

Changing diabetes by improving control: Solutions



Francesca Arundel,
Senior Clinical
Nurse Specialist,
Portsmouth

changing diabetes

Call to action: Your response

The recent report 'The National service framework (NSF) for diabetes. Five years on... are we half way there?' (Diabetes UK, 2008) has highlighted the fact that although a good standard of clinical care of adults with diabetes has been achieved, there is still room for improvement. For example, the report awarded Standard Four with 3 out of 5 stars.

In light of this report, the *Journal of Diabetes Nursing* would be delighted to receive details of any initiatives that have improved control in people with diabetes. For example, an initiative which helped to break down barriers to improving glycaemic control or improved education of people with diabetes.

Submissions could be short letters or articles of up to 2000 words. Contact the editorial team at the journal to discuss ideas on 0207 627 1510. Or send your submissions to: The Editor, *Journal of Diabetes Nursing*: editorial@sbcommunicationsgroup.com. Responses will be considered for publication in the *Journal of Diabetes Nursing* this autumn.

Diabetes UK (2008) *The National service framework (NSF) for diabetes. Five years on... are we half way there?* Diabetes UK, London

Improving patient education

Previous articles in this series on improving glycaemic control have discussed the fact that many people with diabetes still do not understand the concept of HbA_{1c}.

'I just don't understand the role of HbA_{1c} in diabetes control. The doctor just told me whether the test value is high or low but he never explained why.' (Patient on insulin, China, on maintaining a good HbA_{1c} level).

The results of the GTF survey showed that, globally, 51% of people with diabetes had never heard of HbA_{1c}, and nearly half were unaware of their target level. Specifically in the UK, 61% had never heard of HbA_{1c}.

I know that I usually discuss HbA_{1c} results with patients, and I also know how many people continue to suggest they have never heard of it or do not understand it! Yet this measurement remains our reference point in the management of diabetes, and therefore it is important to help patients

understand the significance of this test.

Healthcare professionals describe HbA_{1c} as an average blood glucose level but this rarely equates to the readings on a patient's monitor – because the number ranges of HbA_{1c} and blood glucose appear similar, the fact that they are completely different scales is poorly understood. So people with an HbA_{1c} of 8% may deem this to be reasonable as the message 'single figures are good' seems to stick.

Generally, the HbA_{1c} number is given alongside the target. For example, 'your HbA_{1c} is 9% and the target is 7%' so patients have some idea how close it is to target. But patients will also need to know what 'bad' looks like so they can put the number in context.

Does a patient understand when we talk about the importance of a 1% drop? In other contexts 1% is completely different and, generally, small.

I have found using the chart below an extremely useful tool used in consultations to help patients avoid the confusions discussed above.

Average daily blood glucose level (mmol/L) ¹	HbA _{1c} (%) ¹	In type 2 diabetes a 1% drop in HbA _{1c} has been associated with a decrease in risk by:
7.0	6	37% for kidney and eye disease 43% amputations and peripheral vascular disease 21% deaths related to diabetes 14% heart attacks. ²
8.6	7	
10.2	8	
11.8	9	
13.4	10	
14.9	11	
16.5	12	

1. American Diabetes Association, European Association for the Study of Diabetes, International Federation of Clinical Chemistry and Laboratory Medicine, International Diabetes Federation (2007) Consensus statement on the worldwide standardisation of the HbA_{1c} measurement. *Diabetologia* 50: 2042–3
2. UKPDS Group (1998) Intensive blood glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes. *Lancet* 352: 837–53

