Diabetes management in primary care: engaging patients in self management

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Diabetes Ireland
In 2010 the National Clinical Programme for Diabetes was one of the first clinical care programmes initiated under Dr Barry White, then National Director of Clinical Strategy and Programmes. This programme was established to improve the quality of care provided to people with diabetes and improve clinical outcomes. The implementation of the programme has brought about welcome changes in the organisation and management of diabetes care in Ireland: roll-out of the national multi-disciplinary footcare package, publication of guidelines for diabetes in pregnancy, roll-out of the integrated care programme, to name but a few. In 2013 saw the National Diabetes Retinopathy Screening programme known as Diabetic Retina Eye screen (www.diabeticretinascreen.ie) begin its phased roll-out following years of professional bodies and Diabetes Ireland canvassing for its implementation.

The roll-out of the National Clinical Programme for Diabetes means that the management of diabetes nationally is continuously evolving; with an emphasis on integrated care. Under the proposed integrated care model in Ireland the aim is that uncomplicated patients with type 2 diabetes will be managed in primary care (approximately 100,000 patients in Ireland). A further aim is that the care of complicated patients with type 2 diabetes (60,000) will be managed between primary and secondary care settings. These proposed changes will create challenges for all health care professionals in primary care. Despite frustrating time lags with the roll-out of the National Programme since its initiation in 2010, some positive strides have been made. Diabetes Ireland will continue to monitor and advocate for the full implementation of the National Programme in 2014.
Multidisciplinary Diabetes Study Day

Friday, March 21, 2014
Hogan Mezzanine Suite, Croke Park, Dublin 3

‘Promoting patient and professional engagement in diabetes management’

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| 9am | Welcome and opening remarks  
Chairperson: Prof Seamus Sreenan, Consultant in Diabetes and Endocrinology, Connolly Hospital, Blanchardstown, Dublin |
| 9.15am | Diabetes Service update  
Dr Ronan Canavan, Consultant Endocrinologist, HSE Clinical Lead for the National Diabetes Programme |
| 9.45am | Engaging the patient in their own self-care through motivational interviewing  
Rev Eugene Curran CM, DMin, Lecturer, All Hallows College, Dublin |
| 10.15am | Barriers to effective diabetes self-management  
Lyndi Wiltshire, Dietitian and Head of Diabetes Care, Birmingham and Solihull Mental Health Foundation Trust, UK |
| 10.45am | Coffee |
| 11.15am | Glucose self-monitoring and how technology can help?  
Dr Tommy Tun, Consultant Endocrinologist, Connolly Hospital, Blanchardstown |
| 11.45am | Increasing exercise levels in type 2 diabetes – the how and why  
Dr Rob Andrews, Consultant Senior Lecturer in Diabetes and Endocrinology, School of Clinical Sciences, University of Bristol |
| 12.15pm | Update on the Diabetic Retinopathy Screening programme – one year on?  
Margaret Morgan, The National Diabetic Retinal Screening Programme |
| 1pm | Lunch |

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| 2pm | Diagnosis and management of renal complications of diabetes?  
Dr Yvonne O’Meara, Consultant Nephrologist, Mater Misericordiae University Hospital, Dublin |
| 2.30pm | Dietary considerations for renal impairment  
Teresa Loughnane, Senior Dietitian, Mater Misericordiae University Hospital, Dublin |
| 2.45pm | The fructose versus sucrose debate  
Dr Trudi Deakin, X-Pert Health, Birmingham, UK |
| 3.15pm | Increasing complexity of medication choice – what to use when?  
Dr Diarmuid Smith, Consultant Endocrinologist, Beaumont Hospital, Dublin |
| 3.30pm | Closing remarks |

For further details or to reserve a place, please contact Diabetes Ireland on 1850 909 909
Although health professionals have the medical experience, the professional qualifications and are familiar with the evidence and research, patients understand their priorities and are aware of how diabetes self-management tasks will fit into their lives.

The complexity of diabetes management
The management of diabetes is particularly difficult due to the many issues involved, requiring a multi-factorial risk reduction framework. The chronic, non-curable and complex nature of diabetes means that patients have to engage in a number of tasks on a daily basis in order to effectively self-manage their diabetes. Healthcare professionals have to try and motivate patients to engage in self management that involves them adopting behaviour changes and having to adhere to an often complex medication regimen. An increase in the number of pharmacological agents for glycaemic control licensed in recent years is another factor adding to the complexity of the management of type 2 diabetes. With such a wide variety of drugs to choose from it can lead to confusion among health care staff when choosing the best treatment options for the patient. With the incidence of type 2 diabetes increasing and the consequent economic burden it is essential that effective strategies are employed to manage the condition.

