Diabetes education

The figure of the diabetes coach around the world

12 October 2018
Diabetes education

- Key for people living with diabetes and their carers, and for people at risk of diabetes

- Needed at all stages of life, starting at the point of diagnosis or at the moment the risk of diabetes is identified

- Very heterogeneous around the world

- Education is important to improve the health outcomes and the quality of live, prevent complications, and fight stigma and discrimination

- The role of the diabetes coaches/educators is key for patients and the society as a whole
Diabetes Education: USA

Riva Greenberg
Brooklyn, New York
Who am I?

- Health Coach
- Health Researcher
- Inspirational Conference Speaker
- Author
- Corporate Advisor
Why This Work?
Diabetes Education in the US

1. Most DSME from doctors - 12 min visit

2. Medicare covers 10 hours group classes

3. ADA recommends education for all, less than 10% get

4. Obstacles: Doctors don’t know, don’t refer, class far away, group not personalized

5. ADA & AADE trying to improve access. Roughly 100 million people - 1/3 of U.S - have pre-diabetes or diabetes
Becoming a CDE

1. No direct path/curricula

2. Already HCP - *doctor, nurse, dietitian, pharmacist, exercise or behavioral therapist*

3. Two years experience plus 1,000 work hours in DE

4. Exam certification, renew every 5 years

5. No government support

6. Hospitals, clinics, doctor offices and telehealth
Obesity in US

Almost 75% of men overweight or obese
More than 60% of women overweight or obese
Nearly 30% of children are overweight or obese
The rising cost of insulin: "Horror stories every day"

ONLY 6%

1 gram of fat + 47 grams of carb!
Healthy?

Most farm subsidies go to largest producers of corn, soybeans, wheat, cotton and rice. Subsidies do not go to growing vegetables or fruit.
Inspire Patients

IDF Young Leaders, World Congress Melbourne 2013
Training HCPs

Capital/Steno Diabetes Conference, Denmark 2017
Flourishing is Universal

Jnana Sanjeevini Diabetes Centre, Bangalore, India
Diabetes education in India

GOPIKA KRISHNAN G.R

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IDF webinar on The Role of Diabetes Educators around the World – October 12, 2018

- Head, Research & Academics, Jothydev’s Diabetes Research Centre, Trivandrum
  B.PHARM, MBA, MSc (Clinical Research, Regulatory Affairs & Medical Paper Writing)

- Alumna, College of Pharmaceutical Sciences, Govt. Medical College, Trivandrum

- Invited speaker at the International Diabetes Federation Congress 2017, Abu Dhabi

- Speaker at the Diabetes Educator session at American Diabetes Association Annual Convention, Orlando, FL, USA in 2010 and at various national and International forums

- Presented original research at EASD, ADA, IDF & ATTD

- Co-author of several indexed publications on cost effective use of telemedicine, incretin therapies, insulin pump and vaccination guidelines for India

- Lead Coordinator of more than 10 multi-centric multinational clinical trials

- Diabetes Coach in the multidisciplinary diabetes team involved in patient care

- Certified Insulin Pump Educator

- Scientific Editor of JDC Diabetes Gems, a monthly diabetes newsletter since 2010

- Scientific Chairperson of JPEF Annual International Conventions since 2013
My Journey

- Joined Jothydev’s Diabetes Research Centre – a comprehensive diabetes care centre soon after my bachelors in pharmacy in 2009
- Intention was to gain some experience before pursuing higher studies
- Exposure in the field of diabetes changed my career goals
- My mentor always used to tell me and fellow diabetes educators that the role of educator is much more than the doctor treating diabetes
- When I started seeing patients with high A1c and complications, slowly I realised that failure of diabetes treatment is not due to lack of medicine but because of lack of education and training
- Coming in terms with this reality, I decided to become a diabetes coach
In 2015

- Diagnosis of GDM was made
- It came as a surprise for a person with normal BMI
- Was started on Inj. Novorapid
- This experience made me a diabetes advocate
Multiple roles

○ In the Diabetes Specialty Centre:

Diabetes Coach in a multidisciplinary diabetes team

Being part of research related to diabetes

○ In the Community setting:

Part of the team conducting diabetes screening, detection and treatment camps across Kerala
## Status of glycemic control in India

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Patient Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HbA1c</td>
<td>8.9 ± 2.1 (n=5272)</td>
</tr>
<tr>
<td>• Random blood glucose</td>
<td>193 ± 68 (n = 1293)</td>
</tr>
<tr>
<td>• Fasting plasma glucose</td>
<td>147 ± 49 (n = 4595)</td>
</tr>
<tr>
<td>• Postprandial plasma glucose</td>
<td>205 ± 65 (n = 4627)</td>
</tr>
<tr>
<td>Blood pressure, mm Hg*</td>
<td></td>
</tr>
<tr>
<td>• Systolic</td>
<td>129 ± 12</td>
</tr>
<tr>
<td>• Diastolic</td>
<td>82 ± 7</td>
</tr>
</tbody>
</table>

Only 19.7% of people with type 2 diabetes have good glycaemic control in India

Mohan, et al.: Results from the DiabCare India 2011 Study
The Scenario

- I work at a private comprehensive diabetes speciality centre in Trivandrum, in Kerala, South India which is not supported by the government.

- It offers telemedicine facility (DTMS®) round the clock for its registered patients.

