

Review

ROLE OF A DIABETES EDUCATOR IN THE MANAGEMENT OF DIABETES

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ABSTRACT

Education is not just a part of diabetes treatment; it is the treatment. This article will briefly review the goals and targets of a diabetes educator and how diabetes education has helped to improve the lives of diabetic patients. The key aims of diabetes education are to change behavior and promote self-management. Diabetes education consists of providing tools and support to patients as they learn to manage their disease thereby creating self confidence. Educating and imparting knowledge to diabetic patients is a complicated process. Individuals affected by diabetes must learn self-management skills and make life style changes to effectively manage diabetes and avoid or delay the complications associated with this disorder. For these reasons, self-management education is corner stone of treatment for all people with diabetes. Diabetes education has had somewhat impressive results in reducing the frequency of certain chronic diabetic complications in high-risks groups, notably foot ulceration and amputation. To deal with the great challenge of the global increase in diabetes prevalence, a diabetes education team has to intervene. A diabetes educator can provide support by encouraging patients to talk about their concerns or fears about diabetes. When the patient is diagnosed for the first time, the diabetes educator can actively teach the self-management skills and help them to live their life with diabetes.

KEY WORDS: Diabetes Education; Self-management; Motivation; Empowerment.

INTRODUCTION

Diabetes Mellitus, being a chronic life long disease with varied acute and chronic complications, its treatment, unlike any other acute illness, is not just a matter of taking a few pills or injections till the patient becomes symptom free. Since no cure of the disease is in sight, the patient has to accept to live with the

disease life long, eliminating its symptoms and trying to avoid or reduce its complications with regular treatment, medications, along with changes in life style. To achieve these difficult goals, a considerable amount of time has to be spent in patient education so that the patient can actively participate in daily self-care to maintain good metabolic control. Education is not just a part of diabetes treatment; it is the treatment (1). According to World Health Organization (WHO) "Education is the corner stone of diabetic therapy and vital to the diabetic in the society". Unfortunately, due to their clinical pre-occupation with diagnosis and management of diabetes and its associated disorders, physicians do not have the luxury of spending adequate time with patients to sufficiently educate them. Hence there is a major role of a diabetes educator who could be a nurse, a dietitian, a social worker or in a more sophisticated centre, a qualified diabetes educator to fill this important void (2). This article will briefly review the goals and targets of a diabetes educator and explain how diabetes education has helped to improve the lives of diabetic patients.

NEED FOR EDUCATION

The need for more diabetes educators to serve the numbers of people with the disease is the first major challenge in our country. In urban areas, at least in some metros, up to 30-40% of people can be reached through a diabetes education facility. However, in rural or less developed communities, this number may drop to zero. People in rural areas may have to travel for hours or even days to access specialist services. The sheer number of people with diabetes may overwhelm the resources available for treatment and education. Similarly, the demand for normoglycemia may place impossible expectations on healthcare professionals and patients alike.

Since individuals are unique, their educational need will also vary - with age, stage of the disease,

culture and life style of the people. Effective instruction can only be accomplished by a collaborative effort between educators and patients to identify individualized educational needs. Thus it is essential for the educators to get educated before they educate others!

WHAT ARE THE MAIN AIMS OF DIABETES EDUCATION?

The key aims of diabetes education are to change behavior of people and promote self-management. The objective for continuing education is meant to increase the participant's knowledge, skills and flexibility. Self-management implies that the person with diabetes will understand the impact of factors such as food intake, exercise, stress and medication on blood glucose, and will be able to make appropriate adjustments to maintain glucose levels within a target level. Diabetes education consists of providing tools and the necessary support to patients as they learn to manage their disease (3).

