

Diabetes Educators

Εκπαιδευτές στο Διαβήτη

ΚΩΝΣΤΑΝΤΙΝΟΣ ΜΑΚΡΥΛΑΚΗΣ
ΑΝΑΠΛ. ΚΑΘΗΓΗΤΗΣ ΠΑΝ/ΜΙΟΥ ΑΘΗΝΩΝ

Α΄ ΠΡΟΠΑΙΔΕΥΤΙΚΗ ΠΑΘΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ &
ΔΙΑΒΗΤΟΛΟΓΙΚΟ ΚΕΝΤΡΟ
ΛΑΪΚΟ ΝΟΣΟΚΟΜΕΙΟ ΑΘΗΝΩΝ



ΔΗΛΩΣΗ ΣΥΓΚΡΟΥΣΗΣ ΣΥΜΦΕΡΟΝΤΩΝ (Disclosure)

Τίποτα που να αφορά την παρούσα ομιλία

Συμβουλευτικές υπηρεσίες/διαλέξεις/ερευνητική
υποστήριξη την τελευταία διετία:

Astra Zeneca, Βιανέξ/MSD, Boehringer Ingelheim, Sanofi,
Novartis Hellas, Novo Nordisk Hellas, Φαρμασέρβ-ΛΙΛΛΥ
ΑΕΒΕ, Takeda, Angelini, Ελπέν

