

## Management and prevention of type 2 diabetes

### **NICE technology appraisal 60: Guidance on the use of patient education models for diabetes**



Roger Gadsby, GP and Senior Lecturer, Centre for Primary Healthcare Studies, Warwick University

The new NICE appraisal recommends that structured patient education is made available to all people with diabetes at the time of initial diagnosis, and then as required on an ongoing basis, based on a formal, regular assessment of need. It also states that there

is currently insufficient evidence available to recommend a specific type of education or provide guidance on the setting for, or frequency of, sessions.

However, to achieve maximum effectiveness some principles of good practice are clear:

- Educational interventions should reflect established principles of adult learning.
- Education should be provided by an appropriately trained multidisciplinary team to groups of people with diabetes, unless group work is considered unsuitable for an individual.
- Sessions should be accessible to the broadest range of people, taking into account culture, ethnicity, disability and geographical issues and could be held either in the community or at a local diabetes centre.

- Educational programmes should use a variety of techniques to promote active learning (engaging individuals in the process of learning and relating content of programmes to personal experience), adapted wherever possible to meet the different needs, personal choices and learning styles of people with diabetes.
  - Multidisciplinary teams that provide education should include, as a minimum, a DSN (or a practice nurse with experience in diabetes) who has knowledge of the principles of patient education, and a dietitian. The composition of the team and the way members interact may vary between programmes, but team functioning should be tailored to the needs of different groups of people with diabetes.
- The NICE appraisal points out the paucity of good evidence in diabetes education. Its emphasis on group as opposed to individual education is a new consideration, and many diabetes care providers who at present usually provide education as a one-to-one activity may now move to group education.

The document also clearly shows that DAFNE is becoming the model of choice for education in type 1 diabetes.

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE



### **Guidance on patient education models for diabetes**

Readability	✓✓✓✓✓
Applicability to practice	✓✓✓✓✓
WOW! factor	✓✓

- 1 The NICE guidelines recommend that structured education be offered to people when they are first diagnosed with diabetes, and be continued on an ongoing basis.
- 2 The clinical need and practice section outlines the biology of diabetes, gives statistical information regarding prevalence and suggests goals of treatment and diabetes management.
- 3 Education and the NSF for Diabetes are discussed in the technology section.
- 4 The goal of education is to improve: control of vascular risk factors, including blood glucose, blood lipids and blood pressure; management of diabetes-associated complications if and when they develop; and quality of life.

### **BIOLOGICAL PSYCHIATRY**



### **Depression may accelerate diabetes complications**

Readability	✓✓
Applicability to practice	✓✓✓
WOW! factor	✓✓

- 1 This article reviews the literature on the relationship between diabetes and mood disorders.
- 2 A MEDLINE search was carried out, using the terms diabetes, pathophysiology, depressive disorders and psychiatry, to identify studies investigating pathophysiological alterations related to diabetes and glucose intolerance in people with depression.

- 3 Recent research shows that depression and its symptoms is a major risk factor for the development of type 2 diabetes and may accelerate the onset of complications.
- 4 Randomised, controlled studies of the treatment of depression in people with diabetes are described; short term treatment of depression in people with diabetes improves their dysphoria and other symptoms and signs of depression.
- 5 Further research is needed to determine whether response to psychopharmacological treatment and/or psychotherapy improves blood glucose control, encourages compliance with diabetes treatment, and maybe even increases longevity.

Musselman DL, Betan E, Larsen H, Phillips LS (2003) Relationship of depression to diabetes types 1 and 2: epidemiology, biology and treatment. *Biological Psychiatry* 54: 317–29

- 5 The evidence and interpretation section describes recent research in education for people with type 1 diabetes, general self-management education for type 2 diabetes, focused self-management education for people with type 2 diabetes, and education for people with type 1 or type 2 diabetes.
- 6 The implications for the NHS are that more DSNs are needed and that trusts need to establish robust audit and quality-assurance processes.
- 7 The document proposes that NHS organisations and clinicians who provide care for people with diabetes should review local practice and policies regarding education for people with diabetes.
- 8 Related guidance is given at the end of the document.

National Institute for Clinical Excellence (2003) *Guidance on the use of patient-education models for diabetes. Technology Appraisal 60* NICE, London.