How Sweet It Is! Management of Diabetes: Coping with Diabetes

Mary Lynn McPherson, PharmD, MA, BCPS, CPE

Home Study Webcast

4 Slides Per Page

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How Sweet It Is! Management of Diabetes: Coping with Diabetes

ACTIVITY DESCRIPTION

Patients with diabetes often need to make lifestyle changes to meet their therapeutic goal, however these changes are difficult to make. Pharmacists need to possess excellent motivational skills to help patients achieve these goals.

TARGET AUDIENCE

The target audience for this activity is **pharmacists, pharmacy technicians** and **nurses** in hospital, community, and retail pharmacy settings.

LEARNING OBJECTIVES

After completing this activity, the **pharmacist** will be able to:

- Differentiate the signs and symptoms associated with depression, anxiety or more serious psychopathology.
- List the stage of change in the transtheoretical model.
- Describe strategies to use in motivational interviewing.

After completing this activity, the **pharmacy technician** will be able to:

- Differentiate the signs and symptoms associated with depression, anxiety or more serious psychopathology.
- List the stage of change in the transtheoretical model.
- Describe strategies to use in motivational interviewing.

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ACTIVITY TYPE

Knowledge-Based Home Study Webcast

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Mary Lynn McPherson, PharmD, MA, BCPS, CPE

Professor, University of Maryland School of Pharmacy

ABOUT THE AUTHOR

Mary Lynn McPherson, Pharm.D., MA, MDE, BCPS, CPE, CDE is Professor and Executive Director, Advanced Post-Graduate Education in Palliative Care in the Department of Pharmacy Practice and Science at the University of Maryland School of Pharmacy in Baltimore. She also serves as the Program Director for the Online Master of Science and Graduate Certificate Program in Palliative Care through the University of Maryland, Baltimore. Dr. McPherson has a master's degree in Instructional Systems Development, and a second master's degree in Distance Education and e-Learning.

Dr. McPherson has maintained a practice in hospice and palliative care (local and national) and ambulatory care her entire career. Dr. McPherson teaches extensively in the Doctor of Pharmacy curriculum on pain management and end of life care, including didactic and experiential content. She also developed one of the first and few palliative care pharmacy residencies in the U.S.

Dr. McPherson serves on the Board of the Hospice Network of Maryland, and was founding president of the American Society of Pain Educators. McPherson is a Fellow in the American Society of Health-Systems Pharmacists, the American Pharmacists Association, the American Society of Consultant Pharmacists and the American Society of Pain Educators. She is Board Certified in Pharmacotherapy, a Certified Diabetes Educator and a Certified Pain Educator. She has received many honors for her work, including the American Pharmacists Association Distinguished Achievement Award in Specialized Practice, the Maryland Pharmacists Association Innovative Practice Award, and the Maryland Society of Health-Systems Pharmacists W. Purdum Lifetime Achievement Award. Dr. McPherson has received many awards for teaching including the Presidential Citation from the Hospice and Palliative Nurses Association, Professor of the Year many times from the School of Pharmacy, University of Maryland Baltimore Founder's Week Teacher of the Year and the Robert Chalmers Distinguished Educator Award from the American Association of Colleges of Pharmacy. She has written four books, including "Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing," and many book chapters and peer-reviewed articles on pain management, palliative care, and other topics.

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Faculty: Mary Lynn McPherson, PharmD, MA, BCPS, CPE

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Objectives

1. Differentiate the signs and symptoms associated with depression, anxiety or more serious psychopathology.
2. List the stages of change in the transtheoretical model.
3. Describe strategies to use in motivational interviewing.

1. Introduction to diabetes mellitus.
2. Lifestyle modification and diabetes mellitus
3. Monitoring diabetes mellitus
4. Medication management Part 1
5. Medication management Part 2
6. Problem solving with diabetes mellitus
7. **Coping with diabetes mellitus**
8. Risk reduction and management of complications with diabetes mellitus Part 1
9. Risk reduction and management of complications with diabetes mellitus Part 2
10. Diabetes disease state management

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Diabetes…the Gift the Keeps on Giving

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Coping

- Coping is the psychologic attempt to restore order after a disruption has occurred in one's life.
- Being diagnosed with diabetes, and grappling with the challenges of living with this diagnosis are quite disruptive.
- DAWN study – the relentless demands of diabetes can lead to a variety of coping problems that influence self-care behavior and are a barrier to achieving metabolic control.

