

# DiabeteSource™

News For The Diabetes Specialist

Winter 1998 ♦ Vol. 1 No. 1



In The  
Spotlight

## "American Diabetes Alert"

On Tuesday, March 24, 1998 the **American Diabetes Association** is issuing a "wake-up-call" to millions of adults in this country who have diabetes and don't know it.

**American Diabetes Alert** is a one day national public awareness campaign centered around a simple **paper and pencil test** people can take to assess their individual risk for the disease.

Call **1-800-DIABETES** or **1-800-342-2383** for **FREE** Alert posters and brochures.

**APHA Special Report...** *Solving Drug Therapy Problems in Patients with Type 2 Diabetes.*

## Lack Of Patient Education



Only 35% of patients with diabetes in the U.S. have been educated about their condition, and less than half have attended a self-management program.

Lack of information is one of the foremost reasons for nonadherence to therapy regimens.

**PADDOCK LABORATORIES** has **FREE** patient information available:

♦ **Rule of 15** pamphlets...  
*"Answers to Commonly Asked Questions About Hypoglycemia"*  
in English and Spanish.

♦ Patient Identification Cards

Interested? Call today...  
**1-800-328-5113!**



Welcome to Paddock Laboratories premier issue of *DiabeteSource*. Our objective is to keep you up-to-date on important issues relating to Diabetes as well as communicate timely statistics, special events and meetings in a simple, easy-to-read format.

We hope you find the information valuable. We invite you to share event information as well as topics of interest for upcoming issues.

Phone: (800)328-5113

Thank You! ♦ Nikki Frederickson, Editor



## Compliance & Diabetes...

*Whose Issue Is It?*

by Anne Nettles RN, MS, CDE  
Diabetes Educator Associates Inc.

Several years ago, as the health care community began to more closely examine the role of the patient in preventive care and the management of illness and chronic diseases, the issue of "compliance" received new and broader attention. We began to read and hear statements such as "Diabetics are severely non-compliant. This is why they have complications and require high cost medical services," or "How can we make people with diabetes more compliant?" Such statements resemble the viewpoints of 20-30 years past when diabetes psychological research was lacking and authoritarianism was the norm in health care. In addition, we now hear of "compliance programs" or "compliance tools" available to caregivers or health systems for their members with chronic diseases. Behavior change it appears is a commodity that comes in a bottle or a box, ready for purchase.

As a Diabetes Educator, my reaction to this trend was and is a strong one.

- ? Why doesn't everyone appreciate that diabetes patients are asked to adopt numerous, complex, ever changing habits to manage their disease?
- ? Isn't it likely that most will be unable to conform to all of the "standards of care"?
- ? Don't people realize that diabetes self-care isn't the only thing that our patients value and spend time tending to?
- ? Don't all adults have to weigh many competing demands when choosing how to spend their time and money?
- ? In part isn't it our own lack of quality professional communication and expertise that contribute to the huge problems of diabetes illness and costs?

Thanks to the sensitivity of our diabetes colleagues, the judgmental and authoritarian term "non-compliance" has been slowly removed from the vocabulary of diabetes educators when describing our clients. The same must happen in the health care community at large.

Oversimplification and misunderstanding about behavior and diabetes management in today's health care climate could result in unnecessary waste of effort and dollars spent on ineffective programs and products. Diabetes Educators have an opportunity to assist others to discover what we have learned about enhancing self care behaviors. Our new "learners" will include managed care decision makers and primary care professionals.

First we may have to explain why Diabetes Educators are a credible resource for understanding self-care behavior. We can explain that the title Diabetes Educator was developed to describe the common core of expertise in patient education within a multidisciplinary group of professionals.



## Did You Know?

The number of people with Diabetes will double to 220 million by the year 2010.

Currently, 2.1 percent of the world's population have diabetes, but it may increase to over three percent in the next 12 years. Most of the new cases will occur in Asia which will have 61 percent of the global total. Cases in Asia are expected to swell from an estimated 66 million in 1997 to more than 132 million in the year 2010.

Healthcare America Inc. (HAI) 2003, File # 1014204/200.  
London, England. 13/14/97 @ 05:59 EST. Copyright 1997.

