


**Letter to the Editor on “Factors Associated with Health Literacy and Diabetes Burden, and the Relationship Between Health Literacy and Diabetes Burden in Elderly Individuals with Type 2 Diabetes Mellitus”**

**“Tip 2 Diyabetli Yaşlı Bireylerde Sağlık Okuryazarlığı ve Diyabet Yükü ile İlişkili Faktörler ve Sağlık Okuryazarlığı ile Diyabet Yükü Arasındaki İlişki” Çalışması İçin Editöre Mektup**

 Mustafa Can Şenoymak<sup>1</sup>

 Süleyman Baş<sup>2</sup>

<sup>1</sup>University of Health Sciences, Sultan Abdülhamid Han Training and Research Hospital, Department of Endocrinology and Metabolism, İstanbul, Türkiye

<sup>2</sup>University of Health Sciences, Sancaktepe Şehit Prof. Dr. İlhan Varank Training and Research Hospital, Department of Internal Medicine, İstanbul, Türkiye

**Correspondence:**

Mustafa Can ŞENOYMAK,  
University of Health Sciences,  
Sultan Abdülhamid Han  
Training and Research  
Hospital, Department of  
Endocrinology and Metabolism,  
İstanbul, Türkiye,  
E-mail: senoymak@  
gmail.com,  
Phone: +90 535 317 89 59

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We have read with great interest the research article by Gundoglu and Kılavuz, titled ‘Factors Associated with Health Literacy and Diabetes Burden, and the Relationship Between Health Literacy and Diabetes Burden in Elderly Individuals with Type 2 Diabetes Mellitus,’ published in the first issue of your journal in 2023 (1). We would like to express our appreciation to the authors and the editorial board for this insightful and informative article. In this letter, we aim to address specific points that we believe will enhance the discussion of the article.

This study has shown that in elderly individuals, as health literacy increases, the burden of diabetes and chronic complications decrease. Health literacy plays a significantly important role in the management of chronic diseases because patients’ active participation is essential for successful treatment (2). In a review conducted by Pourhabibi and colleagues, including 3925 type 2 diabetes mellitus patients, the prevalence of nonadherence ranged from 42% to 74.3% and it is indicated that one of the major and modifiable factors contributing

to this condition is limited health literacy (3). Indeed, in a review by Butayeva and colleagues, which included data from 15 randomized controlled trials, an improvement was observed in diabetes management goals such as A1c reduction, glycemic control, and diabetic self-management as health literacy increased (4). The study by Gundoglu and Kılavuz also suggests that the decrease in diabetic burden and chronic complications with increasing health literacy indirectly underscores the importance of this factor and contributes significantly to the field. It’s worth noting that in this study, in contrast to the existing literature, there was no significant relationship found between fasting blood glucose and A1c levels with health literacy. We believe this may be attributed to the limited number of patients and cross-sectional design of the study.

Numerous studies have explored diverse intervention designs, including methods such as social media interventions, multimedia learning and one-on-one education to increase health literacy. These interventions aim to help patients better understand the



disease, improve their knowledge of diet and exercise, enable them to manage treatment and protect against chronic complications (2-5). Furthermore, as mentioned in this study and supported by existing research, it's clear that as income and education levels increase, health literacy also improves (5). We think that it would be appropriate to mention that although the educational status of the patients was well defined, providing a clear understanding of their educational backgrounds, the study did not provide specific income thresholds to define what constitutes 'low,' 'moderate,' or 'good' income in this context. Future research in this area would benefit from clearly defined income thresholds to improve the comprehensibility and applicability of the findings.

In conclusion, it is imperative to enhance health literacy for the purpose of mitigating the burden of diabetes and ensuring the effective management of the disease. Researchers and health policy stakeholders should be encouraged to provide their support in this domain.

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### Ethical Declaration

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### Authorship Contributions

Concept: MCŞ, SB, Design: MCŞ, Supervising: SB, Analysis and/or interpretation: SB, Literature search: MCŞ, SB, Writing: MCŞ, Critical review: SB.

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