**Estimated number of people with diabetes worldwide and per region in 2015 and 2040
(20-79 years)**

**North America and
Caribbean**

2015 **44.3 million**
2040 **60.5 million**

Europe

2015 **59.8 million**
2040 **71.1 million**

**Middle East and
North Africa**

2015 **35.4 million**
2040 **72.1 million**

Western Pacific

2015 **153.2 million**
2040 **214.8 million**

**South and
Central America**

2015 **29.6 million**
2040 **48.8 million**

Africa

2015 **14.2 million**
2040 **34.2 million**

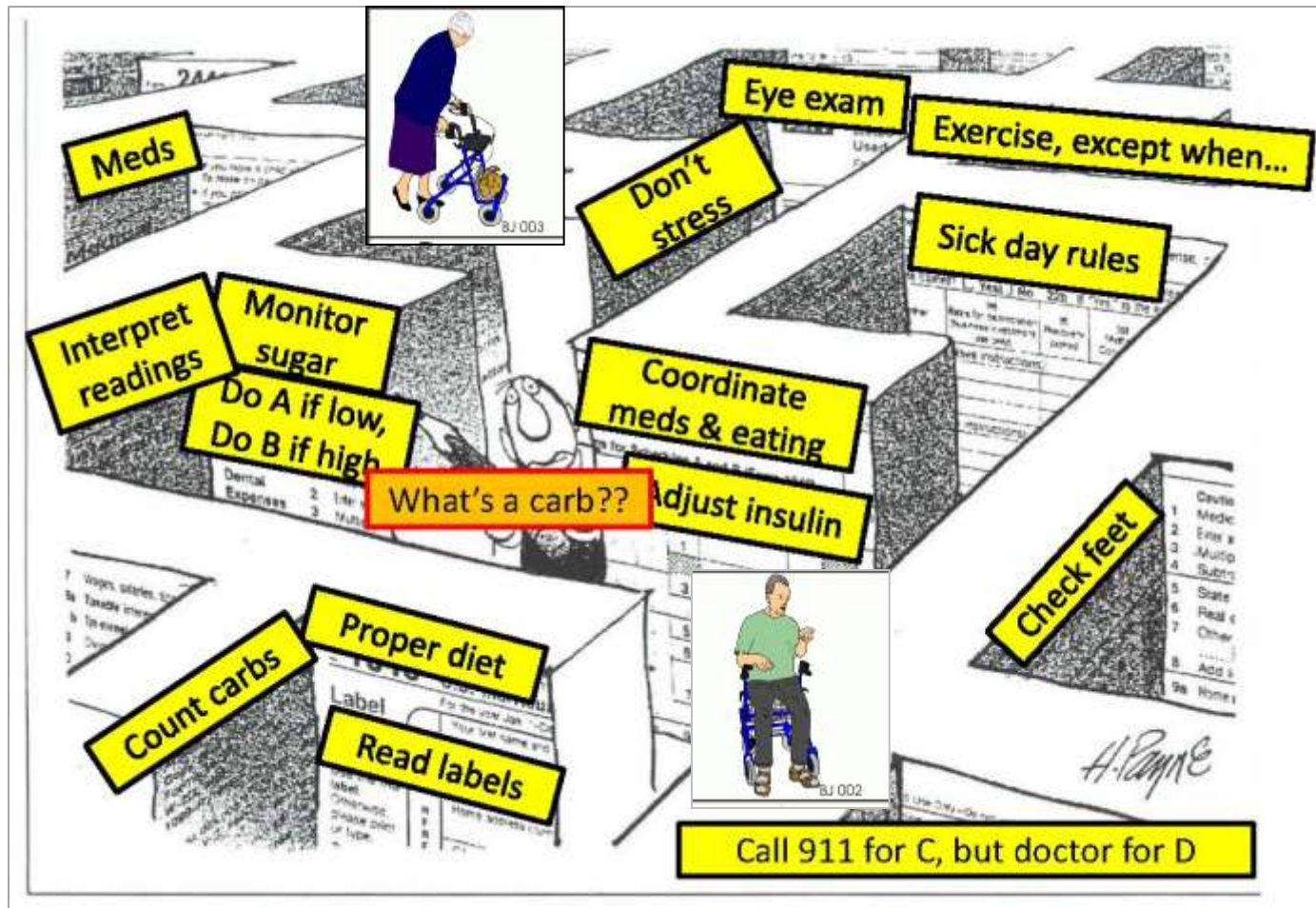
**South East
Asia**

2015 **78.3 million**
2040 **140.2 million**

World

2015 **415 million**
2040 **642 million**

Η καθημερινή πραγματικότητα των Ανθρώπων με Διαβήτη (People with Diabetes)*



* “Διαβητικός” *δεν* είναι ουσιαστικό

DIABETES IN CONTROL.COM

News and Information for Medical Professionals

Articles Tools CE/CME **Topics** Presentation Library Special Issues **Therapy Series**

Main Newsletter

Mastery Series

Therapy Series

SHARE | [Print Article](#) | [Disasters Averted](#) | [Previous](#) | [All Articles This Week](#) | [Next](#)

This article originally posted 09 July, 2012 and appeared in [Safety and Error Prevention](#), [Patient Errors](#), [Diabetes Clinical Mastery Series Issue 92](#)

Long-acting Insulin x 2

At a recent support group meeting, the topic was long-acting insulin glargine. During the discussion, a patient raised his hand to tell me that he had been prescribed both Lantus and Levemir, and was taking them both at night. I advised the patient that...



Checking A1C
in the office can
improve HBA1C
by up to 1%

I advised the patient that he would not be ordered both since they were both long acting insulin. However, he insisted that he had been

Complexity & aging



"Okay your father
managed to get a mouse.
Now how do we use it?"

Παράδειγμα απαιτούμενης ενέργειας από όλους τους ΑμΔ

Μετρητές σακχάρου

και

Συσκευή τρυπήματος δακτύλου

Επίδειξη χρήσης !!



TELL ME AND I
FORGET.

TEACH ME AND I
REMEMBER.

INVOLVE ME AND I
LEARN.

