



Research Article

DEVELOPMENT OF ANDROID BASED HEALTHCARE APPLICATION FOR DIABETES PATIENTS

Wilma Mary Thomson¹, Aswathi T¹, N. Venkateswaramurthy², R. Sambath Kumar^{3*}

¹Pharm D Intern, J. K. K. Nattraja College of Pharmacy, Kumarapalayam, Erode, Tamil Nadu, India

²Department of Pharmacy Practice, J. K. K. Nattraja College of Pharmacy, Kumarapalayam, Erode, Tamil Nadu, India

³Department of Pharmaceutics, J. K. K. Nattraja College of Pharmacy, Kumarapalayam, Erode, Tamil Nadu, India

*Corresponding Author Email: venkateswaramurthy.n@jkkn.org

Article Received on: 05/09/18 Approved for publication: 25/09/18

DOI: 10.7897/2230-8407.099213

ABSTRACT

Objective: The objective of the study was to create android based mobile phone application with multiple features for diabetics for the management of disease. **Methods:** A systematic review of all currently available diabetes apps for the android operating systems and identified the functionalities required in application and in order to check the usability of the mobile application a questionnaire was used. **Results:** A android app was developed after reviewing the previous literature and searching for medical android apps that are already available. The content of the mobile application was categorized into 13 main sections/functionalities, icons such as pill remainder, my diabetic record and SOS functionality to send SOS message to care givers/family members in hypoglycemic or hyperglycemia induced emergency conditions was included in the app. After the development of the application, the usability and satisfactory level of the mobile application was assessed and changed accordingly. **Conclusion:** The mobile application created was found useful among diabetes patient since it served as a self – learning medical app for the users for attaining knowledge and as a helping aid in controlling their disease.

Keywords: Application (app), Diabetes Mellitus (DM), Share my location (SOS), System usability scale (SUS).

INTRODUCTION

Diabetes Mellitus (DM) is a disease condition in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood.

Over the past three decades the prevalence of DM has been doubled of the estimated status and it still continues to increase due to the growth of an aging population and adverse lifestyle factors that raises the body mass index and age-specific incidence^{1,2}. Diabetes was found to be a major contributor to global mortality by marking a scale of 1.3 million deaths annually³. In 2011, it was estimated that diabetes caused the death of 4.6 million in the adult population and the population of type 2 diabetes mellitus (T2DM) was increasing in every country⁴. By the year 2014, it was estimated that 422 million people worldwide had diabetes, out of which 85% of population was suffering from T2DM, 10% suffering from type 1 diabetes mellitus (T1DM), and the remaining from gestational diabetes mellitus (GDM)^{2,5}. And today the International Diabetic Federation marks the population of diabetes patients worldwide, to reach more than 550 million by the year 2020⁶. These periodic statistics clearly mentions the increasing prevalence of diabetes population that may be caused due to genetic, environmental and behavioral risk factors⁷.

Poor patient education has also been seen as a cause for such periodic increase in the statistics, thereby there is a need of patient education to improve the health status of the patient by encouraging the compliance with medical treatment regimens and promoting healthy lifestyles⁸.

Reasons for development of diabetic mobile applications

Establishment and improvement of health care professionals - patient interaction system has been necessary for effective diabetic management. Time is an important element of high quality clinical care, and a necessary condition for the development of the patient-physician relationship with trust between both. Many physicians and health care leaders express concern about the amount of time available for clinical practice. Overworked physicians find it difficult to rarely find time for such conversations, especially when they are restricted to 20 to 30 minute appointments. When physicians spend an inadequate amount of time with their patients, the patients may not fully understand the importance of complying with all aspects of their recommended treatments, which eventually leads to deteriorating health and higher treatment costs.

Mobile health app plays an important role in fast and easy self-management of diabetes by providing effective information to the patients anytime and anywhere⁹.

Borja Martinez P et al, in review study found out that there was more than 1,700 mobile applications for diabetes in all app stores combined which included Google play, Apple App Store, Blackberry, Windows and Ovi Store¹⁰. Though number of diabetes management apps are available in the market and in various studies it have been proven that currently available diabetic apps possess common functions at a time and they show limitations such as lack of personalized feedback and indeed failed to reach the patient's expectations¹¹. Similarly the majority of apps offers the same functionalities and combine only one to two functions in one app¹². Meanwhile the WHO also insists the

need of diabetes app that would provide information as per the expectation of the patient.

Choices of Operating System

Selection of operating system was a challenging process because there is a numerous operating system for mobile devices in the market out of which some of them are with marginal shares¹³.