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Health Beliefs about Diabetes Mellitus

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So you've got diabetes.....hmmm...

- Manage your diabetes – ABCs
  - A for the A1c, B for blood pressure, C for cholesterol, S for stop smoking
- Follow your diabetes meal plan
- Make physical activity part of your daily routine
- Take your medication
- Check your blood glucose levels
  - Know what to do if your blood glucose gets too high, or too low
- Work with your health care team / document your care
- Cope with your diabetes in a healthy way

https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes

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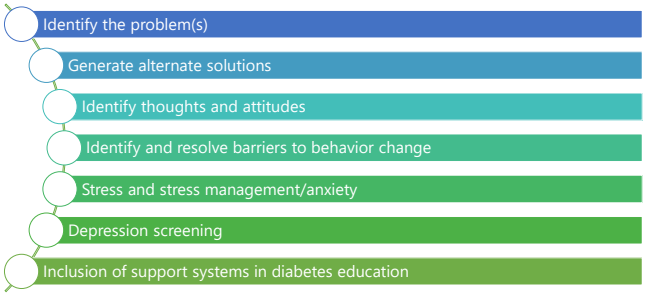
Diabetes Coping Skills Training



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Identifying Participant Thoughts and Feelings about Living with Diabetes

- How did you feel when you were first diagnosed with diabetes? How are you feeling about it now?
- What does having diabetes mean to you?
- How are you currently handling the concerns of diabetes self-care?
- How do you see your future living with diabetes?
- Do you believe that diabetes is a condition that can be managed?
- Do you have any close friends or relatives with diabetes?
- How are they doing/how did they do?

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How did they do....

- "My cousin got type 2 diabetes and she said it was the best thing that ever happened to her. She lost 50 pounds; she weighs less now than when she got married 30 years ago. She has energy to burn. She's an inspiration."

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How did they do....

- "My uncle had diabetes. He went blind, he ended up on dialysis, he had two heart attacks and they had to cut his leg off, but they started by cutting one toe at a time. I know that's in store for me, too."

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Identifying Participant Thoughts and Feelings about Living with Diabetes

- Do you feel there's anything you can do to affect the outcome of your diabetes?
- Do you think the effort of trying to manage diabetes is worth the hassles?
- How much input do you think you should have in making decisions about your diabetes care?

Value and respect the PWD, their experiences and perspectives.

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Responses to Diabetes

Feeling	What you can do
Shock / Denial	• Talk about how you are feeling • Realize that what you're feeling is normal • Focus on the positives; learn about the things that are within your power to manage
Anger / Resentment	• Realize it's OK to feel angry or resentful; air your feelings but don't it resentment overtake you • Have realistic expectations
Guilt / Self-Blame	• If you are newly diagnosed, DO NOT PLAY THE BLAME GAME! • Realize that you cannot change the past but you can learn from it; you can make different choices moving forward • Accentuate the positive
Sadness / Worry / Depression	• Realize that sadness and worry are normal emotions • Talk to your provider if feelings of depression, sadness or hopelessness are prolonged • Be involved in regular physical activity for its antidepressant effects (30 minute walk ~ antidepressant medication)

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Stress and Anxiety

- Stress is a fact of life
- Stressors – situations or events that cause someone to have an emotional and physical response
  - Can be positive or negative
    - Arguing at work, money troubles, death in the family – negative stressors
    - New baby, planning for a wedding, winning an award – positive stressors
- Fight or flight response!

