



Continuum of Care/Transitional of Care as it relates to Diabetes

By
Nancy Garth, BSN, RN, CLNC,
LDE, CPPN
Clinical Health Education
Coordinator
UK Healthcare Polk Dalton Clinic

Objectives



IDENTIFY KEY GOALS FOR
SELF-MANAGEMENT OF
DIABETES



IDENTIFY WAYS TO HELP
PEOPLE NAVIGATE THEIR
CARE



IDENTIFY WAYS TO HELP
CLIENTS MAKE SOME
LIFESTYLE CHANGES



What is
Diabetes



Diabetes

According to National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

“Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high. Blood glucose is your main source of energy and comes from the food you eat. [Insulin](#), a [hormone](#) made by the [pancreas](#), helps glucose from food get into your cells to be used for energy. Sometimes your body doesn’t make enough—or any—insulin or doesn’t use insulin well. Glucose then stays in your blood and doesn’t reach your cells.”

What are the different types of diabetes?

The most common types of diabetes are:

Type 1 diabetes

- If you have [type 1 diabetes](#), your body does not make insulin. Your [immune system](#) attacks and destroys the cells in your pancreas that make insulin. Type 1 diabetes is usually diagnosed in children and young adults, although it can appear at any age. People with type 1 diabetes need to take insulin every day to stay alive.

Type 2 diabetes

- If you have [type 2 diabetes](#), your body does not make or use insulin well. You can develop type 2 diabetes at any age, even during childhood. However, this type of diabetes occurs most often in middle-aged and older people. Type 2 is the most common type of diabetes.

Gestational diabetes

- [Gestational diabetes](#) develops in some women when they are pregnant. Most of the time, this type of diabetes goes away after the baby is born. However, if you've had gestational diabetes, you have a greater chance of developing type 2 diabetes later in life. Sometimes diabetes diagnosed during pregnancy is actually type 2 diabetes.



The Diabetes Epidemic

- 30.3M people with diabetes
- Type 1 diabetes – 5%
- Type 2 diabetes - 95%

- Risk Factors
- Family history
- BMI – Type 2
- Physical inactivity
- Age > 45 years old

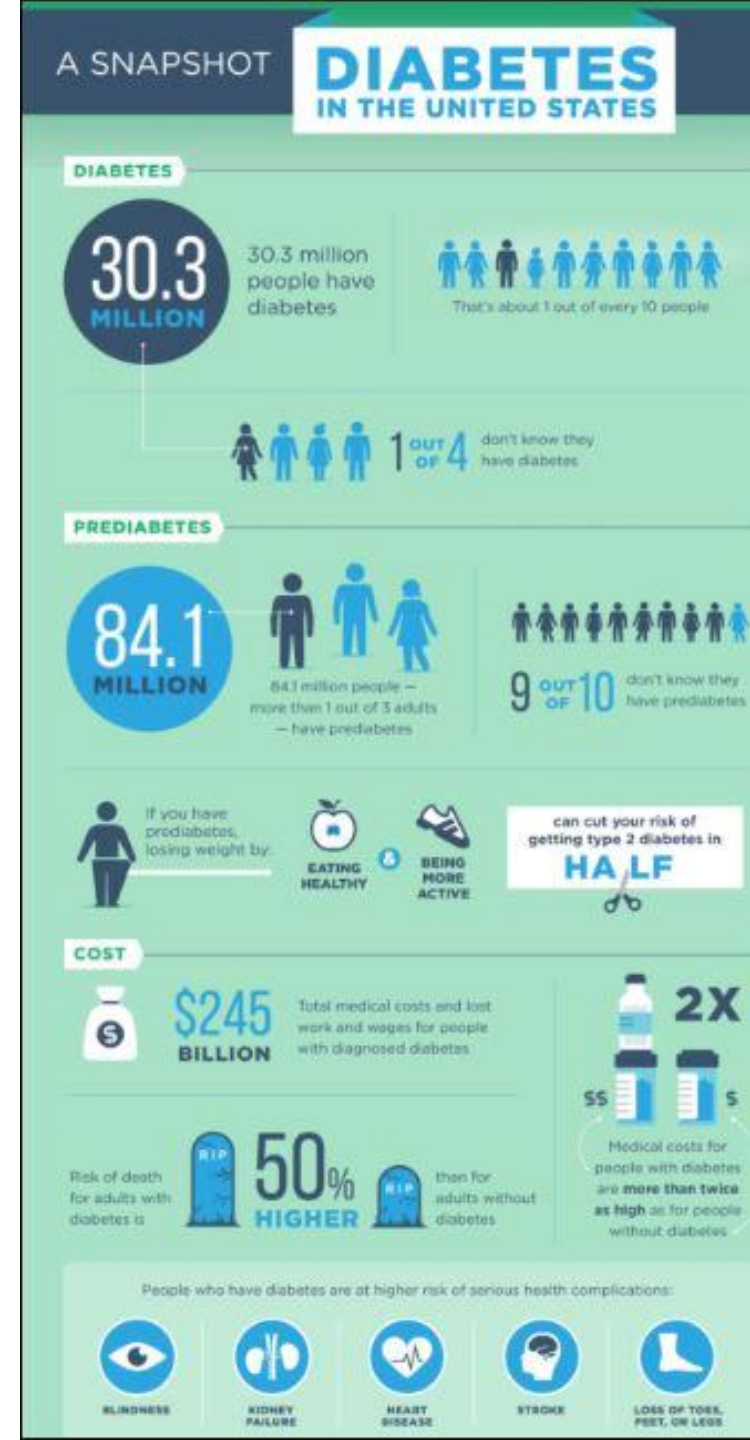
file:///C:/Users/User/Documents/Diabetes/diabetes-infographic%20snapshot.pdf



