LETTER TO EDITOR

Prevalence of shoulder dysfunction among Indian people with type II diabetes

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We would like to provide updated information on the prevalence of shoulder dysfunction in Indian people with diabetes in view of benefit to wider Asian population and clinical practitioners.

International Diabetes Federation reported 61.3 million people in India with diabetes in 2011. The figure is projected to rise to 101.2 million by 2030, i.e., approximately 58 % increase in two decades [1]. Impact of type II diabetes mellitus is considerable as it increases morbidity affecting the H-RQOL [2]. An increased prevalence of musculoskeletal problems affecting hand and shoulder is recognized in type II diabetes which is likely to cause major limitations in activities of daily living casting a negative influence on H-RQOL. Despite high prevalence of musculoskeletal disorders among people with diabetes mellitus (type II), limited information is available on associated musculoskeletal complications in Indian population.

To acquire accurate information and comprehensive analysis, data were collected prospectively (102 patients) and retrospectively (635 patients). High prevalence of 52.94 % of shoulder dysfunction in Indian patients with type II diabetes and the total prevalence of type II diabetes in patients with shoulder dysfunction was 50.55 %. Current findings provide recent quantification of growing health burden associated with shoulder dysfunction due to diabetes in India.

In summary, approximately 50 % of people suffering from shoulder pain and stiffness have diabetes and vice versa which will alert practitioners to adopt measures for early detection

and management of shoulder dysfunction in diabetes in India. This crude prevalence rate of shoulder dysfunction could be an underestimation of actual prevalence, due to inability to include entire diabetic population in the North central zone of Maharashtra State. Until extensive and nationally representative studies are available, present findings provide valuable guide to shoulder dysfunction in Indian population with diabetes. Current findings report that patients presenting with shoulder dysfunction has an approximately 50 % chance of being diabetic. By understanding the knowledge of high prevalence of shoulder dysfunction among people with diabetes will urge clinical practitioner to screen patients with shoulder pain for diabetes. Early diagnosis and prompt management of diabetes is known to reduce the risk of musculoskeletal complications. Monitoring for signs of musculoskeletal complications can be an invaluable component of comprehensive diabetes care. Alarming high prevalence of shoulder dysfunction and vice versa will alert the clinical practitioners for early detection and management to achieve better shoulder function. Diabetic care programs must include screening, prevention, and rehabilitation strategies for shoulder dysfunction.

Conflict of interests None.

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