The Education and Integrated Care Stream scheduled for the International Diabetes Federation (IDF) World Diabetes Congress Vancouver 2015 will consist of a group of sessions in different formats and will attempt to answer the question “How can people with diabetes effectively manage their own care and what is the role of healthcare professionals?”

Diabetes self-management education (DSME) is a critical part of care for all people with diabetes and those known to be at risk for developing the disease. The overall objectives included in DSME are to support informed decision-making, self-care behaviours, problem solving, and active collaboration with the health care team. In addition, it is important to improve clinical outcomes, general health status, and maintain quality of life.¹ At present, the majority of people with diabetes and pre-diabetes have no access to structured DSME.

Today, person-centred care is recognised as an important aspect of health care quality. The core of person-centred care is comprised of patient narratives and extended dialogue, to enable to the doctor and the person living with diabetes to build a successful and trusting partnership. Person-centred care recognises people with diabetes as equal partners in planning, developing and assessing ongoing care to assure the current therapy and DSME skills are most appropriate for needs. Findings from the DAWN study support a paradigm shift from an acute care model to a person-centred integrated chronic care model, including self-management education and psychosocial support. In addition, a frequently discussed topic is how to create more integrated care in order to ensure a personalised care organisation. The real challenge for all organisations is the movement from individual, person-centred moments to person-centred cultures.

During the Stream’s Open Forum, an interactive session will provide opportunities for participants to discuss what person-centred care looks like and how research findings can be translated to clinical practice highlighting personalised approaches to diabetes, shared decision-making, patient engagement and culturally relevant care. A symposium focusing on tackling the challenges of diabetes education in vulnerable populations and for children and adolescents² living with diabetes is included in the programme. There will also be opportunities for participants to interact in a workshop to share experiences and discuss how to integrate diabetes education into routine practice. Experts in the field of behaviour change will focus on the topic of emotional and behavioural responses to the diagnosis of diabetes and prediabetes.

A field which continues to expand is e-Health. The number of
publications evaluating web-based and mobile health interventions is increasing rapidly. The term e-Health is described to characterise not only a technical development, but also a state-of-mind, a way of thinking, an attitude, a commitment for networked, global thinking, to improve health care locally, regionally, and worldwide by using information and communication technology. E-Health, supported by information and communication technology, is suggested to inspire patients to take an active part in their health care and the decision-making process, empower them, and support a person-centred approach.

A symposium on the current trends in this field will give the audience a hint of where it is going, how technology can be used, and will illustrate innovative health-care applications to prevent and treat diabetes. One of the symposia will present diverse research experiences from the field and how to use technology for online diabetes education.

Modern guideline development in diabetes care has focused on supporting clinical practice recommendations with evidence. An example of one approach is to develop a full-process guideline which involves a full and systematic development of the clinical questions to be addressed, while also developing recommendations supported by complete and formal evidence searching and review, using primary sources. One symposium will present an overview of the various guidelines that have been developed in the field of diabetes and will demonstrate how to integrate the guidelines into practice.

It is critically important that modern recommendations for managing diabetes are closely aligned with individual characteristics such as functional status, presence of frailty and dependency, comorbidity profiles, and life expectancy. These characteristics influence treatment goals, the care/caring model and care/caring plan. The IDF global guideline for managing older people with type 2 diabetes is intended to support clinicians in order to provide a multidimensional integrated approach to the comprehensive management of diabetes in older people. During one workshop, an interactive discussion will explore the key nursing and medical issues that occur in caring for older persons with diabetes.

Hypoglycaemia is a frequent adverse effect of diabetes treatment with insulin therapy and sulphonylureas. Effective education of patients and their relatives is fundamental in the treatment of diabetes mellitus. Fear of hypoglycaemia (FOH) can be a barrier to glycaemic control in type 1 diabetes. Findings from research highlight the complexity of FOH and a variety of factors need to be considered in order to understand the psychological and clinical implications of FOH. A symposium about hypoglycaemia and tackling the issues is included in the programme.

Care for patients with diabetes requires a coordinated and collaborative team working in partnership with the patient. A multidisciplinary and interdisciplinary team is necessary to provide the long-term support needed by individuals with diabetes and their families. A symposium regarding team-based care and professional competencies is included in the programme. Examples for standards for professional education will be presented.

The key role that nutrition plays in supporting good health, prevention and effective diabetes treatment across the lifespan will be discussed in a
symposium that begins with a fascinating presentation that explores epigenetics and the early prevention of obesity. Other topics in this symposium will focus on effective nutrition strategies for prevention and treatment in children and adolescents, adults and older persons with, or at risk for diabetes.

The glycaemic index (GI) is utilised as a tool in diabetes nutrition management to greater or lesser degrees, depending on the area of the world and the nutrition guidelines followed therein. The scientific evidence and practical application related to usefulness of the GI will be revisited in a spirited debate that will enable participants to re-examine integration of GI into their clinical practices. Finally, the Congress will have presentations from all IDF regions, and will highlight examples of innovative strategies from all over the world. The latest research and current trends in diabetes education and integrated care will be presented and discussed. Current IDF projects will be presented. There will also be patient narratives included in the programme, sharing stories and personal experiences of having diabetes and caring for diabetes. Moreover, the patient narratives are intended to address ideas, concerns and expectations regarding improving diabetes care.

About the Author

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References