- BENJAMIN FRANKLIN



ΠΡΟΒΛΗΜΑ

- Ο κάθε άνθρωπος με διαβήτη βρίσκεται συνέχεια ΜΟΝΟ με τον εαυτό του!!
- Με το γιατρό του βρίσκεται για λίγα λεπτά κάθε λίγους μήνες (ΣΤΗΝ ΚΑΛΗ ΠΕΡΙΠΤΩΣΗ)
- ΧΡΕΙΑΖΕΤΑΙ ΕΚΠΑΙΔΕΥΣΗ ΝΑ ΑΝΤΙΜΕΤΩΠΙΣΕΙ ΠΟΛΛΑ ΠΡΑΓΜΑΤΑ ΜΟΝΟΣ ΤΟΥ
- Ο ΓΙΑΤΡΟΣ ΧΡΕΙΑΖΕΤΑΙ ΒΟΗΘΕΙΑ ΓΙΑ ΝΑ ΕΝΗΜΕΡΩΣΕΙ ΤΟΝ ΑΣΘΕΝΗ

Diabetes Educators

Οι Εκπαιδευτές Διαβήτη είναι εξειδικευμένοι Επαγγελματίες Υγείας οι οποίοι έχουν την εκπαίδευση, την εμπειρία και την πιστοποίηση που απαιτούνται για να μπορούν να ασχοληθούν αποτελεσματικά με άτομα που πάσχουν από διαβήτη σε όλο το φάσμα του, για να τους βοηθήσουν να ασχοληθούν καλύτερα με τη φροντίδα και την αντιμετώπιση της νόσου τους.

Diabetes Educators

Οι Εκπαιδευτές Διαβήτη είναι εξειδικευμένοι Επαγγελματίες Υγείας οι οποίοι έχουν την **εκπαίδευση, την εμπειρία και την πιστοποίηση** που απαιτούνται για να μπορούν να ασχοληθούν αποτελεσματικά με άτομα που πάσχουν από διαβήτη σε όλο το φάσμα του, για να τους βοηθήσουν να ασχοληθούν καλύτερα με τη φροντίδα και την αντιμετώπιση της νόσου τους.

Ποιος μπορεί να είναι Εκπαιδευτής Διαβήτη;



Ποιος ονομάζεται

Certified Diabetes Educator (CDE)

- A health professional who has completed a minimum number of hours in clinical diabetes practice, passed the Certification Examination for Diabetes Educators (administered by the National Certification Board for Diabetes Educators [NCBDE]), and has responsibilities that include the direct provision of diabetes education.

Table 2: Diabetes Paraprofessionals Provider Levels

	Diabetes Paraprofessional Level 1	Diabetes Paraprofessional Level 2
Background and Criteria	<p>Level 1 diabetes paraprofessionals are complementary workers who interact with those who have or are affected by diabetes. The Level 1s have various roles in the dissemination of information, acquisition of baseline skills and provision of self-management support.</p> <p>Level 1 designation includes, but is not limited to lay health, community health workers, peer counselors, health navigators, health promoters, health coaches, and assistive school personnel with some level of preparation in a recognized healthcare field.</p>	<p>Level 2 diabetes paraprofessionals are complementary healthcare workers who have a defined role in a certified or recognized diabetes education or prevention program.</p> <p>They may also be aligned with practices that serve a dedicated or focused proportion of diabetes patients.</p> <p>The Level 2 designation includes, but is not limited to, Certified Community Health Workers, Certified Nursing Assistants, Medical Assistants, Dietetic Technicians Registered, Pharmacy Technicians, Physical Therapy Assistants, and Licensed Practical Nurses.</p>