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5 things you should know about stress

1. Stress affects everyone
2. Not all stress is bad
3. Long-term stress can harm your health
4. There are ways to manage stress
5. If you've overwhelmed by stress, ask for help from a health professional

- Recognize the signs of stress
- Talk to your doctor or provider
- Get regular exercise
- Try a relaxing activity
- Set goals and priorities
- Stay connected

https://www.nimh.nih.gov/health/publications/stress/index.shtml

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Physical and Emotional/Mental Symptoms of Unrelieved Stress

- Physical symptoms
  - Headache (tensing muscles)
  - Trouble sleeping
  - Fatigue
  - High blood pressure
  - Nervousness
  - Excessive sweating
  - Hair loss
  - Ulcers
- Emotional / Mental symptoms
  - Anxiety
  - Anger
  - Depression
  - Irritability
  - Frustration
  - Overreaction to everyday problem
  - Memory problems
  - Trouble concentrating

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Managing Stress

"Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

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Managing Stress / Anxiety

- Minimize counterproductive influences (smoking, drugs, alcohol)
- Lifestyle modification (diet, exercise)
- Get enough sleep
- Reach out to your support system
- Take a break
- Create predictability
- Positive affirmations
- Mind-body techniques
- Referral to mental health practitioner

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What if it's something more serious?

Anxiety

- Irritability
- Restlessness
- Poor memory
- Trouble concentrating or making decisions
- Weakness/dizziness/ sweating/shaking
  - Could this be hypoglycemia?

Depression

- Feeling sad, depressed, down, or blue consistently for the past 2 weeks
- Loss of interest or pleasure in things that you used to enjoy for the past 2 weeks
- Your mood has interfered with taking care of your diabetes

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ADA Recommendations – Anxiety

- "Consider screening for anxiety in people exhibiting anxiety or worries regarding diabetes complications, insulin injections or infusion, taking medications, and/or hypoglycemia that interfere with self-management behaviors and those who express fear, dread, or irrational thoughts and/or show anxiety symptoms such as avoidance behaviors, excessive repetitive behaviors, or social withdrawal. Refer for treatment if anxiety is present.
- Persons with hypoglycemic unawareness, which can co-occur with fear of hypoglycemia, should be treated using BG awareness training (or other evidence-based similar intervention) to help re-establish awareness of hypoglycemia and reduce fear of hypoglycemia."

Diabetes Care 2017;40(Suppl 1):S25-S32.

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Diabetes ↔ Depression

- Bidirectional relationship
  - Incidence of depression is increased in patients with diabetes
  - Incidence of T2DM is increased in patients with depression
- Increased mortality, morbidity and medical costs that result with concomitant DM and depression.
- ADA reports a two-fold increased risk for new-onset MI in patients with both DM and depression
- Possible pathogenesis – physiological burden of diabetes and on behavioral and biological factors

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ADA Recommendations – Depression

- "Providers should consider annual screening of all patients with diabetes, especially those with a self-reported history of depression, for depressive symptoms with age-appropriate depression screening measures, recognizing that further evaluation will be necessary for individuals who have a positive screen.
- Beginning at diagnosis of complications or when there are significant changes in medical status, consider assessment for depression.
- Referrals for treatment of depression should be made to mental health providers with experience using cognitive behavioral therapy, interpersonal therapy, or other evidence-based treatment approaches in conjunction with collaborative care with the patient's diabetes treatment team."

Diabetes Care 2017;40(Suppl 1):S25-S32.

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Remember Fred Flintstone?

- Fred is a 72 year old man, whose wife passed away about a year ago.
- He lives alone and admits "I'm a terrible cook," consequently he hits the fast food restaurants frequently, and eats a lot of frozen dinner entrees.
- His BG profile is as follows:
  - FPG 118 mg/dl
  - A1c 6.2%
- Fred has pre-diabetes, trending toward a diabetes diagnosis.

Fred has been feeling very blue lately. What should we do?

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Fred has the blues… or is it more than that?

- When you ask…
  - "Have you been feeling sad, depressed, down or blue consistently for the past 2 weeks?
  - Had a loss of interest or pleasure in things that you used to enjoy for the past 2 weeks?
  - Your mood has interfered with taking care of your diabetes?"
- Fred said yes, yes and yes.
- It's the anniversary of his wife's death, and he feels like he's floundering, trying to prevent his pre-diabetes from turning into diabetes. He is an awful cook, he hates to exercise, he has no family nearby and very few friends. He feels isolated and wonders what's the point to all this?
- On further screening, Fred scores 24 on the Beck Depression Inventory, which is diagnostic for moderate depression.
- Fred should be referred to a mental health practitioner.

