

O50

Exercise in diabetes. Why, what, how and when...?Chandran Roy R*Assistant Professor, PMR, Govt. Medical College, Calicut, Kerala*

Introduction: Exercise is a key player along with dietary modification in DM management. Why should a physiatrist be equipped for managing DM? As we all know most of the complications of DM like diabetic arthropathies, neuropathies, stroke and other CVDs, amputees will reach the rehabilitation department. For treating the complications of a disease; we should definitely treat and control the disease along with or prior to managing the complications. So 'Physiatry is actually beyond rehabilitation'. As experts in exercise therapy; we actually have an upper hand in its prescription and implementation. Obesity and DM have reached pandemic proportions. So as a part of the modern medicine family, the Physiatrists too have the responsibility to control and curtail this pandemic.

Topic Proper: Studies have clearly shown that when a person is on diet control alone without exercise, they tend to put on as much or more weight than he took off initially. This will increase the insulin resistance and ultimately worsens the glycaemic status. Exercise also helps to reduce the chances of developing diabetes in prediabetic persons. The benefits of exercise in patients with diabetes and those with metabolic syndrome include favourable lipid levels and BP, prevention of CVD and cancers, improved tolerance for ADL, maintain BMD etc regardless of the weight loss occurred. The American Diabetic Association in 2012 guidelines recommends that diabetes patients should perform at least 150 min/week of moderate intensity aerobic physical activity and in the absence of contraindications; they should perform resistance training 3 times/week. The exercise prescription should be tailor made for each patient considering the physical conditions, cardiac status etc.

Keywords: Physiatrists' role in Diabetes management, Aerobic and anaerobic exercise, Exercise prescription

O51

Prevalence of musculoskeletal complications in diabetes mellitus—Calicut experienceAntony Anit

Background: India has a total number of 61.3 million diabetics as per the estimation for 2011 by International Diabetes Federation and is considered to be the diabetic capital of the world. Diabetes mellitus is associated with a variety of musculoskeletal complications and their prevalence in these patients has increased in the recent years affecting significantly their quality of life. A wide range of musculoskeletal syndromes have been described in association with diabetes, namely diabetic cheiro-arthritis, adhesive capsulitis of shoulder, carpal tunnel syndrome, Dupuytren's contracture, hyperostosis, osteoarthritis, hyperuricaemia, etc.

AIM: To study the prevalence of musculoskeletal complications in diabetic patients attending the OPD & Lifestyle Diseases Rehabilitation Clinic at Medical College, Calicut from 1/9/2011 to 31/8/2012

Study Design: Cross sectional study.

Methods: Diabetes was diagnosed by ADA guidelines; musculoskeletal complications were diagnosed by unbiased clinical

observations on the basis of standardised case definitions or criteria.

Results: Osteoarthritis of knee was the most common musculoskeletal disorder followed by adhesive capsulitis of shoulder, complex regional pain syndrome, carpal tunnel syndrome & Dupuytren's contracture.

Conclusion: Thorough musculoskeletal examination should be included as an integral part in the management of diabetes mellitus.

Keywords: diabetes mellitus, musculoskeletal complications, prevalence.

O52

Management of chronic low back pain—a prospective analytic studySahoo P K, Sahoo J, Das S P, Mohanty R N

Introduction: 10% of the total patients attending the outpatient department are the chronic low back pain patients. LBP has been cited as the second most frequent reason to visit a physician for a chronic condition, the fifth most common cause for hospitalization, and the third most frequent reason for a surgical procedure. It is a major burden over the health care system. Over all it decreases the quality of life. Treatment for chronic low back pain falls into three broad categories: monotherapies, multidisciplinary therapy, and reductionism. Most monotherapies either do not work or have limited efficacy. The reductionist approach should be implemented when a specific diagnosis is needed.

The objective of the study is to compare the result of chronic low back pain management with medication, medication with physiotherapy & by surgical method.

Material & Methods: Total 88 patients given consent for participating for the study are included & followed for average of 10 months. The inclusion criterion was back pain that persisted for more than 3 months irrespective of treatment. Cases with history of major trauma, lissithesis, tumor, infection, children or adolescents with low back pain, pregnant women, patients with low back pain from sources outside the back (nonspinal low back pain) were excluded from the study. With the consent of the patient cases were arbitrarily selected for different three groups. First group were advised with life style modifications with home exercise program. Second group were advised medication with instructions of first group. Third group of patients those who were not willing for further medical management were advised for surgery. Periodic assessment was done using VAS score, McGill pain score & Oswestry disability index.

Result: Patients in all the three groups improved significantly. Physiotherapy with Medicine Group did better than Physiotherapy only. All patients in surgery group improved except one who had radiculopathy referring to multiple levels.

Conclusion: Most of the patients of Back ache do not need surgery. Option of Physiotherapy and conservative care should be given to all patients of Chronic Low Back Ache. Multidisciplinary therapy based on intensive exercises improves physical function and has modest effects on pain. Counseling played a great role in managing psychosomatic pain.

Keywords: low back pain, therapy, VAS.