Patient choices and the effect on outcomes
The choices patients make regarding how they manage their diabetes in between clinic appointments has a greater impact than those choices made by health professionals on their diabetes related outcomes. Improving our communication skills with our patients will improve the quality of care we provide and the clinical outcomes. In the management of diabetes, techniques such as persuasion and offering advice have proven to have limited value and also causes resistance among patients which in turn leads to frustration among clinicians and patients. As early as the 1600s, it was recognised that ‘we are usually convinced more easily by reasons we have found ourselves than by those that have occurred to others’. A patient being expected to adhere to a pre-determined care plan is not an acceptable way for them to manage the condition. Patients are only weakly motivated by what others say to them; they may respond with ambivalence or resistance and do not follow through with the plan given to them by the health professional. Therefore health professionals need to adopt more interactive methods to motivate their patients to make good choices by ensuring that they are involved in identifying their barriers to change and in the negotiation of realistic goals.

Self management: collaborative approach
Health professionals are comfortable in their role providing education and information to their patients but many struggle, particularly in a busy clinical setting, to provide the type of support that helps facilitate the behavioural change that is necessary for diabetes self-management. Although it is essential that the patient acquires knowledge about diabetes, knowledge alone is not sufficient to engage patients in effective diabetes self-management. Frequently, health professionals fail to engage patients in effective diabetes self-management and find it frustrating when their advice is not followed. When examining the barriers to effective diabetes self-management one of the problems identified by Wiltshire (2013) may be that health professionals and patients have conflicting agendas. Health professionals see the patients’ world through their own eyes. The health professionals feel responsible but they are not in control as the majority of diabetes care is provided by the patient. Although health professionals have the medical experience, the professional qualifications and are familiar with the evidence and research, patients understand their priorities and are aware of how diabetes self-management tasks will fit into their lives. Patients know what might work and what will not work, as they are aware of their own lifestyle and priorities. In fact both health professionals and patients are experts and therefore they should work together.

The benefits of using a collaborative approach are echoed by other diabetes educators. Robert Anderson, a well-known diabetes educator, also identified one of the reasons for non-compliance as when health professionals and patients pursue different goals. He suggests that, knowledge between the health care professional and the patient should be exchanged and the responsibility shared. Collaborative communication between patient and health care professionals results in greater adherence to treatment plans and enhanced patient satisfaction. If patients and health professionals agree on goals it leads to more effective diabetes self-management.

Patient centred care
A joint position statement issued in 2012 by the American Diabetes Association (ADA) and the European Association for the study of Diabetes (EASD) providing recommendations for the management of type 2 diabetes also emphasised the importance of patient centred care. Patient centred care is defined as “providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that all patient values guide all clinical decisions”. The ADA/EASD in these recommendations recognise that
If patients and health professionals agree on goals it leads to more effective diabetes self-management.

when patients are engaged in their health care decisions it may improve their adherence to therapy. Glycaemic targets and glucose lowering therapies must be individualised for each patient taking into consideration the needs, preferences and tolerances of each patient. In this shared decision making approach health care professionals and patients act as partners in reaching a consensus on which course of action to be taken.11

Diabetes Ireland Multi-disciplinary Diabetes Study Day “Promoting patient and professional engagement in Diabetes Management” is the theme of this year’s annual Diabetes Ireland multi-disciplinary study day will take place in the Hogan Mezzanine Suite, Croke Park on Friday 21st of March 2014. Dr Ronan Kavanagh, Consultant Endocrinologist and the HSE clinical lead for the National Diabetes Programme, will give an update on diabetes services in Ireland. Margaret Moran from the National Diabetic Retinopathy Screening Programme will give an update on diabetic retinopathy screening, one year from its initiation. Ms Lyndi Wiltshire who is currently the head of diabetes care at Birmingham and Solihull Mental Health Foundation Trust will speak on ‘The barriers to effective Diabetes Self-management’. Also, Reverend Eugene Curran, a lecturer from All Hallows College in Dublin, will discuss how motivational interviewing can help to engage patients in their own self-care. There will also be lectures on glucose self monitoring and technology, renal impairment and it’s management, exercise, and finally the increasing complexity of medication choice with guidelines of what to use and when.

References