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Feelings about diabetes – Problem Solving

- Identify the problem
  - Drill down to the patient's problem
  - "I hate checking my blood glucose so I avoid it"
  - Be specific – "My doctor said to check my blood glucose three times a day, but I get so upset about the number, that I only check once a day – usually first thing in the morning. I skip the other two times and sometimes I make up a number to write in the book."
- Think of possible solutions
  - Ask patient/group of what the patient could do
  - Increase to twice a day for now
  - Rotate time patient checks blood glucose

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Feelings about diabetes – Problem Solving

- Identify thoughts/attitudes that come with the problem
  - Ask the patient about thoughts or attitudes they experienced with this problem
  - "I feel very guilty about not following my doctors instructions. And I know I'm only harming myself by making up blood glucose numbers to put in my book. I just always put a number that is in my target range. I have no idea if I'm even close to that number. I hate lying to my doctor."
  - Could explore why the patient doesn't want to check the other times of the day
    - Pain of checking blood glucose
    - Fear of the results

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Feelings about diabetes – Problem Solving

- Focus on the positive
  - The patient is at least checking once a day, she's not making up ALL the blood glucose values
  - Sometimes you have to "fake it til you make it" – more positive thoughts lead to more constructive behaviors
- Choose a solution, try it, and see how it works out
  - View failures are opportunities to learn what DOES NOT work

"I have not failed. I've just found 10,000 ways that won't work"
Thomas Edison
(on discovering a metal that makes the light bulb glow).

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I'm just not MOTIVATED!

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I'm just not MOTIVATED!

- "What's one thing you find really hard for you to do in taking care of your diabetes?"
  - Exercising
  - Sticking to meal plan
  - Taking medications as directed
  - Monitoring blood glucose
  - Foot care as instructed
  - Keeping doctor's appointments

Is this behavior WORTH it?

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Sofía Hernandez is NOT having a good day

- Sofía is 42 years old Puerto Rican woman
- Diagnosed a year ago with type 2 diabetes
- At the time of diagnosis Sofía weighed 375 pounds
- She was started on metformin and advised to lose weight
- She has not been very successful in losing weight and her BG was not controlled on metformin alone
- Her physician added insulin glargine 10 units at bedtime
- She tells you "I just CANNOT stay on the diet. I hate it, and I don't want to do it! I'm so resentful of this! I know I should change, but I'm SO not motivated to do it! I feel very trapped and punished"

Poor Sofia! Clearly she needs to change her eating habits, but she is so conflicted! How can we help Sofia make up her mind to embrace this change?

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Motivational Interviewing

- "**Motivational interviewing** (MI) is a coherent, teachable, evidence-based approach to behavior change counseling that serves as an amalgam of philosophies, principles, and techniques drawn from several existing models of psychotherapy and health behavior change theory."[1]
- **MI** is a "clinical approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health."[2]

1. Diabetes Spectrum 2016;19(1):5-11. 2. www.integration.samhsa.gov/clinical-practice/motivational-interviewing

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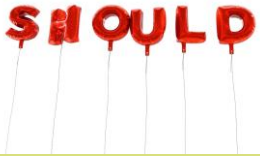
PLEASE don't SHOULD on me!

- MI is a patient-centric approach
- Spirit of motivational interviewing
  - Collaborate and empower the patient
  - Evocation
  - Support and respect patient autonomy

Practitioner knows best model → Dual expertise model



Diabetes Spectrum 2016;19(1):5-11

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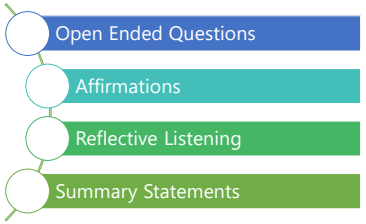
Principles of Motivational Interviewing

- **R**esist the righting reflex / roll with resistance
- **E**xpress empathy
- **A**void argumentation
- **D**evelop discrepancy
- **S**upporting self-efficacy



Diabetes Spectrum 2016;19(1):5-11

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Decisions, decisions….I'm so ambivalent!