The Apple operating system is widely used among the public but the development policy of Apple is very restrictive, price of apple devices or anything related with it was comparatively expensive than android operating software^{13,14}. Along with these disadvantages to keep the apps stick to the guidelines made by Apple, developers had to pay expensive annual fee for this application to be installed on iPhone, iPod, and iPad. While using from operating system Android, Symbian and RIM, Android offers a large choice of handset ranging from small to large and Comparatively the price of iOS (iPhone operating system) is affordable.

David Havreva et al, clearly discusses that the operating system android is more flexible and can be expanded without any limits compared to Windows Phone and iOS. But at the same time, they suggest that this operating system gets hanged up when multiple applications are working simultaneously¹⁴.

Suggestion by the Patients Regarding Their Needs in a Diabetic Application

Javad J et al, they conduct a study in 9 participants who were Type 2 diabetic patients in order to explore the educational needs and design aspects for providing the diabetes education to the patients. The study resulted by highlighting the importance of patients receiving standardized general diabetes education with a specific focus on dietary interventions and the importance of physical activity which was found to have direct impact in clinical outcomes. The participants in the study suggested the need of a tool that would provide a standardized form of information regarding the diet that they can intake, they also showed keen interest in knowing the herbal medications and specific sugar content contained in each fruit that can be included in their diet. The participants showed interest in getting educational material which included information such as diet, stress and drug complications to read and learn about diabetes through a question and answer features¹⁵.

Thus the aim of the study was to create an android based mobile phone application with multiple features for diabetes patients for the management of disease.

MATERIALS AND METHODS

Study Site: The study was conducted in Tertiary Health Care Hospital, Kerala

Study Design: The design of the study was of Prospective type.

Period of the Study: The study was performed for a period of six months, from May 2017 to October 2017

Inclusion Criteria: The mobile application is only applicable for diabetes patients, People who are using smartphones with android as the operating system can only access this mobile application, The age group and educational status of the people who access the mobile application was not considered.

Exclusion Criteria: The mobile application does not provide information for other disease, Smartphone users with another operating system (i.e. Windows, Apple, Blackberry, Symbian) was excluded from the study.

App Accessing Scale: The System Usability Scale (SUS), was a scale which was used to find out the usability of the mobile application among the healthcare professionals and the users, the scores were calculated from the questionnaire and based on the cores it was categorized as 'Not Acceptable', 'Acceptable' and 'Excellent'¹⁶.

RESULTS AND DISCUSSION

The 'Diabetic World' android based mobile application was developed with multiple features through reviewing the various literature and currently available mobile applications and the suggestions of patient's need in those apps were considered during the development on icons.

Selection of icons for the mobile application was based on the information from various sources like book, journals and database like micromedex, lexicomp and UptoDate^{17,18} which is insisted by professionals for providing health care data.

The learning contents included 10 main sections such as information about disease, complications, diagnosis, treatment, important tips that should be known about the medication, drug interactions, herbal interactions, lifestyle modifications and it included additional information to attract the user's attention such as pill remainder, my diabetic record and SOS functionality to send SOS message to caregivers / family members in hypoglycemic or hyperglycemic induced emergency conditions (Fig. 1). The details of each icon in the app is summarized in Table 1.

Icon 1: Know About My Disease

Gaining a good understanding of the disease, the signs and symptoms of the disease, what major factors which influence blood glucose levels, and when the patient should meet up with the healthcare professional should be well known by the patient so that he/she can keep them in mind while building their routine which was considered for the preparation of the icon 'Know about my disease'.

The same necessity was reported in a study conducted by Johnson SB¹⁹, which showed the importance on the link how the knowledge about the disease can improve the life style of the patient.

Similarly, Marilyn C²⁰ et al, conducted a observational study in 170 patients with T2DM in order to assess the impact of diabetes education, the qualitative and quantitative analysis reported that the subjects were more aware and confident in delaying or preventing their disease.

Icon 2: Complications I Might Face

Yaa O²¹ et al, conducted a descriptive study in a population of 630 patients at tertiary care hospital, Ghana. The main aim of the study was to determine the knowledge of diabetes complication among DM clients visiting the hospital, they reported that among 630 patients, 325 patients were affected with Diabetic foot, but on assessing their knowledge level on diabetes associated complications showed that 60 % of patients did not have knowledge on diabetes complication while only 13.1 % had adequate knowledge.

Similarly, Polonsky²² et al, conducted a study highlighting that another very common and important reason for hospitalization is due to the complications associated with diabetes.

