

XI. DIABETES SELF-MANAGEMENT AND THE DIABETES HEALTH CARE TEAM

Diabetes Self-Management

Diabetes is a chronic, lifelong disease. Individuals with diabetes are asked to test their blood glucose levels 1–8 times a day, exercise, choose a healthy diet, take their medication properly, see their health care team on a regular basis, manage their stress level, and deal with every other aspect of life. Juggling all these tasks can be difficult. The health care team often labels people with diabetes ‘noncompliant’ when they do not perform these tasks to the preference of the team. Rather, it may be that the treatment regimen has not been tailored to the individual’s lifestyle.

Multiple studies have been done to determine the importance of self-monitoring blood glucose (SMBG). Most studies find that SMBG is necessary in insulin dependent diabetes patients with a recommendation of SMBG three or four times per day. For diabetes patients not using insulin, study results are less clear.

For type 2 diabetes patients, not on insulin therapy, there is inconclusive evidence of the benefits of SMBG. There appears to be little to no difference in A1c levels as a result of SMBG. Other concerns raised were cost of supplies for SMBG, correct technique, and patient satisfaction. However, these studies did not evaluate SMBG as a tool to assist the patient in understanding the effect of diet, exercise and stress on blood glucose and as a means for more autonomous participation in diabetes care. One study shows a positive benefit to SMBG in making dietary changes based on blood glucose readings. For some individuals, SMBG may be the feedback needed to make behavioral changes to improve their health.

Diabetes Self-Management Training (DSMT) allows individuals with diabetes to be active members of their health care team. DSMT allows individuals to learn how to incorporate disease management into their lifestyle. DSMT includes:

- Describing the disease process and treatment options
- Incorporating appropriate nutritional management
- Incorporating physical activity into lifestyle
- Utilizing medications for therapeutic effectiveness
- Monitoring blood glucose, urine ketones (when appropriate), and using the results to improve control
- Preventing, detecting, and treating acute complications
- Preventing, detecting, and treating chronic complications
- Goal setting to promote health and problem solving for daily living
- Integrating psychosocial adjustments to daily life
- Promoting pre-conception care, management during pregnancy, and gestational diabetes management.

The American Diabetes Association (ADA) provides a baseline framework by which DSMT should be conducted. The State of Wyoming has a number of ADA recognized DSMT programs. Medicare and most insurance companies reimburse for DSMT if provided at ADA recognized sites.

The Diabetes Health Care Team

The patient directs the health care team and each member of the team provides a particular focus to the education and management process. Diabetes self-management skills are taught by a multidisciplinary team, which may consist of:

- Health Care Providers
- Registered Nurse/CDE

- Registered Dietitian/CDE
- Exercise Specialist
- Behaviorist
- Podiatrist
- Pharmacist
- Eye care specialist
- Dentist
- Other health care professionals

Regular communication between the multidisciplinary professionals helps to provide a coordination of care to optimize the best training and management plan for the individual with diabetes. Individuals with diabetes should receive training when they are first diagnosed based on a needs assessment. Since self-management is ongoing, they should also receive, at the minimum, an annual assessment of self-management skills.

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