- Ambivalence is normal!
- Decisional balance tool
  - What specific behavior change are you considering?
  - Benefits of staying with current behavior
    - I like…
  - Benefits of making behavior change
    - I will like…
  - Costs of staying with current behavior
    - I don't like…
  - Costs of making behavior change
    - I won't like…

Diabetes Spectrum 2016;19(1):5-11;
Janis IL, Mann L: Decision-making: A psychological analysis of conflict, choice and commitment. New York, Free Press, 1977

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Decisional Balance Analysis

- Being with an open question about the status quo for the target behavior
  - **"Tell me what you like about not following a recommended meal plan."**
    - "I like the feeling of wild abandon, that I can eat whatever and where I want. I love the spontaneity.
    - I LOVE bar food – chicken wings, pizza, fried mozzarella sticks. I feel good when I eat those foods.
    - My friends like those foods too, and if I want to be with my friends, that's how we roll."

Diabetes Spectrum 2016;19(1):5-11

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Decisional Balance Analysis

- Address the other side of the problem.
- **"And what about the not-so-good things about not following a meal plan?"**
  - Well, I sure won't lose any weight, and my blood glucose won't get any better.
  - My diabetes will get worse, I'll need more medication, I have a very high co-pay.
  - I imagine as the diabetes gets worse I'll be at greater risk for complications from diabetes, and may even die earlier from the diabetes.
  - I really want to see Hector grow up and have grandchildren one day. If I continue down this path I don't think that's going to happen."

Diabetes Spectrum 2016;19(1):5-11

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Decisional Balance Analysis

- **What are the costs of continuing with your current behavior?**
  - "I don't like how fast food makes me feel after eating it – a little nauseated, and it gets pretty expensive.
  - I do worry about my son, Hector. He's already overweight, and I don't want him getting diabetes too. I hear diabetes is becoming prevalent in children, especially when they are overweight."
- **What are the costs of following your recommended meal plan?**
  - "Well the time involved in planning meals, and preparing them. I do like my spontaneity, and if I follow the plan I'll have to figure things out ahead of time, go to the grocery store, pack my lunch each day, cook each night.
  - And buying good quality food at the grocery store is expensive too!"

Diabetes Spectrum 2016;19(1):5-11

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Elicit – Provide - Elicit

- Instead of delivering a chunk of information (based on our assumption of what the patient already knows or doesn't know), elicit patient questions and concerns. Then listen carefully.
  - "What is your understanding of the meal plan that's been recommended to you?"
- After garnering a list of patient ideas and concerns, practitioner can share information WHILE maintaining rapport and patient involvement
  - Offer a menu of choices
  - Take "reflection" breaks
  - Use conditional language

Diabetes Spectrum 2001;19(1):5-11

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Conditional Language

Don't do this...	Try this instead...
"I think..." "You should..."	"One option you might consider..." "Perhaps you could start with..." "I recommend..." "Experts suggest..." "Some of my patients have found..." "Can I share my opinion with you?" "Can I share some information with you?"

Follow with elicit:
"What thoughts do you have about this?"

Diabetes Spectrum 2016;19(1):5-11

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Importance - Confidence

- Incorporates principles of listening carefully, appreciating ambivalence, eliciting change talk, empowering, and collaborating.
- Helps provider understand how ready patients are for change and how to be most helpful.
- Importance and confidence are two conceptually independent dimensions that underlie patient readiness to change.
  - "Why should I?" (importance)
  - "How can I?" (confidence)

Diabetes Spectrum 2016;19(1):5-11

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Importance - Confidence

- On a **0** (not at all important) to **10** (extremely important) scale, how IMPORTANT is it for you right now to change?
  - Why are you at "X" and not at 0?
  - What would it take for you to get from X to (X+1) or (X+2)?
- If you did decide now to change target behavior, how confident are you that you could do it? **0** (not at all confident) to **10** (extremely confident)
  - Why are you at "X" and not at 0?
  - What would it take for you to get from X to (X+1) or (X+2)?