The above studies showed how important it is to inform the patients about the basic principles of prevention of diabetes complication, which was taken in consideration for the preparation of icon 'Complications I might face'.

Icon 3: How to Diagnose My Disease?

Assigning a type of diabetes to an individual often depends on the circumstances present at the time of diagnosis, and many diabetic individuals do not easily fit into a single class. For example, A study was conducted by American Diabetes Association in a person with gestational diabetes mellitus (GDM) who continued to be hyperglycemic after delivery and may be determined to have T2DM.

The above study showed the importance of correct diagnosis for the disease. Hence this icon is particularly patient oriented in accessing the knowledge of what all diagnosis tests the patient should undergo²³.

Icon 4: How My Medications Control My Blood Sugar Level?

The study conducted by Bartolomeo²⁴ et al, describes the importance of knowing the pathophysiological basis of the medication's mechanism of action, as a necessary step to individualize treatment of diabetic people, taking into proper consideration potential benefits and secondary effects of drugs, which was taken into concern for the icon 'How my medications control blood sugar level?'.

Icon 5: Major Interactions of My Medications That I Should Know

Icon 'Major interactions of my medications that I should know' is added because when patients are diagnosed with diabetes, a large number of medications become appropriate therapy. These include medications for dyslipidemia, hypertension, antiplatelet therapy, and glycemic control. So many medications can be overwhelming, and it is imperative that patients are thoroughly educated about their drug regimens.

A study supporting this was conducted by Hasniza Z²⁵ et al, who performed a cross sectional retrospective study in 200 T2DM patients with hypertension to study the drug related problems at a tertiary care hospital in Malaysia. Out of which 26% had insufficient knowledge on health and disease while 16% had insufficient knowledge on drug interactions, which thereby led to renal impairment, cardiovascular disease and increase duration of hospital stay, thus they insist early identification of drug related problems can enhance the prevention and management of drug related problems in T2DM patients with hypertension.

Icon 6: Interaction of My Medication with Herbal Products

Huda K²⁶ et al, conducted a survey-based study in 208 patients who surveyed at different areas of Karachi in order to find the possible potential herbal – drug interactions in elderly population of diabetes and the study resulted that 59 volunteers were at high risk of potential herbal drug interaction, among which 32.7% had dynamic interactions and 21.2% had kinetic interactions. This study suggested that healthcare professionals and consumers should be aware of potential herbal drug interactions and healthcare professionals should question and advise their patients who their use of herbal medicines.

Similarly, Ramesh C²⁷ et al, discusses the benefits as well as potential risks that can be caused while administrating the ant diabetic drugs with herbal medications. These interactions can lead to synergetic or antagonistic effects leading to undesired pharmacological effect, therefore safety consideration is a necessity.

Icon 7: Tips I Should Keep In Mind About My Drugs

Icon 'Tips I should keep in mind about my drugs' mainly contains detailed education and advices for the patients about their medication in a patient friendly manner which as a result improves the healthcare services by neglecting the non-adherence as insisted by Leslie RM²⁸ et al, they conducted a study over 2500 diabetes patients out of which, majority of them were un aware of the instructions that had to be followed while taking the medications and around 25% missed their schedule of appointment and language was also a barrier in understanding the information.

Icon 8: Which Food I Should Eat?

Counting carbohydrates is useful for people with insulin-requiring diabetes to administer appropriate prandial insulin doses to maintain euglycemia, icon 'which food I should eat?' helps patients to improve their nutritional choices and monitor their food and sugar intake.

Icon 9: How Much Exercise I Should Get?

Icon 'How much exercise I should get?', explains the importance of exercise for diabetes patients as exercise not only improves the glycaemic control, but it can also improve the insulin sensitivity and restore the diabetic associated complication such as cardiovascular damage, which is considered as one of the major complications of diabetes it also discusses the do's and don'ts of exercises for varies types of diabetes, such suggestion was insisted by the study conducted by Zar CT²⁹ et al.

Similarly, Rashid MA³⁰ et al, conducted a clinical study to examine the effect of physical activity and obesity on prevalence of T2DM in middle aged population and the study resulted that stair climbing, and cycling have reduced 95% risk of T2DM in high risk population.

The above study marked the importance of informing the patients the necessity of exercise in managing their disease.

Icon 10: Pill Reminders

Medication non-adherence is very common in people with diabetes resulting in poor glycaemic control, thereby as a tool to improve medication adherence the icon 'Pill reminders' was included in the mobile application as Viral NS³¹ et al, also insisted the fact that short message service (SMS) results in better medication adherence and have opened avenues for apps development (Fig. 2A).

