Diabetes Education Pearls of Wisdom





CDE to CDCES

- A certified diabetes educator (CDE) is now called a certified diabetes care and education specialist (CDCES)
- Today I would like to give some needs that I have seen unmet in many of our patients. As providers, discussing these may assist in better management of our patients with diabetes.





Diabetes Self-Management Education and Support (DSMES)

- Critical element of care for all people with Diabetes
- Underutilized
 - Only 5% of Medicare beneficiaries with newly diagnosed diabetes used DSMT services
 - Only 6.8% of individuals with newly diagnosed T2D with private health insurance received DSMES within 12 months of diagnosis





DSMES Core Content

(This is ideal, although many of our patients will not attend a DSMES Program.)

- Pathophysiology of diabetes and treatment options
- Healthy coping
- Healthy eating
- Being active
- Taking medication
- Monitoring
- Reducing risk (treating acute and chronic complications)
- Problem-solving and behavior change strategies.





Pathophysiology of diabetes and treatment options

- In short and layman's words what is diabetes. *Too much sugar in the blood.* Short version of what pancreas does and how insulin works. Make it easy and to the point. Provide examples.
- What type of diabetes do I have? Many do not know this.
- Inform patients of various treatment options. Make them feel they are in the decision process.
 - Oral medications
 - Insulin
 - Non-insulin injectables





What I should teach about insulin.

- How each insulin prescribed works. What they need to watch for.
- How to take it and it should be written before they leave. Do not depend on what the pharmacy notes on the package.
- Do they know how to use the insulin syringe. Can they see it to give correct dose.
- If ordering an insulin pen, how to use it properly.
- Injecting insulin. What site are they injecting in.
- Storage of the insulin used and unused.
- Proper disposal of needles.





Taking Medications Safely

- How and when to take medications
- Side effects of medications
- List changes being made, they will forget
- Have them bring in medications from home. Intake person can look at this to make certain they are not duplicating and have what's prescribed.





Symptoms of Hypoglycemia and Treatment

- Weakness
- Cold sweat, clammy feeling
- Shakiness
- Hunger
- Irritability
- Headache
- Dizziness
- Trouble concentrating
- Light-headedness

If symptoms occur, follow these steps:

- If possible, test blood glucose to confirm below 70
- 2. Eat or drink a fast acting carbohydrate food (15 grams)
- 3. Rest for 15 minutes, then retest blood glucose
- 4. If blood glucose remains too low, repeat steps 2 and 3
- 5. Eat a meal within the next half hour
- 6. Treatment if taking Acarbose





Symptoms of Hyperglycemia

- Increased thirst
- Increased urination
- Blurry vision
- Feeling tired
- Slow healing of cuts or wounds
- More frequent infections
- Weight loss
- Nausea, vomiting, and abdominal pain

Managing Hyperglycemia

- Test blood glucose regularly
- Look for causes, such as:
 - Unhealthy food choices
 - Too little medication
 - Stress or illness
- Work with your diabetes team to adjust the plan of care

Healthy Eating

- There is no specific "Diabetes Diet". We now want to focus on Healthy Eating.
- All foods are acceptable in moderation. The only thing we do emphasize is stop the sugary drinks.
- Stress that carbohydrates turn into sugar so this is the main food group that will be moderated not eliminated.

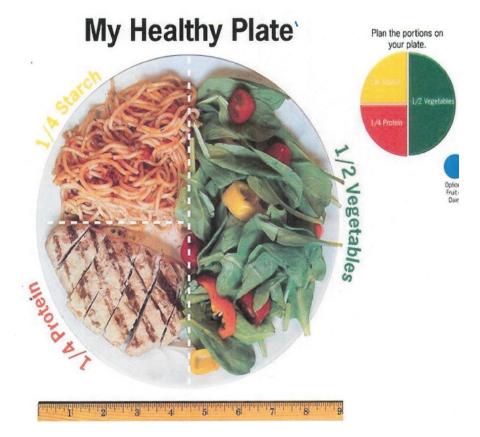




My Healthy Plate

- Limit fried and high fat foods.
- · Limit sodium.
- Smaller plate
- Carbs per meal:
 - Men -45-60 grams
 - Ladies -30-45 grams









