Diabetes education program focuses on self-management

**New self-management education guidelines** represent a paradigm shift in diabetes education from a content-driven practice to patient-centered goals. The American Association of Diabetes Educators (AADE) recently defined seven health behaviors to guide diabetes self-management education, which were endorsed by the American Association of Clinical Endocrinologists and the American Diabetes Association.

Through the AADE’s *7 Self-Care Behaviors* program, diabetes educators aim to help patients adopt healthy behaviors and make daily self-management decisions at home — where the majority of diabetes care takes place — and actively partner with their healthcare providers.

**Workshops in 7 Self-Care Behaviors**

The UCLA Diabetes Education Program now offers workshops on the *7 Self-Care Behaviors*. The classes help support patients in making informed decisions and enhance their problem-solving and coping skills in order to assume greater responsibility for their daily care. The interactive workshops provide a combination of individual attention and small-group education with two to 10 participants.

**Education a key to collaborative care**

The complications of poorly managed diabetes are numerous and severe: heart disease, stroke, eye disease, kidney disease and nerve damage. Diabetes self-management education has been shown to reduce the risk of complications, says Evelyne Fleury-Milfort, a nurse-practitioner and supervisor of the UCLA Diabetes Education Program.

“Care has shifted to an individualized approach that is more patient-centered,” she explains. “The patient and his or her family are placed at the center of that care model working in collaboration with the healthcare professional. This model of care is sensitive to the patient’s preferences and values. The patient guides the decision-making.”

The benefits of self-management education extend to patients at all stages of the disease, from those with prediabetes to people who have lived with the condition for years and may need new motivation, Fleury-Milfort says.
Each two-hour workshop reflects best practices in one of the seven behaviors:

- Healthy eating
- Being physically active
- Monitoring blood sugar and knowing how to use the results
- Problem-solving
- Taking medications as recommended
- Reducing the risks of acute and long-term complications
- Healthy coping

The program is well suited for people who are newly diagnosed with diabetes, or have poor self-care skills. The “a la carte” menu allows customization of the education experience. It can also be useful for those with prediabetes who are trying to prevent full onset of the disease. The group format permits the social support that research shows improves patient adherence and coping skills. Patients are encouraged to bring a family member to the workshops.

Other diabetes education services

Individual counseling with diabetes educators or nurse-practitioners is also available to address initiation of insulin therapy, insulin-pump therapy, continuous glucose monitoring, diabetes in pregnancy and other patient-educational needs.

For people with type 1 diabetes, a support group entitled Strong on Insulin meets on the West Side to share experiences and information about living with diabetes, new technologies and new research. A five-session evening class called Basics and Beyond is offered twice a year, also on the West Side.

UCLA’s diabetes education program is recognized by the American Diabetes Association. Education services are available at all the office locations listed below and are covered by Medicare and most insurance plans. Patients must be referred for diabetes education services by a physician.

Reducing long-term complications and costs

Diabetes now affects 8.3 percent of the U.S. population. Another 79 million Americans have prediabetes. According to a study by the UCLA Center for Health Policy Research, diabetes rates in California increased almost 26 percent between 2001 and 2007. Today, more than 2 million Californians have been diagnosed with the disease.

Research shows that patients who attend classes are more likely to follow best-practice treatment recommendations that result in fewer infections and emergency room visits and lower healthcare costs.

Although diabetes treatment is individualized, diabetes self-management education provides an evidence-based framework allowing the patient and physician to share a common language and a clear understanding of treatment goals.