The Diabetes Epidemic

- Diabetes
- 1 out of every 10 people have diabetes
- 1 out of every 4 people do not know they have diabetes
- In Kentucky, 13.1% of adults have diabetes
- Pre-diabetes
- 1 out of every 3 adults have pre-diabetes
- 9 out of 10 do not know they have pre-diabetes
- In Kentucky, 9.6% adults have pre-diabetes
- Cost
- Medical costs twice as much for people with diabetes vs people without diabetes
- \$245B spent total medical costs + lost work/wages
- In Kentucky, \$3.85B spent total medical costs + lost work/wages

file:///C:/Users/User/Documents/Diabetes/diabetes-infographic%20snapshot.pdf



More Risk Factor for Type 2 Diabetes

Age greater than 45 years

Diabetes during a previous pregnancy (gestational diabetes)

Excess body weight (especially around the waist)

Family history of diabetes

Low HDL cholesterol (under 35 mg/dL)

High triglycerides (250 mg/dL or more)

High blood pressure (greater than or equal to 140/90 mmHg)

Secondary diabetes – resulting from medication use (e.g., prednisone)

Impaired glucose tolerance on an oral glucose tolerance test

Low activity level (exercising fewer than 3 times a week)

Polycystic ovarian syndrome

Some Symptoms of Diabetes

- Unusual thirst and frequent urination
- Blurred vision
- Fatigue
- Frequent infections, including bladder infections
- Tingling/numbness in the extremities
- Unexplained weight loss
- High blood sugar over a long period of time causes serious damage to blood vessels (loss of elasticity) and nerves (neuropathy).



Complications
from Diabetes

Heart disease

Stroke

Blindness

Kidney failure

Neuropathies

Diabetes Causes Health Problems



Over time, having too much glucose in your blood can cause [health problems](#). Although diabetes has no cure, you can take steps to [manage your diabetes](#) and stay healthy.

Where do we go from here

Now we know:

- What it is
- Who it affects



Diabetes Education

- Diabetes mellitus type 1 and type 2 are both complex, multisystem disease that require ongoing self-management by patients and families in collaboration with their healthcare providers.
- An understanding of the disease process, the necessary patient self-management skills, and the process of behavior change through personal empowerment are all imperative in order to be successful working with patients.





Content Areas of Patient Education

The American Diabetic Association requires 10 content areas of diabetes education to be covered in diabetes self-management programs:

- What is diabetes?
- How can I learn to live with diabetes?
- What do I need to learn about food?
- What do I need to know about physical activity and exercise
- How are oral medications used to treat diabetes
- When does a patient need insulin?
- Why do I have to test my own glucose
- What do they mean when they say “acute complication?”
- How can I prevent chronic complications?
- Is it really possible to change a person’s habits?



Teaching Strategies for Diabetes

How old is the patient and at what developmental stage?

How long has he or she had diabetes? Any complications?

What does the patient know and what misconceptions are present?

Is there a support system and what does it consist of?


Ask about previous experience regarding diabetes through family, work, school and community?

What is his or her lifestyle and habits like?

What are his or her health and cultural beliefs?

What is his or her economic and insurance status?

What issues have caused problems, and what does the patient want?



The Bottom Line

You need to look at it from the clients lens

Some People May Say.....

Sometimes people call diabetes “a touch of sugar” or “borderline diabetes.” These terms suggest that someone doesn’t really have diabetes or has a less serious case, but every case of diabetes is serious.

Keep in Mind

Help patients identify a personal reason why making changes in their eating habits and/or lifestyle is important. Often the ability to make and stick with a behavior change is linked with a clear reason that has been identified for doing so, for example, a reason could be wanting to feel less tired in order to enjoy the grandchildren more.



Preference & Usual Habits



What does the patient like to eat? Where do they eat? Are they in restaurants a lot?
What are the cultural influences that have an impact on their food choices?
What are the socioeconomic factors that affect their access to food? Are there religious considerations?

Getting Clients Input

With input from the patient, look for one change the patient can make that will likely have the biggest impact. It may be omitting (or reducing) the amount of sugar-sweetened beverages or juices. It may be making a change in the lunch they order every day from the same fast food restaurant. Get their input about what is possible, set a goal and then follow-up to discuss it.



Finding out Influencing Factors in Clients Life



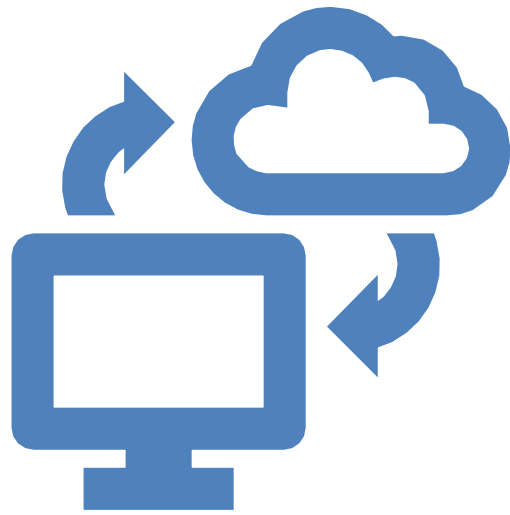
It's helpful to get an understanding of the different influences on your patients' eating styles, as this can help inform the depth or degree of complexity when it comes to counseling patients on healthy eating principles.

Organization may be Key



When you have a condition called
Diabetes, you need to have some type
of organization to keep up with all the
moving parts

Tools/Resources



Let me share some ideas, tools, and resources I use in our Primary Care Office

References

- **References**
- [1] Centers for Disease Control and Prevention. National diabetes statistics report, 2017. Centers for Disease Control and Prevention website. www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf (PDF, 1.3 MB) . Updated July, 18 2017. Accessed August 1, 2017.