- It has been documented to be cost effective in preventing complications in diabetes.

- This is one among the few diabetes centres where a multidisciplinary team is involved in patient care.

- The success rate of diabetes management in this centre is 86% whereas in the community it is just 4%.
Patients report 4-point SMBG values and other details (fasting and 2hrs after each main meal) and 3am and other special values as and when needed.
Cost-Effective Use of Telemedicine and Self-Monitoring of Blood Glucose via Diabetes Tele Management System (DTMS) to Achieve Target Glycosylated Hemoglobin Values Without Serious Symptomatic Hypoglycemia in 1,000 Subjects with Type 2 Diabetes Mellitus—A Retrospective Study

Jothydev Kesavadev, M.D., Arun Shankar, MBBS, Pradeep Babu Sadasivan Pillai, MBBS, Gopika Krishnan, BPharm, and Sunitha Jothydev, M.A.
The Scenario

- Since I have the opportunity to work in the community setting during our camps, I am well aware of the grim situation in majority of the areas in India.
- There is lack of multidisciplinary team and so no education is imparted to the patients on various aspects of diabetes management which translates to poor treatment outcomes.
- There are no reimbursement policies and treatment is not free even for type 1 diabetes kids.
- Given the huge number of diabetes patients, the resources are limited.
Major Challenges while working in diabetes speciality centre

- Psychological stress induced by patient experiences
- Requires lot of commitment
- Round the clock involvement beyond working hours
Major Challenges while working in a community setting

- Average A1c is very high
- No involvement of diabetes multidisciplinary team
- Only a prescription is given
- The policy makers are still unaware of the role of a diabetes team
- Focus is still on treating the complications than preventing complications
Country specific challenges

- Storage issues with insulin
- Improper injection techniques
- Sub optimal dosages for fear of hypoglycemia
- Reluctance to start insulin
- Depression, suicidal tendency in type 1 diabetes kids and adolescents
- Women with diabetes fails to give priority to illness due to responsibilities of the family
- Unscientific therapy
- Festivals
Overcoming challenges

- One to one education
- Group education
- Identify areas requiring reinforcement
- Diabetes Educator courses
- Education through newsletters
Conclusion

- With millions of subjects newly diagnosed with diabetes, we need to elevate diabetes education to the next level.
- Diabetes Education and educators are pillars of success in diabetes.
- More quality time and customised diabetes education.
- Being in an active role in the team can change life of those with diabetes.
- Appropriate continuing education or comparable activities to be imparted to diabetes educators to ensure continuing competence.
THANK YOU

www.jothydev.net
Diabetes Education in Kenya

JANE MUTHONI MS

- Co-Founder and Programs Co-ordinator of Kenya Defeat Diabetes Ass. (KDDA)
- Living with Diabetes Type 1 since 1980
- Based in Kenya, a mother of 2 and a guardian of 3
Kenya Defeat Diabetes Association

- KDDA is a non-profit and a charitable Association
- It’s led by PLWD and its major objective is to make diabetes a community agenda
- In Kenya just like any other country, Endocrinologist or physicians are few in number and even they may not have that time because diabetes is a life long condition
- Due to the increased number of PLWD and the shortage of HCPs, use of diabetes educator is the next appropriate option
• A diabetes educator is a health professional or a specialised person in teaching people with diabetes on how to manage their diabetes.

• Once you are newly diagnosed with diabetes, a patient centred healthcare team is needed. But is it true? NO. That why PLWD turn to a diabetes educator because they lack support from the few health care team available. Thus, a diabetes educator is becoming a resource that more PLWD are turning to.

• They may not be trained medical professionals but they are experts who may have a lot to offer in helping us cope with our day to day struggles.

• Due to this I felt the need of becoming a DE in my country and I started attending training with the ministry of health division of NCD. Since then i.e 2006 I started joining hands with other PLWD so that I can help them in attaining specific goals.

• In Kenya we are about 300 Diabetes Educators.
IDF webinar on The Role of Diabetes Educators around the World – October 12, 2018
Importance of diabetes educators

You don’t have to tackle diabetes alone. One requires a team. A diabetes educator is one of the member team that you require and that can help you manage your condition.

A DE is a mentor and a trainer who can help you to attain your health goals. That is you get more empowered on:

- Nutrition – How to plan healthier meals
- Exercise – How to increase your activity level for proper control of your blood sugar
- Self Monitoring – How to track your blood sugar and blood pressure levels
- Treatment – How your medications work in combination with your diet, exercise and lifestyle
- Problem solving – How to plan for unexpected situations
- Reducing complications – How to lower your risk of other health conditions that often accompany diabetes
- Staying positive – How to cope with the feelings of frustrations that can crop up when you are managing diabetes
Challenges

A DE faces many challenges in helping individuals in achieving glycaemic control at all stages of life. Such as:

- Frustrations. This is as a result of proper plan on how to attain good control with a person but unfortunately complications strikes

- Understanding capacity. Especially in rural areas

- Means of transport especially when doing home care

- Myths and misconceptions. Individuals with diabetes will find answers wherever they can. If not many will access the myths and misconceptions which many of them are harmful

- Lack of resources to run the worthwhile programs of diabetes

- Shortage of physicians. Due to this, screening of complications early enough becomes a challenge
Challenges
Thank you
The slides and the recording of the webinar will be uploaded to the IDF website, and circulated to the YLD and BCV members

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