

IMPROVE™ Control

Carbohydrate counting and insulin dose adjustment group education sessions

Julie Taplin, Diabetes Specialist Dietitian, North East London NHS Foundation Trust;
Nicola Allen, DSN, North East London NHS Foundation Trust

We offered two 3-hour group sessions held 1–2 weeks apart. The first session, led by the diabetes specialist dietitian (DSD), was a predominantly practical session exploring the different methods of counting carbohydrates, including weighing foods, reading food labels, and using reference tables and books. Participants were provided with a blood-glucose and insulin-dose diary. They were encouraged to use the methods practised in the session to count and record carbohydrate values of food and drink consumed alongside the other data in the diary.

The second session was led by the DSN in which discussion on insulin actions, timing and dose adjustment principles took place. The completed diaries were then used to help with understanding those dose adjustment principles.

Why?

The DSD had a waiting list for individual carbohydrate counting education appointments. With the growing evidence for the effectiveness of group education in diabetes, it was decided to attempt a group approach. The sessions were also launched with the intention of targeting individuals who are either not able to attend DAFNE (Dose Adjustment for Normal Eating) or on the DAFNE waiting list.

Who?

All of the participants were individuals with type 1 diabetes on a basal-bolus insulin regimen. The participants were divided into the following groups for comparison:

- Those who had not previously received any carbohydrate counting input ($n=20$).
- Those who had attended only one of the group sessions ($n=14$).

- Those who had attended both group sessions ($n=17$).
- Those who had attended both group sessions and subsequently attended DAFNE ($n=8$).

Results

We completed a comparison of HbA_{1c} levels pre- and post-intervention for the groups who attended between March 2011 and April 2012.

Figure 1 expresses the changes in HbA_{1c} as a relative percentage.

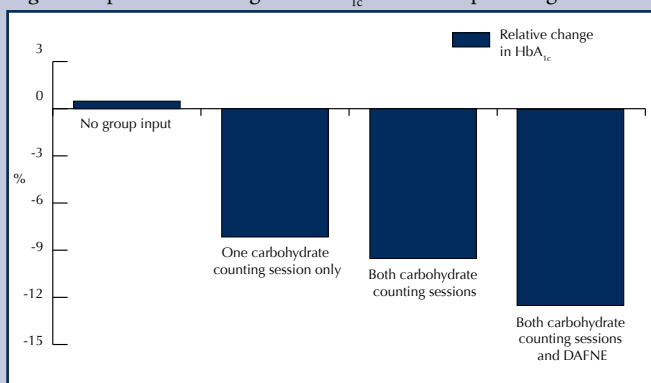


Figure 1. HbA_{1c} change post-intervention.

Conclusion

Introducing the two 3-hour carbohydrate-counting and insulin-dose adjustment group sessions appears to have had a greater effect in reducing the HbA_{1c} compared with those who had not seen the DSD or attended any diabetes group education. ■

For further information about this audit of group education sessions, please email swe.diabetes@nhs.net.

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, *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.

