

How To Impact Your Patients Lifestyles In 20 Minutes!

Part 6 – My Observations

Special Feature by Stephen Freed, RPh, Diabetes Educator, Publisher

This is the final chapter. Traveling over 3600 miles in less than 30 days to rural towns in Illinois and meeting with over 350 patients with diabetes and their families, has provided me some insight that I would like to share with you.

First of all, I would like to thank my partners in this program, TheraSense and NovoNordisk. They provided the instant A1c tests, monitoring exhibits and showed each patient the many different options for them.

We met participants from all walks of life. Some were highly educated and some had very little education. We met with working and retired professionals, blue collar workers and farmers. There were Native Americans, African Americans, Mexican Americans, Caucasians, Asians and many more. The ages ranged from 8 to 93 years.

These are the significant observations I made:

1. There are no 2 people with diabetes that are the same. Each person dealt with his or her diabetes in a different way. Most of the patients I spoke to had A1c's over 8.0%. Most had never gone through an education program of more than 2 hours. Almost all of those with Type 2 diabetes were overweight.
2. I could go into a small town and after the first couple of A1c's, I could see a trend and tell what kind of medical care the local physicians were providing. Most everyone in the town would be going to the same doctor or medical practice in town. By providing some basic information to the patients and telling them to be more proactive with their medical team, I believe we made an impact not only the patients and their families, but also on their doctors.
3. Most all of the patients thought it was their doctor's job to control their diabetes. When I explained to them that Diabetes was a LIFESTYLE DISEASE and that they had 95% control over it, they were surprised. Interestingly they were open to the fact, and realized they had to make the changes and be more proactive with their doctors and nurses.
4. No one was reading food labels properly. They all were paying more attention to the amount of sugars and not carbohydrates. Portion size was rarely looked at. We can have a major impact with our patients if we keep it very simple and make sure that they understand it is not the sugars, but the portion sizes and carbohydrates that are raising their blood sugars and adding weight.
5. Most of the patients thought they were doing as enough physical activity, or they had excuses. No one realized just how important physical activity was to controlling his or her diabetes. Everyone knows exercise is good for you, but the question that needs to be answered is WHY! Providing the patient with the knowledge to make the right decision is what diabetes education is all about. It is not about telling the patient what to do, but giving them the information in a format they can understand so they will make the right decisions. Don't just tell them to exercise! Explain to them what happens when they increase their physical activity. They will make the right decision. TRUST ME!
6. No one really understood the importance of the A1c result. We have to be more proactive with our patients so they will request the result. We need to make sure they can correlate the A1c number to the Blood Glucose results. They need to understand

that just lowering the A1c, 1 point, will reduce their risks considerably. They need to request an A1c test at least 4 times a year when they see their doctors

7. Rarely did anyone understand the importance of checking his or her blood glucose 2 hours after eating. Most were only doing fasting blood sugars. We explained to them that checking blood glucose 2 hours after eating, will show us if their diet, exercise, or medications are working. The reading 2 hours after they eat is 100% in their control, They will learn something new every time they check their blood glucose after they eat. Whether they ate too much, or they ate the wrong foods, or is their medicine working? If it is too high, they can go for a walk and drink some water. They can have an immediate impact with those blood glucose readings.
8. Most patients have never gone through a full diabetes education program. By making sure that patients go through an education program we can have the greatest impact of all. Giving them the knowledge to make the right decisions is giving them the power to self-manage their diabetes. We need to know which programs are in our areas and refer, refer, refer then follow up, follow up and follow up with every patient to make sure they have completed the total program.
9. We need to approach diabetes as preventative medicine and not wait until we have the complications to treat. Diabetes Education is all about prevention and the patient needs to understand that it is up to them to prevent the complications now or be treated later.
10. Patients have learned to be afraid of insulin. When I asked patients to tell me what they think, when I mention insulin to them, most all had a fear of insulin. They felt it was the final step before they would see the complications. Most patients shared with me that their doctors had threatened them with insulin shots if they did not exercise and lose weight. In their minds Insulin was a punishment for not doing what their doctor told them. Explaining to them that insulin is a natural hormone and doesn't have the side effects of some of the oral drugs and that controlling their blood sugars would be easier, made them feel more comfortable. Insulin education needs to be part of every diabetes education program to take away the fear of self-injection.
11. We could have an impact and help our patients to change and take control of their diabetes. But it must come from the patient

With every patient, I asked them: When was the last time you got up in the morning and said: "My Diabetes Is Killing Me, I need to call my doctor"?

No one ever calls their doctors because their diabetes is bothering them, Diabetes Does Not Hurt! If diabetes did hurt we would not have the number of complications or out of control patients.