Icon 11: Nearest Hospital I Can Access

Icon ' Nearest hospital I can access', is a GPS-based location finding system that would help individuals at any point of time to find addresses and to locate the services such as hospitals, clinics and pharmacies using their mobile devices. Hassan LB³² reports that mobile positioning is the most inexpensive and fastest method in understand locations.

Icon 12: My Diabetes Record

Testing blood sugar will let the patient know what his/her sugar level is at that time, but without keeping a log, they will not know any trends that may be occurring. One of the best ways of keeping track of blood sugars is by using a daily record, which is added in the icon 'My diabetes record'. Diabetes Dairy or Diabetes daily logs are the best way in selection of individualized pharmacotherapeutic regimen selection as reported by Osta EL³³ et al.

Icon 13: Share My Location

Out of many Medical applications available, only Magaed N¹⁶ et al developed a app for patients with dementia, 'iWander', assists patients with daily living by providing audible prompts offering to direct the patient home, sending notifications and GPS coordinates to caretakers, or by calling local services. Thus the icon in the mobile application 'Share my location' gives an opportunity to the patients at any situations like hyperglycaemia or hypoglycaemia to notify their care givers when they seek help (Fig. 2B, 2C).

After modifications with feedback from experts, the app was finally developed and evaluated by patients with the help of System Usability Scale (SUS)³⁴.

The SUS is a simple, widely used 10-statement survey developed by John Brooke while at Digital Equipment Corporation in the 1980s as a "quick-and-dirty" subjective measure of system usability. The tool asks users to rate their level of agreement or disagreement to the 10 statements—half worded positively, half negatively—about the software under review and based on the System Usability Scoring, the respective category can be defined¹⁶.

A total of 200 SUS evaluation forms were collected from participants, out of 200 participants 50 were physicians, 50 were other health care professionals and 100 were from diabetic patients who have accessed the mobile application (Table 2, Fig. 3).

Out of 50 participants of physicians who have accessed the mobile application, 42 physicians were found to range the SUS score between 85-100, which comes under excellent category, 8 physicians were found to range the SUS score between 65-84, which falls under acceptable category and non was found to range between 0-64, which respectively come under the category not accepted (Table 3, Fig. 4).

Out of 50 participants of other health care professionals who have accessed the mobile application, 49 other health care professionals were found to range the SUS score between 85-100, which comes under excellent category, and 1 other health care professional were found to range the SUS score between 65-84, which falls under acceptable category and non was found to range between 0-64, which respectively come under the category not accepted (Table 4, Fig. 5).

Out of 100 diabetes patients who have accessed the mobile application, 98 diabetes patients were found to range the SUS score between 85-100, which comes under excellent category, and 2 diabetes patients were found to range the SUS score between 65-84, which falls under acceptable category and non was found to range between 0-64, which respectively come under the category not accepted (Table 5, Fig. 6).











Other health care professionals rated high for the mobile application (94 %), followed by the diabetes patients (92.97 %), followed by the physicians (85.65 %) and respectively the mean category rated for the mobile application 'DIABETIC WORLD' was excellent. The app was finally reported useful for the physicians, other healthcare professionals and patients (Fig. 7).







