Education: The cornerstone of diabetes management

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Welcome to the first education supplement of 2015. January is complete, the nights are starting to get a bit lighter and I hope that you have managed to keep to some of your New Year's resolutions. For many of us, those resolutions include lifestyle changes such as increasing physical activity, losing weight and making more healthy food choices (even if weight is not an issue). For people with diabetes, these lifestyle changes are essential to enable optimal blood glucose, blood pressure and lipid control; however, as we all know, lifestyle changes are often the most difficult to make.

Education has often been referred to as one of the cornerstones of diabetes management, and never has it been more important, as the increasing prevalence of diabetes is not being matched by an increase in resources. Therefore, the burden of diabetes management largely lies with the individual. Education programmes are now an established element of diabetes care; however, attendance in many areas of the UK remains suboptimal, despite encouragement from healthcare professionals. Diabetes education should include not only people with diabetes but also their relatives and carers. In addition, ongoing education of healthcare professionals involved in the management of diabetes is essential.

The first article in this education section is from my own centre. Katie Bennett and Bhandari Sumer Aditya give an overview of the prevalence, diagnosis, pathophysiology and treatment options of diabetic nephropathy, including an update on the recent NICE clinical guideline (CG182). Diabetic nephropathy is a common complication of both type 1 and type 2 diabetes and is associated with increased mortality, mainly from cardiovascular disease and reduced QOL. Screening and early management is essential to optimise outcomes. The pathophysiology section of the article is of particular interest, simplifying a complex process to make it easier for readers to understand. Again, the importance of lifestyle changes, such as stopping smoking, is discussed, along with the management of global risk factors (optimal individualised control of blood glucose, blood pressure and lipid levels) and screening for anaemia, metabolic bone disease and electrolyte disturbance as the condition progresses. One of the major challenges in the management of diabetic nephropathy is blood glucose control, as many oral hypoglycaemic agents are contraindicated or require dose reduction as renal function declines. The authors address this in a comprehensive table which is of great use to all of us. I would recommend reading this article alongside the recently published NICE guideline (available at: www.nice.org.uk/CG182), which highlights important changes to the previous recommendations.

In the second of the two education articles, Sarah O'Brien and colleagues assessed the impact of a locally developed education programme on quality of life (QOL) and diabetes self-management in people with type 2 diabetes. Their findings indicate that a diagnosis of type 2 diabetes is often accompanied by feelings of anxiety and helplessness. However, attendance at their 4-week education programme had a positive effect on patient-reported anxiety, depression, QOL and diabetes self-management. They acknowledge that it is often difficult to interpret the clinical implications of statistically significant results; however, the additional use of semi-structured interviews gave participants an opportunity to expand on how the education programme had helped. Common themes included alleviation of fear of complications and feeling more in control of diabetes management. Notably, the participants felt more confident to ask for blood results and interpret them, which is vital for successful self-management. In addition, the study reinforces that anxiety at diagnosis is a normal response and that people with diabetes should be advised about this. ■