Physical Activity

- An important part of the diabetes management plan
- Exercise is a form of physical activity that should be performed regularly.
 - ➤ 150 min a week = 60 minutes 3 days/week = 30 minutes 5 days/week
 - >Start slow = 10 minutes 3 times a day and gradually increase
 - ➤ No more than 2 consecutive days of rest
 - ➤ Flexibility and balance training 2-3 days/we
 - ➤ Check with your doctor before starting





Healthy Coping

- Mental health should always be addressed.
- Diabetes can cause much distress.
 - Support system
 - Referrals as needed





Foot Care

- Inspect feet daily
- Wash feet daily warm water, no long soaks. Dry, especially between toes.
- Keep skin soft apply moisturizing cream, but do not apply between toes.
- Shoes should be worn at all times.
 - Should fit well
 - Inspect shoes before putting on.
- Looking for signs of infection and if present, get evaluated.





Self-Monitoring Blood Glucose at Home

- Blood glucose monitoring via fingerstick or CGM.
- All patients should know their target ranges.
- Instruct on when to test and discuss what their readings mean.
- If asking for this to be done, it should be evaluated at visits.
- Allow patients to inform you of reasons for out-of-range readings and encourage to do more of what they did when they were in range.





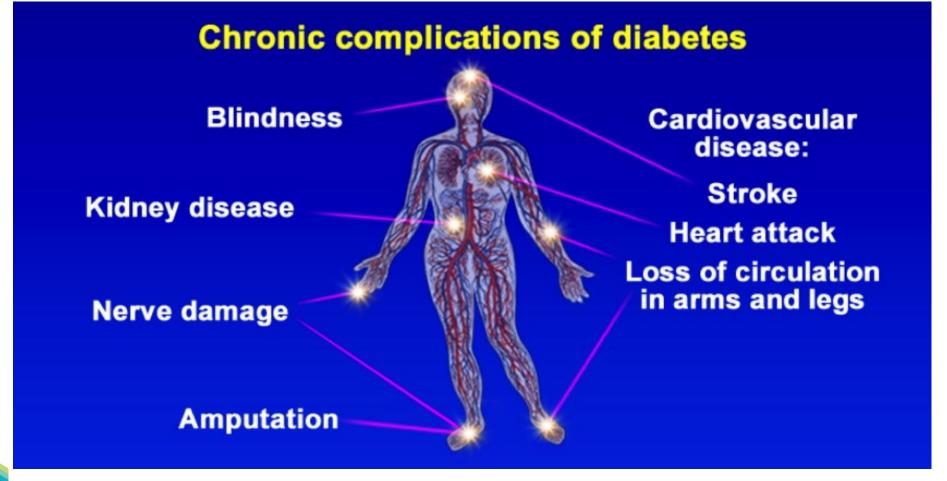
Blood Sugar Target

- Fasting: 80-130
- Before meals: Less than 150
- 2 hours after meals: Less than 180
- Bedtime: 100-140
- Individual targets will vary***





Hyperglycemia Can Cause Serious Long-Term Problems







Indications for DSMES Referral

- Four Critical Times to Refer:
 - New diagnosis of diabetes
 - Annually and/or when not meeting treatment goals
 - When complicating factors develop
 - When transitions in life and care occur

- Inpatient Consults:
 - New diagnosis of diabetes
 - New insulin start
 - Pump patients
 - Recurrent hypoglycemia
 - Various other needs





Resources

- Listings of ADA ERP Listings
 - Search for Recognized Education Programs by zip code or filter by state
 - https://professional.diabetes.org/erp_list
- Listing of ADCES recognized programs
 - ADCES website
- Children with diabetes and all Type 1 diabetes
 - JDRF website





Questions?