Fig.1: Display of Icons in the mobile application

Fig. 1: Screenshot of the icons of the app

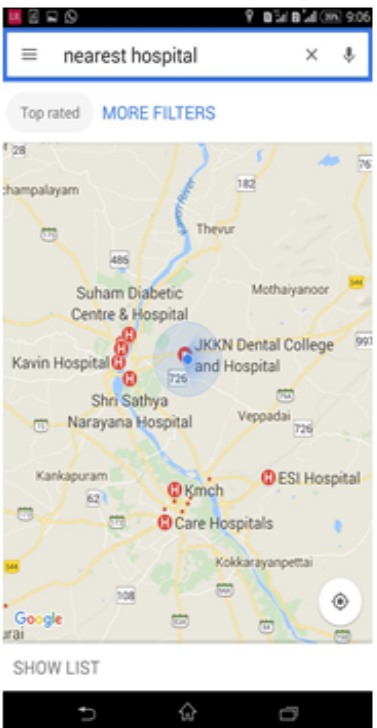
Table 1: The Content for the 13 Icons

Sr.No	Icons of the App	Name of the Icon	Content of the Icon
1.		Know about my disease	It includes basic information on three main types of diabetes such as Type 1 Diabetes mellitus, Type 2 Diabetes Mellitus and Gestational Diabetes
2.		Complications i might face	This icon includes the information on Diabetic foot ulcer, Diabetic gastroparesis, Diabetic Hypoglycemia, Diabetic ketoacidosis, Diabetic Neuropathy, Diabetic Insipidus and Diabetic Retinopathy.
3.		How to diagnose my disease?	This icon includes the information on diagnostic tests for type 1, type 2 and gestational diabetes.
4.		How my medications control my blood sugar level?	This icon provides information on the classification of anti – diabetic drugs along with the mechanism of action of each class of medication.
5.		Major interactions of my medications that i should know	This icon includes complete drug interaction details on every anti-diabetic medication.
6.		Interaction of my medication with herbal products	This icon includes information on the interaction that can be caused when the patient takes his/her medication along with herbal medication.
7.		Tips I should keep in mind about my drugs	This icon includes basic information on how and when to administer the medication along with the major side effects.
8.		Which foods i should eat?	This icon provides details on diet for the patient.
9.		How much exercise should i get?	This icon discusses a planned physical activity chart for the patient
10.		Pill reminders	Here the patient is given a chance to neither type the details of the medication nor take a clear photo of the medication, and as the result the alarm will be set.

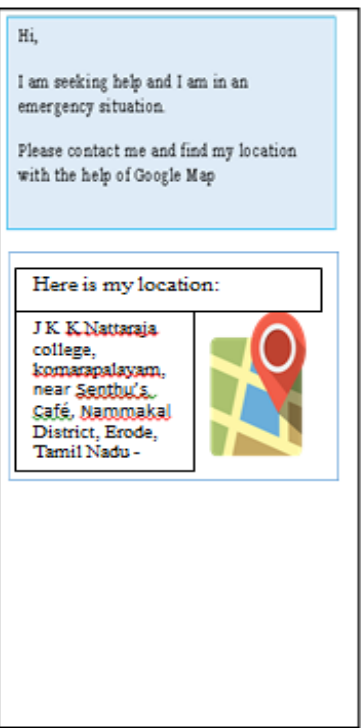
11.		Nearest hospital i can access	This icon provides the patient to get the details of the nearest hospitals with the help of GPS.
12.		My diabetes record	This icon helps the patient to maintain a record with the blood glucose readings of the patient
13.		Share my location	Here the patient can share his/her location in case of emergency, to his/her care takers by providing notifications This app gives a chance to create shortcut of this icon to the homepage of the mobile so that just one click of the patient can save his/her own life.



2A



2B



2C

Fig.2 : A- Screenshot of icon “Pill Remainder”, B- Screenshot of icon “ Nearest hospitals I can access” and C- Message content of icon “Share my location”

Fig. 2: Screenshot of the content of the app

Table 2: Distribution Pattern of Participants of SUS (n=200)

Sl No.	Category of Participants	Number of Participants (n= 200)
1	Physicians	50
2	Other Healthcare professionals (OHP)	50
3	Patients	100

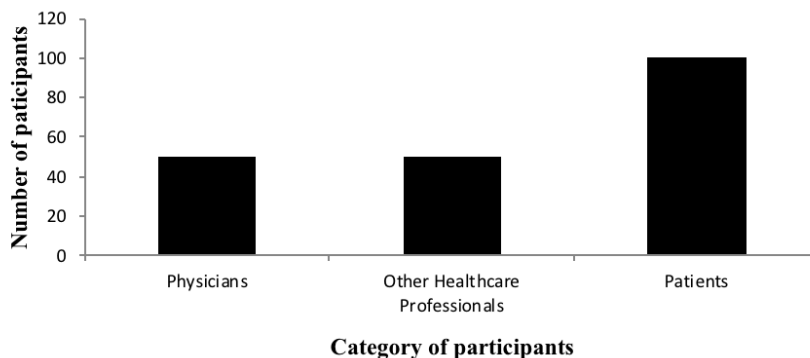


Fig. 3: Distribution Pattern Of Total Participants Who Completed The SUS Scoring

Table 3: System Usability Scoring of Physicians

Sl No.	SUS score range	SUS Category	Number of participants (n=50)
1	0 – 64	Not Acceptable	0
2	65 – 84	Acceptable	8
3	85 – 100	Excellent	42

