

Prevalence and Associated Factors of Psychological Distress Among Diabetic Patients at Thyolo District Hospital in Malawi: A Hospital-Based Cross-Sectional Study [Letter]

Mohamed Jayte 

Internal Medicine Department at Kampala International University, Kampala, Uganda

Correspondence: Mohamed Jayte, Internal Medicine Department at Kampala International University, P.O. Box 7062, Kampala, Uganda, Tel +256 55272543, Email jayte.mohamed@studwc.kiu.ac.ug

Dear editor

Upon thorough examination of the research article titled “Prevalence and Associated Factors of Psychological Distress Among Diabetic Patients at Thyolo District Hospital in Malawi: A Hospital-Based Cross-Sectional Study” by Blangeti et al,¹ recently published in the Journal of Diabetes, Metabolic Syndrome and Obesity, I commend the authors for their significant contribution. However, I offer further insights:

1) This study presents a pioneering investigation into the prevalence and determinants of psychological distress among diabetic patients attending the diabetic clinic at Thyolo District Hospital in Malawi. By addressing this gap in existing literature, the study provides valuable insights into an underexplored aspect of diabetes management. 2) The findings of this investigation have the potential to enhance the standard of care offered to diabetic patients accessing services at the Non-Communicable Diseases outpatient clinic within Thyolo District Hospital. Such enhancements could lead to improved healthcare delivery and better outcomes for patients in this setting. 3) The insights garnered from this study can inform policymakers in the development of guidelines for the provision of diabetes mellitus (DM) care within the healthcare framework of Malawi. By facilitating more targeted and effective interventions, These guidelines hold promise for enhancing the management of diabetes within the community.

Acknowledging the inherent limitations of this study is essential: 1) The study’s focus on diabetic patients exclusively attending the Diabetes Clinic within Thyolo District Hospital limits the generalizability of the findings to the wider diabetic population in Malawi. 2) The use of a cross-sectional study design means that causal relationships between variables cannot be determined, so it’s important to interpret observed associations with caution. 3) Reliance on self-reported questionnaires for the assessment of psychological distress introduces potential biases associated with subjective respondent perspectives.

To address these limitations and advance our understanding of psychological distress among diabetic populations in Malawi, I recommend the following: 1) Future research endeavors should extend beyond Thyolo District Hospital to encompass diverse geographic regions within the country. Such comprehensive investigations would provide a more representative national perspective on this critical issue. 2) Longitudinal studies are warranted to elucidate the temporal dynamics of psychological distress among diabetic patients, enabling a nuanced comprehension of its trajectory and contributing factors over time. 3) Implementation of systematic screening protocols for diabetes-related distress is crucial. These screenings can contribute to improved glycemic control by identifying associated factors such as insulin usage, hypoglycemia, diabetes-related retinopathy, and lack of family support.^{2,3} 4) Advocating for the integration of mental healthcare professionals into the multidisciplinary framework of diabetes management is essential. Such integration holds promise for addressing the psychological needs of patients comprehensively and enhancing disease

management and psychological functioning among individuals with diabetes.⁴ Behavioral health providers, in particular, can play a pivotal role in addressing mental health concerns unique to diabetes, thereby optimizing health outcomes and enhancing overall quality of life.⁵

Disclosure

The author states that there are no conflicts of interest related to this communication.

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