RESEARCH ARTICLE

Development of a risk assessment scale for diabetes

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ABSTRACT

Health of all is an enduring vision that recognizes the oneness of humanity and, therefore, there is a need to promote health universally. In view of alarming increase in the prevalence of non-communicable diseases and their high therapeutic cost it was thought necessary that the vast pool of existing knowledge be made available to the ultimate beneficiaries. In phase I, risk assessment tool for diabetes was formulated. For the development of tool information was gathered from two equally important sources *viz.,* actual survey of 100 diabetic patients and extensive scanning of the available literature. On the basis of results obtained through reviews and survey, the risk factors causative to the occurrence of the disease were identified, enlisted and each component of the tool were scored uniformly. The maximum attainable score (64) was then categorized into three categories (Low, Medium and High risk). The components which were featured in the risk assessment tools were age, sex, anthropometric measurements, family history, health habits and dietary pattern. The risk assessment tool so developed was then judged for its reliability and validity. In phase II, the reliability of the tool was tested. For testing reliability, the recent biochemical reports of the patients were matched with that of risk scores obtained by administering the developed risk assessment on 10 subjects and it was found that the two matched perfectly with each other which justify the reliability of the tools.

INTRODUCTION

Good health is a major resource and an important dimension of the quality of life. But today changes in lifestyle and dietary pattern stemming from rapid modernization and urbanization favored an increase in the occurrence of NCDs such as diabetes, heart diseases and osteoporosis. The observed rapid rise in NCDs threatens economic and social development as well as lives and health of millions of people. With the rising prevalence of these diseases people are not only getting health conscious but also started demanding personalized attention. Looking to the technological trends and today's consumers need, the present work was undertaken to help the users in prevention as well as control to the disease.

METHODOLOGY

The methodology followed during the course of conduction of work has been explained under the following heads:

Locale of the study:
The study was conducted within the municipal limits of Udaipur city to ensure maximum contact with the subjects.

Study population:
To accomplish the objectives of present piece of work, study population was selected separately for two different stages mentioned below:

Stages of sample selection:
– Formulation of Risk Assessment tool (100 patients)
– Reliability testing of Risk Assessment tool (10 healthy adults)

Sample selection criteria:
Subjects were selected purposively for each stage and criteria taken into account for have been mentioned here below:
– Subject above the age of 30 years.
– Subject of either sex.
– Subject suffering from diabetes
– Subject willing to participate and cooperate
In view of different purpose and differences in selection criteria, subjects for each stage were contacted separately at different places *viz.,* hospitals, parks, health