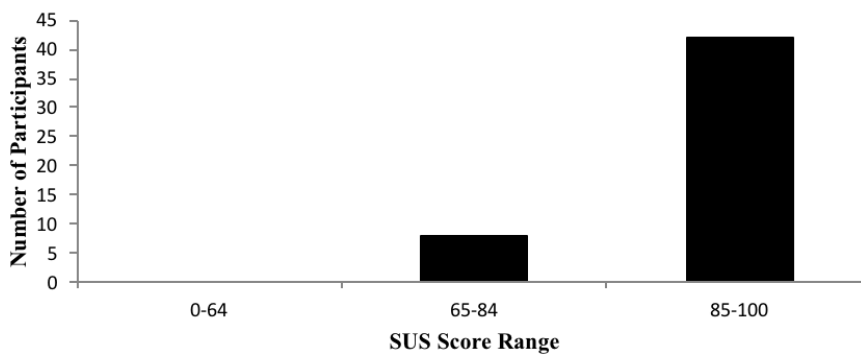


Fig. 4: SUS Scoring Scale of The Physicians

Table 4: System Usability Scoring of Other Health Care Professionals

Sl. No.	SUS score range	SUS category	Number of participants (n=50)
1	0 – 64	Not Acceptable	0
2	65 – 84	Acceptable	1
3	85 – 100	Excellent	49

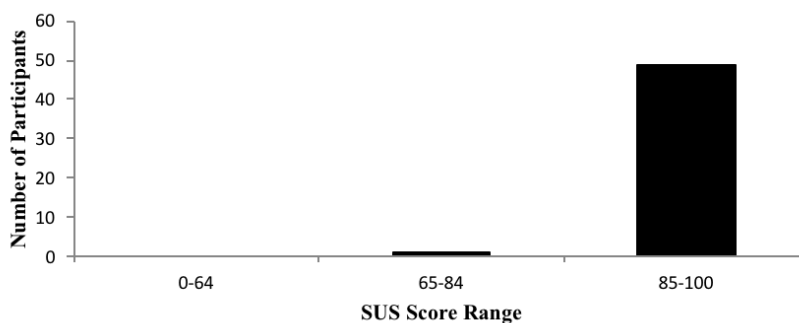


Fig 5: SUS Scoring Scale of Other Healthcare Professionals

Table 5: System Usability Scoring of Patients

Sl. No.	SUS score range	SUS category	Number of participants (n=100)
1	0 – 64	Not Acceptable	0
2	65 – 84	Acceptable	2
3	85 - 100	Excellent	98

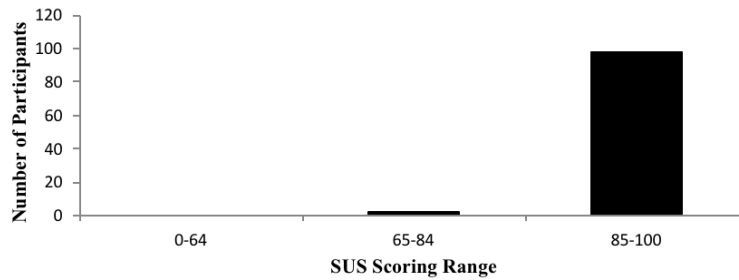


Fig 6: SUS scoring scale of patients

Physicians OHP Patients

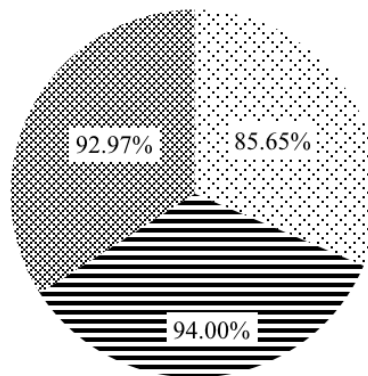


Fig 7: Distribution of Excellent Category in SUS Scoring among the Participants

CONCLUSION

This study gives us a deep insight for the need of diabetes management as insisted by the World Health Organization. Self-management is very important for patients with diabetes, and health care provided via mobile applications has a great advantage when applied to patients with diabetes; the adherence to activities for the management of diabetes, such as regular medication and insulin injection, self-monitoring of blood glucose, diet, and exercise, can be improved through mobile apps. Even though a number of mobile applications, Internet portal, and websites are available to help patients to improve their diabetes care. Studies are limited to show its effectiveness and cost-benefits in diabetes self-management. The present study has great significance, in that it tried to explore the roles of extended follow-up care to enhance the knowledge and self-care implementation of diabetes patients. Our study clearly marks beneficial to the users to understand their disease, know more about their medications, the do and don'ts regarding exercises and diet, help in tracking their blood glucose level, provide reminders and to assist help in case of emergency, thereby helped the patients to improve their quality of life.

