Changing diabetes®

Carbohydrate counting: A community approach

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Carbohydrate (CHO) counting is a vital component of achieving improved glycaemic control, as suggested in education programmes such as DAFNE (Dose Adjustment for Normal Eating; DAFNE Study Group, 2002) or X-PERT (Deakin et al, 2006). However, in reality, some people with diabetes struggle to participate in such programmes owing to time constraints. These courses are often run over several weeks, usually comprising half-days, full-days, or both, making attendance difficult. Locally, our colleagues in the hospital provide such courses over several weeks, for which we receive very positive feedback from those who attend. As already mentioned, people with diabetes are often deterred from attending such courses owing to work or other commitments.

The project

The team I work in was approached by a diagnostics company offering to provide a CHO counting course, run by a dietitian in a single session. It would cover the following topics:

- Identifying carbohydrates or a balanced diet.
- CHO counting or food labels.
- Hypoglycaemia.
- Adjusting insulin doses.
- Physical activity.

People with type 1 diabetes and people with insulin-treated type 2 diabetes on a basal–bolus regimen were invited to attend the course. People were invited on the basis of whether they were willing to monitor their blood glucose levels at frequent intervals, and capable of interpreting their blood glucose levels, reading food labels and calculating the CHO content of food to allow appropriate doses of insulin. Another group considered appropriate to attend were those who had previously attended a DAFNE course in the past, but who had become disengaged from their diabetes care or who had lost confidence in CHO counting.

A group of about eight participants was considered a suitable number by the dietitian. However, in practice, it is observed that the uptake of education is low, so at least 10 people with diabetes were invited to attend with the aim of having six to eight candidates attending each session. On average, there were five attendees per session.

The main challenge we encountered was encouraging people to attend the course. Anecdotally, it seemed that the younger individuals who were invited had other commitments that they considered of higher priority. It also appeared that some individuals who had been diagnosed with diabetes many years ago felt that they already had sufficient knowledge to manage their condition. Providing attendees with the knowledge and power to put theory into practice once they left the session was also particularly challenging, as well as maintaining optimal group dynamics, in ensuring group members were comfortable in the group setting and felt at ease in participating.

Conclusion

At the end of the session, the attendees were asked how confident and willing they were to CHO count, and they were issued with a meter to assist them in practising and matching insulin doses to the CHO content of meals. Feedback from the groups has so far been positive; even some participants who have had diabetes for many years appeared to benefit, with one stating that "they had never been involved in structured education before." Thus far, it has become clear that the training has helped participants to improve glycaemic control and their knowledge of their condition well in the company of others in a similar situation. I would like to formally evaluate this project once further sessions have been completed. ■

DAFNE Study Group (2002) Training in flexible, intensive insulin management to enable dietary freedom in people with type 1 diabetes: dose adjustment for normal eating (DAFNE) randomised controlled trial. *BMJ* **325**: 746

Deakin TA, Cade JE, Williams R, Greenwood DC (2006) Structured patient education: the diabetes X-PERT programme makes a difference. *Diabet Med* **23**: 944–54