Diabetes is a major health threat in the Latino community. Latinos make up 17% of all diabetics. Lack of access to quality education about diabetes and its management leads to even greater health risks for Latinos.

American Health Consultants, Inc., File # 1114204/200.  
11/15/97 @ 09:30 EST. Copyright 1997.



## Mark Your Calendar!

*Upcoming Meetings*

### American Diabetes Association

◆ June 13-16, 1998 -- Chicago, IL

### American Association of Diabetes Educators

◆ Aug. 20-23, 1998 -- Minneapolis, MN



## The WebMaster

*Website Options For Inquiring Minds*

### [www.diabetes.org](http://www.diabetes.org)

◆ American Diabetes Association  
*Diabetes info & research updates*

### [www.aadenet.org](http://www.aadenet.org)

◆ American Association  
of Diabetes Educators  
*Public info about diabetes education &  
diabetes educators*

### [www.cdc.gov/nccddphp/ddt/facts](http://www.cdc.gov/nccddphp/ddt/facts)

◆ Centers for Disease Control  
& Prevention  
*National Diabetes Fact Sheet*

Submit items of interest for upcoming issues to:  
Paddock Laboratories, Inc.  
Fax: (612) 546-4842 or e-mail:  
[nfred@paddocklabs.com](mailto:nfred@paddocklabs.com).

DiabetesSource is a trademark of:

**Paddock**  
Laboratories, Inc.

3940-Quebec Avenue North ◆ Minneapolis, MN 55427  
Phone: (800)328-5113

Additional health care expertise comes from the nursing, nutrition, pharmacy, medical or psychology fields that diabetes educators originate from. When a diabetes educator works with a patient, in addition to educating about diabetes and its management, we assess physical condition and treatment regimen, as well as the patient's psychological abilities. We give care, counsel and recommend medical treatment changes.

Key issues that educators can clarify with regard to "compliance" include:

1. Most change begins with knowledge.
2. Education results in learning. Studies have demonstrated this.
3. Ongoing education of patients about self management is fundamental to good diabetes care. It is as indispensable as medical management.
4. Changing or adopting self care behaviors is a result of many influences in addition to knowledge such as mental health, motivation, access to resources, social setting and competing life demands.
5. Some behaviors are more difficult to adopt than others. Each self-care behavior is influenced by different factors.
6. Medical care guidelines are available but not all medically recommended behaviors result in improved disease control. Some remain unproven.
7. There are behavioral strategies available that have been tested and are effective. Use of them may require improved skill and knowledge of the provider.
8. Behavioral strategies can be incorporated into general diabetes care delivery.
9. Diabetes educators can include behavioral strategies in their care.

In the last ten years much more behavioral research has been generated that is yielding answers on how to best help our diabetes patients. We still need agreement among diabetes health care professionals about the minimum behaviors that represent good self care and result in disease control. In order to evaluate our patients' needs we must have a goal. Until then our efforts can be directed to help our patients move toward their goals using proven behavior change strategies.

### Cognitive Behavioral Methods:

- |                      |                           |
|----------------------|---------------------------|
| ✓ reframing          | ✓ cueing                  |
| ✓ visualization      | ✓ rewards                 |
| ✓ goal setting       | ✓ contracting             |
| ✓ relapse prevention | ✓ problem solving methods |

### Other strategies:

- |  |                          |
|--|--------------------------|
| ✓ Regimen simplification                                 | ✓ Reduction of obstacles |
| ✓ Relaxation training                                    | ✓ Assertiveness training |
| ✓ Self-monitoring (feedback)                             | ✓ Active participation   |
| ✓ Supervision  | ✓ Counseling             |
| ✓ Creating social support systems                        |                          |
| ✓ Elimination of cognitive distortion, denial or habits. |                          |

Core Curriculum for Diabetes Educators

### Want to know more?

Some useful behavior models found in the literature include: Regimen Adherence, Readiness for Change, Empowerment, Precede-Proceed, Adaptation to Chronic Illness, and Relapse Prevention. A number of measurement instruments are available as well: *Handbook of Psychological Measurement in Diabetes Research* - C. Bradley and *Measurement Tools in Patient Education* - B. Redman.

# GLUTOSE 15™

**ONE TUBE • ONE TWIST • ONE 15 GRAM DOSE**