ACKNOWLEDGEMENTS

This paper is part of the thesis by Ms. Wilma Mary Thomson and Ms. Aswathi T for the post graduate degree of doctor of pharmacy. The authors sincerely thank their Guide Dr.N.Venkateswaramurthy, M.Pharm, Ph.D., Professor and Head, Department of Pharmacy Practice, J.K.K.Nattraga College of Pharmacy, Kumarapalayam, Erode for providing indispensable guidance, tremendous encouragement at each and every step of

this dissertation work. The authors whole heartily express their thanks to Jamuna M. Synamen Thinklabs Pvt Ltd and Parimala Rajkumar, Izaap Technologies Pvt, Chennai for helping them for developing their mobile application. Hereby, the authors would like to gratefully thank the physicians, other healthcare professionals and patients for participating in the study.

REFERENCES

- Chen L, Magliano DJ, Zimmet PZ. The worldwide epidemiology of type 2 diabetes mellitus – present and future perspectives. *Nature Reviews Endocrinology*. 2012;8(4):228-236. <https://doi.org/10.1038/nrendo.2011.183>
- NCD Risk Factor Collaboration. Worldwide trends in diabetes since 1980: a pooled analysis of 751 population – based studies with 4.4 million participants. *Lancet*. 2016;387(10027):1513-1530. [https://doi.org/10.1016/S0140-6736\(16\)00618-8](https://doi.org/10.1016/S0140-6736(16)00618-8)
- Naghavi M, Wang H, Lozano R, Davis A, Liang X, Zhou M, et al. Global, regional and national age – sex specific all – cause and cause – specific mortality for 240 causes of death, 1990 – 2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*. 2015;385(9963):117-171. [https://doi.org/10.1016/S0140-6736\(14\)61682-2](https://doi.org/10.1016/S0140-6736(14)61682-2)
- The Global Burden. International Diabetes Federation. <http://www.idf.org/diabetesatlas/5e/the-global-burden>. Accessed March 19, 2012.
- Diabetes Australia. Diabetes in Australia; 2015. <https://www.diabetesaustralia.com.au/diabetes-in-australia>. Accessed May 18, 2016.
- Rhyner D, Loher H, Dehais J, Anthimopoulos M, Shevchik S, Botwey RH, et al. Carbohydrate estimation by a mobile