MOTIVATION

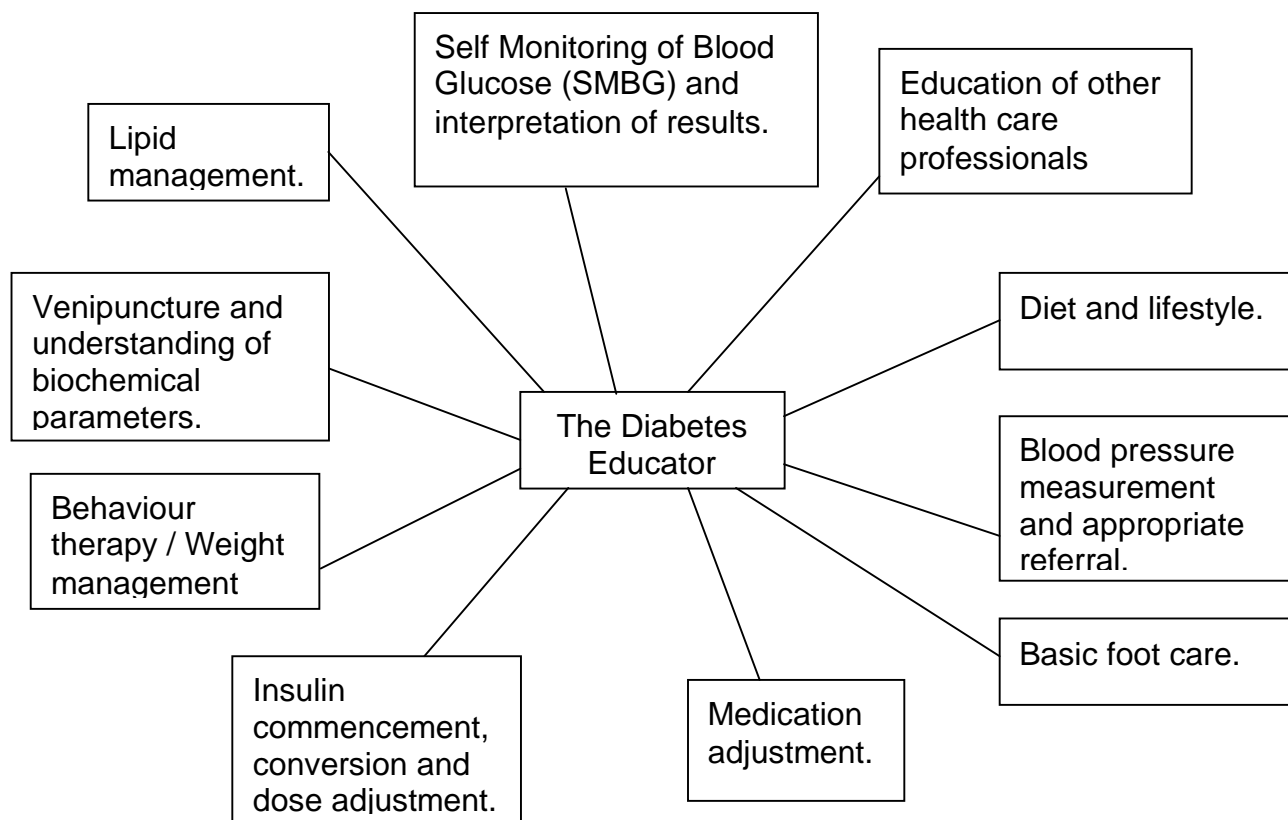
Motivation is what makes people learn what they learn and behave in the way they do. **Intrinsic motivation** is related to the life and personality of the individual and this is actually more powerful and longer lasting. **Extrinsic motivation** is constituted by reward, threat or pressure on the individual from outside and this can easily be offered by the diabetic clinic. Such motivation is short term and hence ultimately less effective than intrinsic motivation and therefore presents a great challenge to the educator (4).

Motivation has several advantages in building

1. Self-confidence in patients
2. Independence and flexibility of life style
3. Ensuring better compliance to treatment and
4. Facilitating decision making on the part of the patient.

The role of a Diabetes Education is summarized in Figure 1, which is self-explanatory (5)

Fig 1: The Central Role of a Diabetes Educator in the Management of Diabetes



WHAT ARE THE BASIC GOALS OF A DIABETES EDUCATOR?

