning difficulty, a brain injury, a stroke or unconsciousness due to an anaesthetic or sudden accident (NHS Choices, 2018). The purpose of the act is to ensure individuals are able to make as many choices for themselves as they can and as a measure of protection for individuals who may not be able to make decisions for themselves due to the reasons listed above.

In conclusion, this assignment has discussed a case study that mainly focused on a health issue in which the patient in the case study was suffering from type 2 diabetes and the assignment also explore the intervention individualised care the patient received. However, there are many issue that can present when a patient been diagnosed with type 2 diabetes, the assessment also show that the main key issue in the case study is on how to control Mrs B diabetes, although, in other to control her diabetes, she needs to accept social service assessment for her to received home care support, maintain effective contact and family involvement and also for her to compline with her medication and furthermore, by encouraging her to accept services that is available.

Taking into account of the issue of type 2 diabetes, which have already increased over the last 25 years, it is obvious that more has to be done in safeguarding and protect the future occurrences of type 2 diabetes in UK. It will be suggested to add to the general nursing approach to individualised care by providing effective regular and appropriate home care sitting, providing effective assessment, teaching plan to help patient to maintain and control their blood sugar level.

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