

A look 'upstream' to Melbourne

In the spirit of patient centeredness

Angus Forbes

Are the latest treatment innovations enough for people living with diabetes in the 21st century? How can the medical profession utilise current technologies and treatment innovations without losing touch with patient values and the power of compassion and insight?

Leading the way for the Education and Integrated Care Stream, Angus Forbes allows us to 'shadow' the exciting programme planned for Melbourne 2013. Care integration and patient-centeredness will be threaded throughout lectures, discussions and symposia with renewed energy and insight. To reflect the importance of empowerment, people living with diabetes will be actively participating in forums and discussions alongside healthcare providers. Switching to a broader perspective, global variations in innovation, education and self-management care will be reviewed, helping to address the need for a worldwide diabetes care reality check.

The Education and Integrated Care Stream scheduled for the IDF World Diabetes Congress in Melbourne will address global perspectives on key dilemmas associated with diabetes self-management innovations in the 21st century. Today's advances in diabetes medical therapies continue to expand opportunities for improving treatment and management strategies. However, advanced treatments are only effective if people with diabetes can use them appropriately and accommodate them within their daily lives.¹ There is also growing recognition within the diabetes community that an individualised approach to diabetes care² may lead to enhanced adherence to therapy. Individualised programmes should identify more than just individual risk assessment, and actively involve people with diabetes in identifying their own targets and treatment decisions.³ Consequently the value of diabetes innovations, especially those designed to motivate people and reinforce positive self-management behaviours, is directly linked to improved outcomes making them essential for advancing diabetes care.



Care integration has been a key buzzword in the healthcare landscape for the last decade. Currently identified as one of the most important qualities for the development of effective care systems in diabetes, integration is a professional healthcare preoccupation because the collective approach of providing patient-centred care, quality, safety and efficiency all in one is demanding. Care integration is an overarching theme embedded throughout the Stream, and we will examine important areas where integration is challenging, especially for mental health and diabetes; transitions across the ages and in the context of gender; integrating alternative

health models; the interface between the person with diabetes and family members; and innovative approaches to integrating care systems.

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a reality for people living with diabetes? To answer this question, we will be sharing key multinational data that may reveal whether patient values actually guide clinical decisions. In the spirit of patient centeredness, we will facilitate discussions and ask people living with diabetes about current trends in patient education. We will also examine alternative techniques for engaging patients in their care, including the use of narrative medicine and through media such as art and storytelling. We are privileged that one of the leading advocates of a patient centred approach to diabetes education, Professor Jean-Philippe Assal, will





present a lecture entitled, ‘*Power and fragility in health, illness and disease: the role of healthcare providers and patients*’ as part of the Melbourne programme.

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Additionally, we will consider the important area of adherence, which we know is a significant predictor of diabetes complications.⁴ Many factors contribute to adherence, and the programme will highlight some current innovations in this area including sessions on the potential of asking more from patients in the development of therapies; quality use of medicines; and how innovations actually enhance adherence. E-health technologies are evolving rapidly in tandem with the changing way people communicate and interact more generally. In addition to the use of social media and mobile health (m-health) interventions, we will discuss how new technologies can be integrated within the wider care system and how the

potential for greater self-management support is enhanced.

There will be a symposium on the challenging area of type 2 diabetes prevention in young people. Clearly with rising childhood obesity levels there is an urgent need to develop effective strategies to help young people become more active and consume less highly refined carbohydrate.⁵ We will be exploring this from a number of perspectives, including innovative work on the use of play to increase activity and through integrated programmes targeting schools, families and the environment.

Finally, reflecting the global nature of the Congress, we will have presentations from different regions, highlighting innovative strategies from all over the world. Presentations from low- and middle-income countries (LMICs) will examine how innovative education programmes are often executed with limited resources. We will also explore global variations in access to psychological and self-management care with a special symposium from the DAWN 2 Study.⁶ The programme will showcase current trends in diabetes education worldwide. There will also be special sessions on

controversial topics such as current dietary trends (weeding out the fads) and scrutiny related to extreme levels of exercise. Opportunities for participants to interact with these important topics through interactive discussions and in workshops will be provided.

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References

1. Odegard PS, Capoccia K. Medication taking and diabetes: a systematic review of the literature. *Diabetes Educ* 2007; 33: 1014-29.
2. Inzucchi SE, Bergenstal RM, Buse JB, et al. Management of hyperglycemia in type 2 diabetes: a patient-centered approach: position statement of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care* 2012; 35: 1364-79.
3. National Institute for Clinical Excellence (NICE). *Type 2 Diabetes: the Management of Type 2 Diabetes*. Clinical guideline; no. 87. NICE. London, 2009.
4. Donnelly LA, Morris AD, Evans JMM, et al. Adherence to insulin and its association with glycaemic control in patients with type 2 diabetes. *QJM* 2007; 100: 345-50.
5. World Health Organization (WHO). *Childhood overweight and obesity*. <http://www.who.int/dietphysicalactivity/childhood/en>
6. Peyrot M, Burns KK, Davies M, et al. Diabetes Attitudes, Wishes and Needs 2 (DAWN 2): A multinational, multi-stakeholder study of psychosocial issues in diabetes and person-centred diabetes care. *Diabetes Res Clin Pract* 2013; 99: 174-84.