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Clinical Audit Report: Dietary Counselling in Type 2 Diabetes

Auditor: Dr Athira Vijayakumar, Dr. Thejha S

1. Background

India presently has the highest number of diabetes cases in the world, with 77 million people impacted and a growing number of new cases each day. Approximately 25 million individuals are identified as prediabetic, and over half of the population is not aware of their diabetes status or the associated health risks. Both international (ADA 2024) and national guidelines emphasize that every individual diagnosed with diabetes should receive tailored dietary advice, referrals to dietitians, and organized dietary plans. This audit was carried out at a private outpatient care facility, Kerala to assess adherence to these guidelines.

2. Aim

To evaluate whether patients with Type 2 Diabetes mellitus attending our clinic are receiving appropriate dietary advice in line with recommended guidelines.

3. Standards

Table 1- Audit parameters and corresponding guideline recommendations.

Audit Criterion	Target Standard
BMI documented	100% of patients
Dietary advice given	100% of patients
Dietitian referral	≥80% (as clinically indicated)
Written diet plan / handout provided	≥70% of patients

References:

- American Diabetes Association, Standards of Care 2024
- Indian Council of Medical Research (ICMR) Guidelines on Diabetes & Nutrition 2023

4. Methodology

- Study Design: A retrospective review of clinical records
- Population: 50 adult patients diagnosed with Type 2 Diabetes who visited the clinic from February 2025 to July 2025
- Information Source: Outpatient medical records
- Variable Fields: Documentation of BMI, dietary recommendations, referrals to dietitians, and written plans

- Data Privacy: All patient information was anonymized prior to analysis. As this was an assessment of services designed to improve quality, formal consent from the institution or ethics approval was not required.

5. Results

Table 2- Comparison of recommended standards and observed diabetes care practises

Criterion	Standard	Compliance (n)	% Compliance
BMI documented	100%	16	32%
Dietary advice given	100%	50	100%
Dietitian referral	≥80%	14	28%
Written diet plan / handout provided	≥70%	0	0%

6. Discussion

Dietary counselling was provided to all patients (100%), demonstrating that doctors were well aware of the problem but the absence of a written diet plan or handout may have hampered patient comprehension and adherence. BMI documentation was insufficient (32%), indicating a lack of systemic tracking, and only 28% of patients were sent to a nutritionist, which is less than the 80% minimum. A key reason for this is the limited availability of dietitians.

7. Action Plan

A significant problem is the inconsistent documentation of BMI, and incorporating BMI fields into every OPD slip, along with prompt entries by clinic staff, can help mitigate this issue. Furthermore, having a dietitian on-site can assist in meeting the referral criteria proposed by both International and National guidelines. Relying solely on the clinician's dietary advice may not be adequate for the successful application of these guidelines. Developing simple diet sheets for patients in the local language as handouts will improve adherence and should thus be prioritized.

8. Conclusion

The audit indicates that although dietary guidance is often given, there is a lack of documentation regarding BMI, referrals to dietitians, and the development of written plans. Introducing a standardized checklist along with educational materials for patients could greatly enhance adherence to nutrition counselling standards.