
**COST OF DIABETES MELLITUS CARE AMONG PATIENTS OF
TYPE 2 DIABETES MELLITUS IN FIELD PRACTICE AREAS
OF SDMCMSH, DHARWAD**

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ABSTRACT

Background: Diabetes Mellitus is a chronic disease that requires lifelong commitment both from the patient as well as health care provider. Because of its chronicity, severity of the complications and means to control them, it is a costly disease. The aim of this study was to estimate the cost incurred towards care for diabetes mellitus by patients with known Type 2 diabetes mellitus in urban and rural field practice areas of SDMCMSH, Dharwad.

Methods: This was a community based cross-sectional study conducted in one randomly selected urban and rural field practice area attached to Department of Community Medicine. A total of 587 type 2 diabetes mellitus individuals participated in the study, of whom 481 belonged to urban area and 106 belonged to rural area. A pre-designed, pre-tested proforma was used to collect the data from the participants after obtaining informed consent.

Results: The mean age of study participants in urban area was 56.47 ± 5.21 years while for rural area, it was 56.96 ± 6.71 . Majority of urban participants were males (51.8%) while in rural area, majority were females (51.9%). The median annual total cost incurred for diabetes care in urban area was INR 5500 while in rural area it was INR 265. In urban area, direct medical cost, non-medical and indirect cost constituted 74%, 9% and 17% of the total cost respectively. In rural area, direct medical & non-medical cost constituted 82% and 18% of total cost respectively. Age, duration, place of treatment, mode of treatment, blood sugar control, complications and hospitalization were found to be significantly associated with cost in both urban and rural area.

Conclusion: Health care professionals and community should be aware of high economic burden due to diabetes mellitus and the factors that drives the cost. Early diagnosis with appropriate management of diabetes mellitus should be done at all the levels of health care so that complications and hospitalization can be prevented, thereby reducing the financial burden.

Key words: Cost of care, diabetes mellitus, urban area, rural area