Table 1: Diabetes Educator Provider Levels

	Diabetes Educator Level 1	Diabetes Educator Level 2	Diabetes Educator Level 3
Educational Background	<p>Level 1 educators are healthcare providers who interact professionally with diabetes patients to provide the essential knowledge and skills needed for safe self-care.</p> <p>Level 1 designation includes but is not limited to registered nurses (from any accredited entry level education program), advanced practice nurses, registered dietitians (licensed or registered), pharmacists (licensed or registered), exercise physiologists, physical therapists, physicians assistants, and physicians.</p>	<p>Level 2 educators are healthcare providers who have achieved an advanced body of core knowledge and skills related to diabetes education and/or management above that which is required by the profession of origin.</p> <p>Level 2 incorporates those providers who meet the academic, professional, and experiential criteria to qualify for and maintain the CDE® credential. A distinction is made between the newly credentialed educator who is competent in all and proficient in some areas of diabetes knowledge, and the level 3 educators who are at the highest level of expertise in the field.</p>	<p>Level 3 educators are advanced level experts in diabetes education, clinical management and/or research.</p> <p>The Level 3 educator encompasses those involved in integrated, comprehensive, and global management of people with diabetes. This includes, but is not limited to clinicians, researchers, and academics, program managers, healthcare administrators, and consultants. The educator at this level may hold the CDE® credential, meets the academic, professional, and experiential criteria to qualify for and maintain the BC-ADM credential, and may be recognized as a Fellow of the American Association of Diabetes Educators. This level of practice is characterized by care coordination and management, autonomous assessment, problem identification, planning, implementation, and evaluation of diabetes care. Additionally, it involves excellent communication as well as complex critical thinking and clinical decision making skills. High level clinical and non-clinical practice is characteristic of this level.</p>

Why teach self-management?

- PWD must control their blood glucose (BG) levels to avoid complications
- Controlling BG is a complex, 24/7, life-long task
 - Rx's change, increase; may not insure optimal BG control
 - Changes in dietary intake & physical activity necessary
 - And more...
- So much to learn and do (or stop doing)

How Do Diabetes Educators Help?

- AADE7™ Self-Care Behaviors:

Healthy
eating

Being
active

Monitoring

Taking
medication

Problem-
solving

Healthy
coping

Reducing
risks

How Do Diabetes Educators Help?

- They help people with diabetes:

Learn basic information

- Seven tenets of self-care behavior
- Incorporating diabetes management into life

Understand how to use devices

- Blood glucose meters
- Insulin pens
- Insulin pumps
- Continuous glucose monitors

Adopt healthy eating and physical activity habits

- Nutrition education
- Meal planning
- Weight loss strategies

AADE's description of DSM*

Living well with diabetes requires active, diligent, effective self-management of the disease. It is a process that:

- Requires making and acting on choices, on a regular and recurring basis, that affect one's health
- Includes
 - learning the body of knowledge relevant to the disease state,
 - defining personal goals, weighing the benefits and risks of various options,
 - making informed choices about treatment,
 - developing skills (both physical and behavioral) to support the plan,
 - evaluating the efficacy of the plan toward reaching self-defined goals.

AADE7™ curriculum content

1. Healthy eating
2. Being active
3. Monitoring
4. Taking medication
5. Problem solving
6. Reducing risks
7. Healthy coping

*American Association of Diabetes Educators (AADE) (2011). *Scope of Practice, Standards of Professional Performance for Diabetes Educators*, pp. 1-2.

http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/research/Scope_of_Practice_Standards_of_Professional_Performance_for_Diabetes_Educators.pdf

df

Diabetes Education - Patient Benefits

- Studies have shown people who receive diabetes education:

Use primary
care /
prevention
services

Take
medications as
prescribed

Control glucose,
blood pressure,
LDL cholesterol

Have lower
health costs

**Πότε πρέπει οπωσδήποτε
να γίνει Εκπαίδευση στον
διαβήτη;**

**Υπάρχουν 4 κρίσιμες
χρονικές στιγμές**

Diabetes Self-management Education and Support for Adults With Type 2 Diabetes: Algorithm of Care

ADA *Standards of Medical Care in Diabetes* recommends all patients be assessed and referred for:



Four critical times to assess, provide, and adjust diabetes self-management education and support

1

At diagnosis

2

Annual assessment of education, nutrition, and emotional needs

3

When new *complicating factors* influence self-management

4

When *transitions* in care occur

When primary care provider or specialist should consider referral:

