Abstract
This communication describes the concept, rationale, and potential of social prescription in diabetes care. It calls for use of strategy to harness the strengths of the South Asian socio-cultural milieu, and contain the diabetes epidemic.

Keywords: Community health, type 2 diabetes, primary prevention, psychosocial aspects of diabetes, secondary prevention.

Introduction
Diabetes is a complex syndrome, with multiple psychosocial ramifications. The conventional health care system has found itself inadequate in dealing with the rapidly increasing number of persons living with diabetes. Efforts are being made to involve paramedical professions, and other medico surgical specialties in the management of diabetes and its complications.

The Psychosocial Burden Of Diabetes
Psychological and social challenges often occur as a result of poorly controlled diabetes, and may contribute to worsening of glycaemic control. Thus, psychosocial morbidity has a bidirectional relationship with glycaemia\(^1\). The psychosocial burden of diabetes, encompasses a wide spectrum of conditions. Not all of these need pharmacological therapy; in fact, many of them are amenable to interventions such as psychological support. The phrase ‘diabetes therapy by the ear’ has been used to describe such support, when delivered as part of the diabetes clinic consultation\(^2\). Table 1 lists some psychosocial morbid conditions which are commonly encountered in diabetes.

Mental health care specialties, such as psychology and psychiatry, are also called upon to assist in this regard\(^3\). The sheer work load of diabetes, however, means that these strategies needed to be supplemented by other means\(^4\).

Social Prescribing
The concept of social prescribing has been pioneered by the National Health System, in the United Kingdom, as a means of utilizing available social resources to improve health care delivery\(^5,6\). This communication discusses social prescribing in the context of diabetes management. Social prescribing is a novel, rapidly expanding movement which aims to support and strengthen health care delivery. It allows medical professionals to refer patients to a community-based link worker. This worker helps the patient explore various possibilities and craft their personalized management plans. These plans include a ‘social prescription’, and utilizes services provided by the voluntary/non-governmental sector. Many psychological, social and chronic biomedical complaints can be handled his way.

The Psychosocial System
If diabetes is a disease of the community, it stands to reason that the community should be a part of the solution. Society harbours multiple sources of strength and support, most of which are underutilized. This is especially true in South Asian settings where there are ample social, religious and non-governmental organizations ready to help a good cause\(^7\). Traditionally, assistance for the health care system has focused on control of infectious diseases, or on maternal and child health. The needs of the diabetes sector have never been highlighted adequately in the past.
The Psychosocial Strength
With increasing awareness, the sociocultural ecosystem is gradually moving to contain the diabetes epidemic.

The South Asian environment provides a large number of support systems which can be tapped for diabetes support. Some of these are listed in Table 2. These group do exemplary work in self-help. It is the responsibility of the diabetes care leadership to streamline and utilize these support systems for the benefit of good diabetes care.

Table-2: Potential of psychosocial support for diabetes care in South Asia

<table>
<thead>
<tr>
<th>Family-based</th>
<th>Gender-based</th>
<th>Age-based</th>
<th>Religion-based</th>
<th>School/employment-based</th>
<th>Residence-based</th>
<th>Profession based</th>
<th>Club-based</th>
<th>Internet-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint/extended family</td>
<td>Women groups</td>
<td>Students organizations</td>
<td>Religious leaders (e.g., qazis, imams)</td>
<td>School nurse/occupational nurse</td>
<td>Society-based groups</td>
<td>Professional guilds</td>
<td>Rotary</td>
<td>Virtual communities</td>
</tr>
<tr>
<td>Gender-based</td>
<td>Men’s groups</td>
<td>Youth groups</td>
<td>Sect-based social group</td>
<td>Fellow colleagues</td>
<td>Welfare associations</td>
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<tr>
<td>Gender-based</td>
<td>Transgender groups</td>
<td>Old age groups</td>
<td></td>
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The Social Prescription Strategy
To do so in an effective manner, a step wise approach needs to be followed. This is delineated in Table 3. Proactive or primordial social prescription can also be tried out on a large scale. In Bangladesh, qazis are being trained to offer pre-conception counseling to newlywed couples. In India, gynaecologists print reproductive health related messages on envelopes used to give gifts to newlyweds. Many restaurants list the nutritional composition of their preparations to allow customers make an informed choice. Food labels on package items contain similar information in most well-regulated countries.

SUMMARY
Social prescription should be explored as an integral part of diabetes care. Involving society in the management of diabetes will spread diabetes awareness, and create a virtuous cascade, which will facilitate better care of diabetes.

References