Diabetes Spectrum 2016;19(1):5-11

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Reflection Break!

- Summarize patient's barriers to change
- Emphasize the disadvantages of staying the same and the benefits of change
- Use confidence/importance rule to get a good idea of patient's readiness to change target behavior

Diabetes Spectrum 2016;19(1):5-11

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Importance / Confidence

High initial importance to change	• Discussion on building confidence and overcoming practical barriers.
Low initial importance to change	• Think through pros and cons of the status quo, referencing the decisional balance sheet.

Diabetes Spectrum 2016;19(1):5-11

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Stages of Change

- Uninterested ↔ unaware or unwilling ↔ considering a change ↔ deciding and prepare to make a change
- Precontemplation Stage – patient is not even consider changing
- Contemplation Stage – patient is ambivalent about changing
- Preparation Stage – patient is preparing to make a specific change
- Action Stage – patient is living the change
- Maintenance and Relapse Prevention – patient is continuing the change, but may occasionally "fall off the wagon" or "slip up"

Am Fam Physician 2000;61(5):1409-1416.

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Back with Sofía

- **Provider: "Ok, so you tell me…**
  - you really like that feeling of wild abandon in making food choices
  - you love bar food and being with your friends who also like those food choices
  - But you also tell me you know following your current plan will not allow you to lose weight, and your diabetes can worsen, possibly shortening your life.
  - That makes you unhappy because you want to see your son grow up to be a healthy adult.
  - You don't want him to develop diabetes, but you're concerned about the cost and time involved in following the recommended meal plan.
  - Have I got all that right?"

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Back with Sofía

- **Sofía : "Well yes, when you put it that way…**
  - It makes me sound selfish and like I'm an idiot for not immediately jumping on this new diet, doesn't it?"
- **Provider – NO JUDGEMENT**
  - "Of course not, change is hard. Are you interested in my thoughts on this?"
  - It sounds to me like you think dieting is hard, but being overweight with diabetes is hard too.
  - Is that a fair assessment?"
- **Sofía : "Well yes…no good choices, huh?"**

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Back with Sofía

- **Provider – "Not at all…you're completely in the driver's seat.**
  - I can tell you that there's some good news.
  - Even though planning your meals, shopping and cooking is a fair amount of work, and it does take away from your spontaneous decisions, you see results pretty quickly.
  - Just losing 5% of your body weight has a tremendous positive impact on your blood pressure, and your blood glucose. You'll start to feel better pretty quickly.
  - And you are right, that uncontrolled blood glucose does lead to more severe diabetes and absolutely opens the door to complications.
  - But I'm very encouraged that you're here, and we're discussing this. What are your thoughts on this?"

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Back with Sofía

- **Sofía : "I think I'd like to try to follow the meal plan.**
  - I owe it to Hector. I don't want to be a bad mother.
- **Provider – NO JUDGEMENT**
  - "That's certainly important, but my opinion is you owe it to yourself first!
  - Can I ask on a 0=not at all important to 10= extremely important scale, how important do you feel it is to follow your mean plan?
- **Sofía : "Oh, I'd say a 3."**
- **Provider – NO JUDGEMENT**
  - "That's interesting. Why a 3, and not a zero?"

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Back with Sofía

- **Sofía:**
  - "Well, staying at over 400 pounds is bound to kill me, but I'm not sure I can do this."
- **Provider:**
  - "Let's not confuse importance with confidence. We'll talk about confidence next. You tell me you think staying at your current weight is very unhealthy, and that following your meal plan will probably reduce the risk of diabetes complications, and allow you to live longer, give Hector a healthier lifestyle – so considering all THAT, how IMPORTANT do you believe it is that you follow your meal plan?"