- ☐ Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S
- ☐ Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals

Diabetes Care Volume 38,
July 2015

- ☐ Needs review of knowledge, skills, and behaviors
- ☐ Long-standing diabetes with limited prior education
- ☐ Change in medication, activity, or nutritional intake
- ☐ HbA_{1c} out of target
- ☐ Maintain positive health outcomes
- ☐ Unexplained hypoglycemia or hyperglycemia
- ☐ Planning pregnancy or pregnant
- ☐ For support to attain and sustain behavior change(s)
- ☐ Weight or other nutrition concerns
- ☐ New life situations and competing demands

- Change in:
- ☐ Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
 - ☐ Physical limitations such as visual impairment, dexterity issues, movement restrictions
 - ☐ Emotional factors such as anxiety and clinical depression
 - ☐ Basic living needs such as access to food, financial limitations

- Change in:
- ☐ Living situation such as inpatient or outpatient rehabilitation or now living alone
 - ☐ Medical care team
 - ☐ Insurance coverage that results in treatment change
 - ☐ Age-related changes affecting cognition, self-care, etc.

Diabetes Self-management Education and Support Algorithm: Action Steps

Four critical times to assess, provide, and adjust diabetes self-management education and support

At diagnosis

Annual assessment of education, nutrition, and emotional needs

When new **complicating factors** influence self-management

When **transitions** in care occur

Primary care provider/endocrinologist/clinical care team: areas of focus and action steps

- ☐ Answer questions and provide emotional support regarding diagnosis
- ☐ Provide overview of treatment and treatment goals
- ☐ Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)
- ☐ Identify and discuss resources for education and ongoing support
- ☐ Make referral for DSME/S and MNT

- ☐ Assess all areas of self-management
- ☐ Review problem-solving skills
- ☐ Identify strengths and challenges of living with diabetes

- ☐ Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals
- ☐ Discuss effect of complications and successes with treatment and self-management

- ☐ Develop diabetes transition plan
- ☐ Communicate transition plan to new health care team members
- ☐ Establish DSME/S regular follow-up care

Diabetes education: areas of focus and action steps

Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine content to provide and how:

