

Type 1 education: SADIE, the Eastbourne experience

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The National Service Framework (NSF) for diabetes recommends that people with diabetes should have access to advice and information through structured education (Department of Health, 2001). In addition, NICE (2003) considers structured education to be a fundamental part of diabetes care.

In 2005 the DH and Diabetes UK produced a report on structured education in diabetes. This recognised the DAFNE (Dose Adjustment for Normal Eating) programme as a structured education and treatment package for people with type 1 diabetes, recommended as best practice. Over recent years a number of diabetes centres across the UK have developed similar programmes.

In 2004, following training received from the Bournemouth Diabetes Education Centre, staff at the Eastbourne Diabetes Centre developed a structured education programme – SADIE (Skills for Adjusting Diet and Insulin in East Sussex). SADIE is a structured education programme for adults with type 1 diabetes and is delivered over 5 days across 5 weeks.

In May 2009 a 5-year audit of the SADIE programme was conducted; the outcomes measured were glycaemic control (HbA_{1c}), quality of life and body weight change.

Results

Between October 2004 and May 2009, 64 people with type 1 diabetes completed the full SADIE programme. Of those 64, 12 were lost to follow-up, resulting in an audit group of 52 people.

Glycaemic control

A 0.5 percentage point reduction in HbA_{1c} level was observed at 1 year post-SADIE (mean HbA_{1c} level at pre-assessment, 8.4% [68 mmol/mol]; at 1-year follow-up, 7.9% [63 mmol/mol]; $P < 0.0001$). While recognising that for some people a reduction in HbA_{1c} may increase their risk of hypoglycaemia, many continue to strive for its reduction.

Quality of life

Using the Problems and Associated Issues with Diabetes (PAID) score, quality of life was compared over the audit period. A statistically significant reduction in score ($P < 0.0001$), which is associated with an improvement in wellbeing, was observed.

Body weight change

Part of the SADIE ethos is for people to experience food freedom with the confidence of appropriately matched insulin. It could be suggested, however, that this approach has a potential disadvantage of weight gain. The audit

demonstrated no significant change in body weight at 1 year post-SADIE.

Conclusion

The knowledge and skills that participants gain through the SADIE approach of supporting people with type 1 diabetes gives confidence to people with the condition and has life-changing effects.

Nationally recognised education programmes similar to SADIE are commended for their benefits of monitored outcomes. In this 5-year audit, SADIE has been shown to significantly reduce HbA_{1c} levels while significantly improving quality of life and maintaining neutral body weight change. Reductions in HbA_{1c} level have been proven to yield positive long-term vascular health outcomes in people with type 1 diabetes (Diabetes Control and Complications Trial Research Group, 1993). ■

Department of Health (2001) *National Service Framework for Diabetes: Standards*. DH, London

Department of Health, Diabetes UK (2005) *Structured Patient Education in Diabetes: Report from the Patient Education Working Group*. DH, London

Diabetes Control and Complications Trial Research Group (1993) The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *N Engl J Med* **329**: 977–86

NICE (2003) *Guidance on the use of Patient-Education Models for Diabetes: Technology Appraisal 60*. NICE, London

The IMPROVE™ Control Campaign

The Global Task Force on Glycaemic Control is a group of physicians and specialists in the field of diabetes from around the world that is working in collaboration with Novo Nordisk with the ultimate aim of identifying and developing practical solutions to the global problem of poor glycaemic control in people with diabetes. Since early 2008, the *Journal of Diabetes Nursing* has featured articles and submissions under the banner of IMPROVE™ Control – a global public awareness campaign focused on the need for improved control, as part of the Task Force's work. Throughout 2011, the journal will continue to bring you articles on the barriers to good glycaemic control, and submissions from *you*, our readers, outlining the strategies you have used to help people with diabetes improve their control.

For example, perhaps you have implemented a new educational session in your area that has helped break down barriers to control, or maybe you have set up a new referral pathway that has helped improve HbA_{1c} levels. The *Journal of Diabetes Nursing* would like to help you share your practical solutions for improving control, no matter how big or small, with other nurses working in diabetes. We encourage you to take part in this global initiative by calling 020 7627 1510, or emailing jdn@sbcommunicationsgroup.com.



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