1. To develop acceptance of the disease and its associated problems by the patient and his family.
2. To educate the patient about the disease, its cause, its course and possible problems involved.
3. To realize the importance of the diet regulation, regular exercise, treatment with pills or insulin injections, monitoring diabetes control with urine or blood tests, and share greater responsibilities in the day-to-day management of the disease.
4. To make the patients more and more independent in taking their own decision regarding treatment (1)

Educating and imparting knowledge to diabetic patients is a complicated process. It depends upon the state of receptivity of the patient, methods of education, means of imparting knowledge, evaluation and follow up techniques, assessment of outcomes of education and continuity and flexibility.

APPROACHES TO DIABETES EDUCATION

The most commonly practiced methods are:

- One to one education
- Group education
- Inter-group discussions, conferences
- Visiting nurse, social workers
- Placards, pictures and paintings
- Printed literature leaflets, pamphlets, magazines and books
- Audio tapes, video tapes
- Camps
- Public awareness programmes

EVALUATION

Evaluation is the process of determining whether certain previously defined objectives have been achieved. It must be an integral part of any education. The outcome of education programmes can be assessed firstly, in terms of their impact on the patient's understanding of diabetes and his or her treatment; secondly, the degree of diabetic control; and thirdly the ability of the programme to reduce the morbidity and mortality associated with diabetes by preventing micro vascular and macro vascular complications (3, 4, 6).

SELF-MANAGEMENT

Self-management means a person can be independent and participate safely in a wide variety of activities while living with diabetes. Participants need to know that behaviour changes, based on their understanding of medication, nutrition and monitoring, can lead to increased flexibility and improvement in the metabolic control. Individuals affected by diabetes must learn self-management skills and make life style changes to effectively manage diabetes and avoid or delay the complications associated with this disorder. For these reasons, education is corner stone of treatment for all people with diabetes. (3, 6)

EFFECT OF EDUCATION

Educational programs have been shown to be able to reduce the frequency of acute metabolic complications of diabetes. Early studies showed that the numbers of hospital admission through ketoacidosis were significantly decreased and the risk of severe hypoglycemia has also been reduced by diabetes teaching programme. The effects of education programmes on the quality of glycemic control are however more contentious. Diabetes education has had impressive results in reducing the frequency of certain chronic diabetic complication in high-risks groups, notably foot ulceration and amputations. This remains a major problem in diabetes care worldwide. In the U.S.A, for example, approximately 31000 diabetic people undergo leg amputation each year and they account for 50% of all non-traumatic amputations. High-risk patients can be identified by the presence of neuropathy, peripheral vascular disease, the presence of callus and other abnormalities and foot care education programmes can be focused effectively on these individuals. Such programmes can reduce the rate of amputations in the short term, by between 45 to 85% and can continue to protect against amputation up to 10 years (6).

Education is a continuous process by which patients are very much benefited in all aspects including awareness, knowledge, self-care bearing and psychological support regarding the disease; prescribed treatment, care, health and illness behavior. To deal with the great challenge of the global increase in diabetes prevalence, a diabetes education team has to intervene and introduce preventive steps in the community. Nation wide education programmes will make the public health care system more effective in developing countries. A diabetes educator can provide support by encouraging patients to talk about their concerns or fears about diabetes. He or she can

also help the patients learn the things that they can control and offer ways to cope with the things which cannot be changed. When the patient is diagnosed for the first time, the diabetes educator can actively teach the self-management skills and help them to live their life with diabetes (2, 4, 6).

WHAT IS THE “EUP PRINCIPLE”?

Finally, the EUP Principle must be remembered. EUP stands for:

E – Education

U – Understanding and

P – Practice

It must be remembered, that merely **Educating** the patient is not sufficient. We may teach, but the patients may not **Understand** and the latter is obviously very important if our program is to succeed. Unfortunately, as we know all know even if they understand, patients may not **Practise** what we teach. The true success of Diabetes Educators only comes when their patients practice what they have been taught!

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