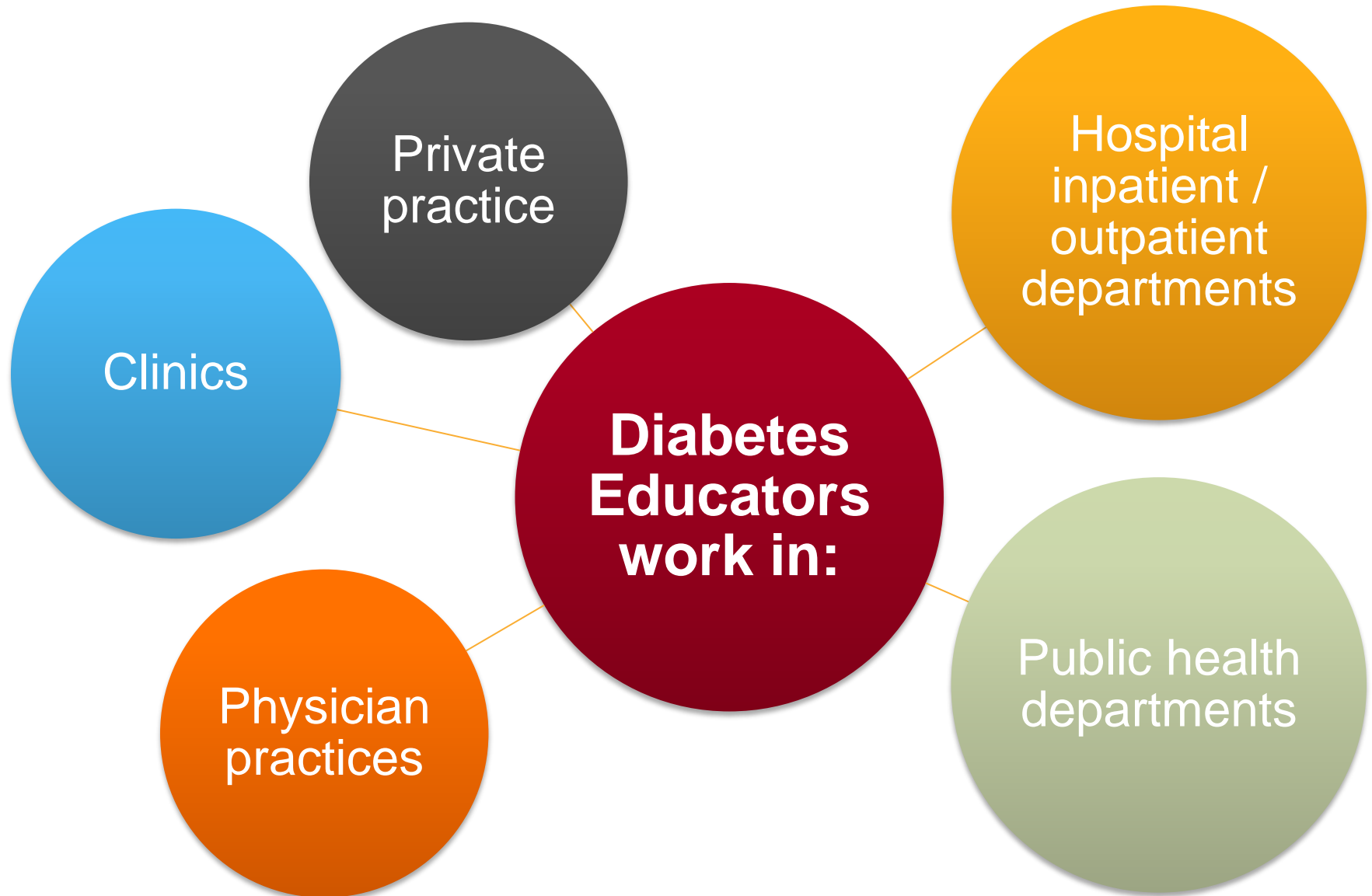
- ☐ Medications—choices, action, titration, side effects
- ☐ Monitoring blood glucose—when to test, interpreting and using glucose pattern management for feedback
- ☐ Physical activity—safety, short-term vs. long-term goals/recommendations
- ☐ Preventing, detecting, and treating acute and chronic complications
- ☐ Nutrition—food plan, planning meals, purchasing food, preparing meals, portioning food
- ☐ Risk reduction—smoking cessation, foot care
- ☐ Developing personal strategies to address psychosocial issues and concerns
- ☐ Developing personal strategies to promote health and behavior change

- ☐ Review and reinforce treatment goals and self-management needs
- ☐ Emphasize preventing complications and promoting quality of life
- ☐ Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands
- ☐ Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes

- ☐ Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications
- ☐ Provide/refer for emotional support for diabetes-related distress and depression
- ☐ Develop and support personal strategies for behavior change and healthy coping
- ☐ Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-management demands, and promote health and behavior change