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Back with Sofía

- **Sofía:**
  - "When you put it that way, I'd say it's a 9 or 10. But I still worry about how to pull this off."
- **Provider:**
  - "That's fantastic! I agree this is pretty important. So how would you rate your confidence using that same 0-10 scale?"
- **Sofía:**
  - "Pretty low – I have a rotten track record. Maybe a 2 or 3."
- **Provider:**
  - "Well I'm here to support you, as is the dietician. We're going to take it a step at a time and come up with a strategy.
  - Does this sound like a good plan to you?"
- **Sofía:**
  - "Sure, I'm game to give it a try."

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Getting the Support the Patient Needs

- Describe the kind of support from others that will help you with your diabetes self-care
- Describe the things other people (family, friends, coworkers) do that help or hinder your efforts to take care of your diabetes.
- In what way does your diabetes affect your relationships with family and friends?
- How to the relationships with those close to you affect how you manage your diabetes?
- How does your role in the family/relationship affect your ability to care for yourself?

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In summary…

- Receiving the diagnosis of diabetes mellitus can be shocking, overwhelming, and very discouraging
- Life experiences can definitely influence patients' reactions to this diagnosis
- Self-care strategies can be overwhelming and change is HARD!
- Practitioners should evaluate patients initially and ongoing regarding their coping strategies and success
- Motivational interviewing is a powerful intervention to evoke change
- Refer patients with anxiety or depression who may require additional assistance

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Preview of Coming Attractions

1. Introduction to diabetes mellitus.
2. Lifestyle modification and diabetes mellitus
3. Monitoring diabetes mellitus
4. Medication management Part 1
5. Medication management Part 2
6. Problem solving with diabetes mellitus
7. **Coping with diabetes mellitus**
8. Risk reduction and management of complications with diabetes mellitus Part 1
9. Risk reduction and management of complications with diabetes mellitus Part 2
10. Diabetes disease state management

- Depression, anxiety and more serious pathology
- Stage of Change – the Transtheoretical Model
- Motivational Interviewing

Can we motivate our patients to make the changes they need to make? Tune in and find out!

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Exam Questions:

1. The "psychologic attempt to restore order after a disruption has occurred in one's life" defines which of the following?
    a. Strategizing
    b. Coping
    c. Theorizing
    d. Capitulating

2. The ABCs of diabetes management represents which of the following?
    a. Attitude, behavior, conditions, side effects
    b. A1c, behavior, cholesterol, side effects
    c. A1c, blood pressure, cholesterol, smoking
    d. A1c, blood glucose, cholesterol, smoking

3. True or false: It is important to identify the patient's thoughts and feelings about living with diabetes because this can affect their perception of their own disease trajectory.
    a. True
    b. False

4. Adults learn best under which of the following circumstances?
    a. When provides tell them what to do, regardless of the patient's thoughts or feelings
    b. When they are given a substantial amount of reading to complete at home
    c. When they feel valued and respected for their experiences and perspectives
    d. When they are in a classroom learning environment, listening to lectures

5. Which of the following is NOT a common response to diabetes?
    a. Shock/denial
    b. Anger/resentment
    c. Guilt/self-blame
    d. Pride/accomplishment
    e. Sadness/worry/depression

6. Which of the following are physical symptoms associated with stress?
    a. Nervousness and hair loss
    b. Dental caries and gum disease
    c. Trouble sleeping and excessive sweating
    d. A and C
    e. A, B and C

7. What is/are the best strategies for reducing stress?
    a. Reduce stressors in the patient's life
    b. Reduce the patient's response to stress
    c. A and B are both correct
    d. Neither A nor B are correct

8. True or False: Motivational interviewing is a technique used to bend patients to the will of the provider.
    a. True
    b. False

9. Which of the following is/are one of the principles of motivational interviewing?
    a. Resist the righting reflex/roll with resistance
    b. Express empathy
    c. Avoid argumentation
    d. Develop discrepancy
    e. All of the above are principles of motivational interviewing

10. A decisional balance analysis is used for which of the following purposes?
    a. To decide what to have for lunch
    b. To weigh the pros and cons of continuing a current behavior vs. changing to a new behavior
    c. To help a patient decide whether to stay with their current health care provider or to switch to a new one
    d. None of the above are the purpose of a decisional balance analysis