- phone – based system versus self - estimations of individuals with type 1 diabetes mellitus: A Comparative Study. *Journal of Medical Internet Research* . 2016;18(5):1-12. <https://doi.org/10.2196/jmir.5567>
7. Wild S, Roglic G, Green A, Sicree R, King H. Global prevalence of diabetes: estimates for the year 2000 and projections for 2030. *Diabetes Care*. 2004;27(5):1047-1053. <https://doi.org/10.2337/diacare.27.5.1047>
 8. Hanley J, Fairbrother P, McCloughan L, Claudia P, Mary P, Hilary P, et al. Qualitative study of telemonitoring of blood glucose and blood pressure in type 2 diabetes. *British Medical Journal*. 2015;5(12):1-8.
 9. Hale K, Capra S, Bauer J. A Framework to assist health professionals in recommending high – quality apps for supporting chronic disease self-management: Illustrative assessment of type 2 diabetes apps. *Journal of Medical Internet Research*.2015;3(3):1-12.
 10. Martinez-Perez B, de la Torre-Dieez I, Lopez-Coronado M. Mobile health applications for the most prevalent conditions by the world health organization: review and analysis. *Journal of Medical Internet Research* .2013;15(6):1-19. <https://doi.org/10.2196/jmir.2600>
 11. Mayuri B. Survey of Android based health care application. *International Journal on Recent and Innovation Trends in Computing and Communication*.2015;3(9):5584-5588.
 12. Arnhold M, Quade M, Kirch W. Mobile application for Diabetics: A systematic review and Expert – based usability evaluation considering the special requirements of Diabetes patients age 50 years or older. *Journal of Medical Internet Research* .2014;16(4):1-18. <https://doi.org/10.2196/jmir.2968>
 13. Eheler F, Issom D, Lovis C. Technological choices for mobile clinical applications. *European Federation for Medical Informatics*.2011;169(2):83-87.
 14. Hareva D, Wijaya C, Lukas S, Tjahyadi H. Developing Healthcare Apps on Different Mobile Phone Platforms. *International Journal of Information Technology and Computer Science* .2014;17(1):10-20.
 15. Javad J, Moonaghi HK, Zary N, Maseillo I. Exploring educational needs and design aspects of internet enabled patient education for persons with diabetes: a qualitative interview study. *British Medical Journal*.2016;6(10):1-22.
 16. Magaed N, Ann CB, Chante K, David BB, Robert PD. Mobile medical and health apps: state of the art, concerns, regulatory control and certification. *Online Journal of Public Health Informatics*. 2014; 5(3): 1 – 23.
 17. Amy J. Lexicomp online and Micromedex 2.0. *Journal of Medical Library Association*. 2015;103(2):112-113. <https://doi.org/10.3163/1536-5050.103.2.016>
 18. WolterS Kluwer. UpToDate is the only clinical decision support resource associated with improved outcomes. <https://www.uptodate.com/home/research>. Accessed on 23 October, 2017.
 19. Johnson SB. Health behavior and health status: concepts, methods and applications. *Journal of Pediatric Psychology*. 1994.19(2):129–14.
 20. Marilyn C, Mary D, Carmel F, April S, Diana S. Assessing the impact of diabetes education: an observational study. *Canadian Journal of Diabetes*. 2013; 37(4): 15-16.
 21. Yaa O, Christian O, Enosh OA, Emmanuel A, Emmanuella NB, Agyemang DS, et al. Knowledge of complication of diabetes mellitus among patients visiting the diabetes clinic at Sampa Government hospital, Ghana: A descriptive study. *Canadian Journal of Diabetes*. 2016;16(1):637-640.
 22. Polonsky W, Earles J, Smith S, Pease DJ, Macmillan M, Christensen R, et al. Integrating medical management with diabetes self-management training: a randomized control trial of outpatient intensive treatment program. *Diabetes Care*. 2003;26(11):585–595. <https://doi.org/10.2337/diacare.26.11.3048>
 23. American Diabetes Association. Diagnosis and Classification of Diabetes Mellitus. *Diabetes Care*.2010;33(4):62-69. <https://doi.org/10.2337/dc10-S062>
 24. Bartolomeo L, Chiara Z, Sara M, Federico L, Graziella B. Oral hypoglycemic drugs: pathophysiological basis of their mechanism of action. *Pharmaceuticals*. 2010;3(9): 3005-3020. <https://doi.org/10.3390/ph3093005>
 25. Hasniza Z, Hoo FW. Drug related problems in type 2 diabetes patients with hypertension: a cross sectional retrospective study. *BioMed Central Endocrinological Disorders*. 2013; 13(2): 1-12.
 26. Huda K. Possibility of potential herbal-drug interactions in elderly population. *The Journal of Phytopharmacology*. 2016; 5(3): 128-130.
 27. Ramesh CG, Dennis C, Srinivas N, Alan B, Kellie B, Basil DR. Interaction between antidiabetic drugs and herbs: an overview of mechanisms of action and clinical implications. *Diabetology and Metabolic Syndrome*. 2017; 9(59): 1-12.
 28. Leslie RM, Summer LW, Kelly BH, Robin DM. The challenge of patient adherence. *Therapeutics and Clinical Risk Management*.2005;1(3):189-199.
 29. Zar CT, Srijit D, Leonard JH. Role of Exercise in the Management of Diabetes Mellitus: the Global Scenario. *PLOS One*. 2013; 8(11): 1-8.
 30. Rashid MA. Effect of physical activity and obesity on type 2 diabetes in a middle aged population. *Journal of Environmental and Public Health*. 2009; 55(2): 1-5.
 31. Viral NS, Satish KG. Managing diabetes in the digital age. *Clinical Diabetes and Endocrinology*. 2015; 1(16): 1-7.
 32. Hassan IM. A GPS – based Mobile Dynamic Service Locator System. *Applied Computing and Informatics*. 2011; 9(2): 95-106. <https://doi.org/10.1016/j.aci.2011.05.003>
 33. El-Osta A, Brasacchio D, Yao D, Alessandro P, Peter LJ, Robert GR, et al. Transient high glucose causes persistent epigenetic changes and altered gene expression during subsequent normoglycemia. *Journal of Experimental Medicine*.2008;205(10):2409–2417. <https://doi.org/10.1084/jem.20081188>
 34. Sam MC. The Effect of Experience on System Usability Scale Rating. *Journal of Usability Studies*. 2012; 7(2): 56-67.

Cite this article as:

Wilma Mary Thomson *et al.* Development of android based healthcare application for diabetes patients. *Int. Res. J. Pharm.* 2018;9(9):198-206 <http://dx.doi.org/10.7897/2230-8407.099213>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IRJP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IRJP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IRJP editor or editorial board members.