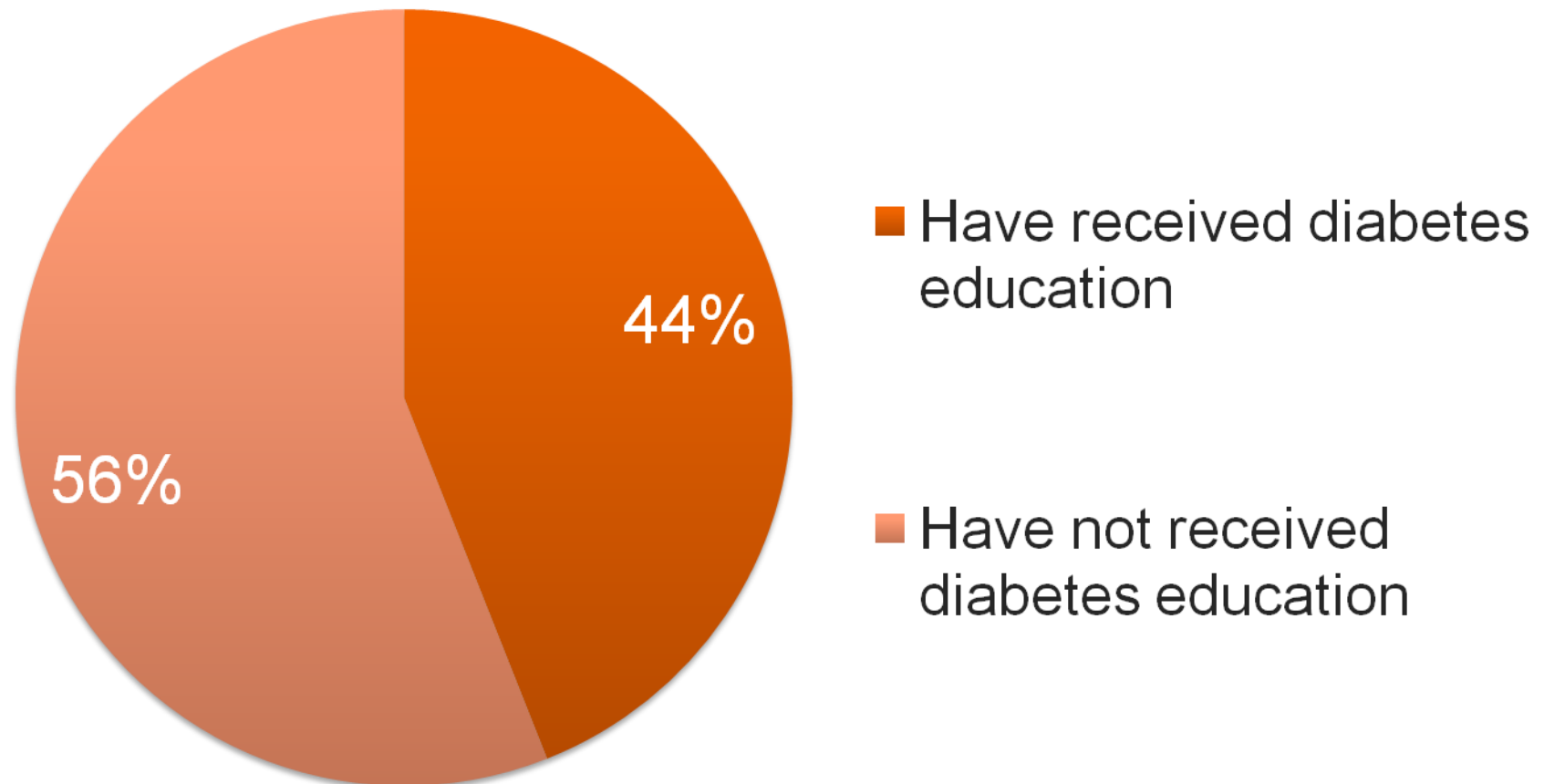
- ☐ Identify needed adaptations in diabetes self-management
- ☐ Provide support for independent self-management skills and self-efficacy
- ☐ Identify level of significant other involvement and facilitate education and support
- ☐ Assist with facing challenges affecting usual level of activity, ability to function, health beliefs, and feelings of well-being
- ☐ Maximize quality of life and emotional support for the patient (and family members)
- ☐ Provide education for others now involved in care
- ☐ Establish communication and follow-up plans with the provider, family, and others

Find a Diabetes Educator



Diabetes Education Underutilized

- Few people with diabetes receive diabetes education...



ΕΥΧΑΡΙΣΤΩ ΠΟΛΥ

