

Effect of Health Literacy Intervention on Glycemic Control and Renal Function Among Thai Older Adults at Risk of Type 2 Diabetes Mellitus [Letter]

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Dear editor

We read a research article “Effect of Health Literacy Intervention on Glycemic Control and Renal Function Among Thai Older Adults at Risk of Type 2 Diabetes Mellitus” written by Katekaw Seangpraw and his colleagues with great interest.¹ The study provided insights into the efficacy of a health literacy intervention in enhancing glycemic control and renal function among Thai older adults who are at risk of developing type 2 diabetes mellitus (T2DM). We find this exploration to be highly encouraging. However, it is crucial to include and exclude some certain significant factors that influence the research results. Thus, these vital factors should be considered in this study.

Firstly, the exclusion criteria for this study should encompass chronic kidney disease (CKD), especially considering that a comparison of albuminuria levels between the two groups. These factors could significantly influence the renal functions of these patients, leading to a lack of comparability in the levels of serum creatinine between the two groups in this study. A cohort study involving 1008 patients with T2DM revealed that the variability of albuminuria could serve as an independent predictor for the decline of renal function over the long term in patients with T2DM.²

Secondly, the authors did not consider anti-hypertensive medications as impact factors for this research, especially for renin-angiotensin system (RAS) blockade and sodium-glucose cotransporter 2 (SGLT2). Numerous clinical trials have provided compelling evidence that the renin-angiotensin system (RAS) blockade, is highly effective in managing and slowing down the progression of CKD. It is widely recognized that the initiation of RAS blockade is often accompanied by a temporary decrease in the eGFR. However, this short-term reduction can potentially lead to the long-term preservation of kidney function.³ SGLT2 inhibitors have been observed to decrease eGFR in patients with T1DM or T2DM. But this was followed by a gradual recovery and stabilization of renal function.⁴ In summary, all the aforementioned medications have a certain impact on the renal functions of these patients in this study. However, it is crucial to note that these significant influencing factors were not included in this research.

Lastly, this study has a limited sample size and a short duration of follow-up, which may not adequately show the dynamic changes in renal functions among these patients.

In conclusion, we acknowledge that the study conducted by Katekaw Seangpraw can serve as a valuable point of a health literacy intervention on glycemic control and renal function among Thai older adults at risk of T2DM.

Disclosure

The authors report no conflicts of interest in this communication.

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