



HELPING PATIENTS WITH TYPE 2 DIABETES OVERCOME SELF-MANAGEMENT BARRIERS

Patient Engagement Through Patient Empowerment

PATIENT ENGAGEMENT THROUGH PATIENT EMPOWERMENT

As you know, type 2 diabetes is a difficult disease that requires patients to make many challenging self-management changes, which may go against their long-established lifestyle routines. These lifestyle changes can seem overwhelming to many patients and often require improved coping skills. Helping patients understand how to care for themselves may improve their overall type 2 diabetes care.^{1,2}

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In one large cross-sectional study of type 2 diabetes patients and healthcare providers, it was reported that only 39% of patients achieved success in two-thirds of their self-management behaviors.³

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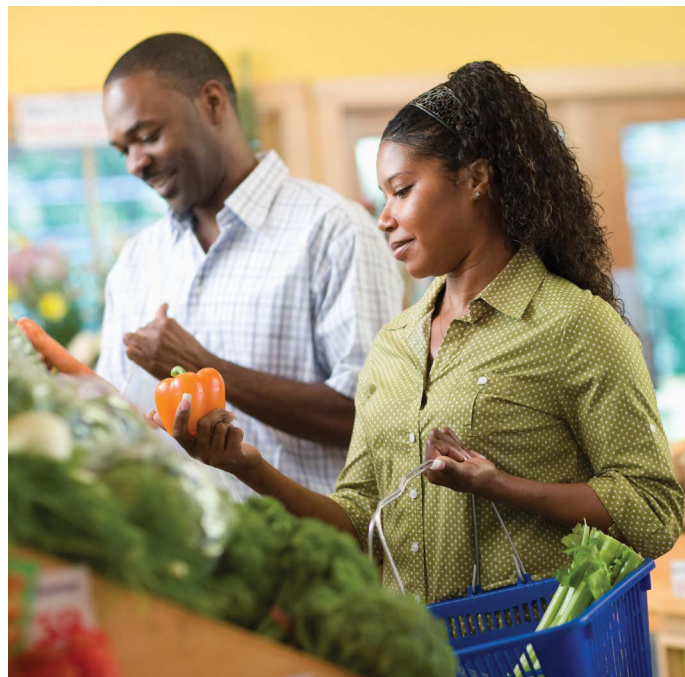
Engaging your patients on an individual level may help foster a shared decision-making approach, where you mutually exchange important information regarding type 2 diabetes care. Placing patients at the center of care and involving them in healthcare decisions may enhance adherence to therapy.⁴ One way to help your patients actively pursue their health goals is through the patient empowerment approach.⁵



THE PATIENT EMPOWERMENT APPROACH

Empowerment is a patient-centered, collaborative approach tailored to match the fundamental realities of type 2 diabetes care in order to help patients discover and develop the inherent capacity to be responsible for their health choices.⁵ This approach was developed to promote behavior changes among people with type 2 diabetes. The empowerment approach can help patients with type 2 diabetes choose personally meaningful, realistic goals related to eating right, staying active, and other important aspects of self-management.⁶

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Patient empowerment relies on the principle that patients are more likely to be adherent if behavior changes are personally meaningful and freely chosen.
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Patient and Provider Roles

Since the majority of type 2 diabetes care is the responsibility of the patient⁷:

- Patients and healthcare providers should work together to create the best diabetes self-management plan.
- The diabetes care team should provide ongoing expertise, education, and support to the patient.
- The patient should use the information provided by the diabetes care team to make informed self-management choices.

GOAL SETTING AND BEHAVIOR CHANGES

Goal setting is an important part of the continuous care and education you provide. Within the empowerment approach, it is defined through a 5-step process that helps provide patients with the information required to develop and reach their type 2 diabetes-related goals.⁵

The 5-step process is outlined below as a sample interview protocol that may help you direct patients to take more responsibility for their diabetes self-care, prioritize diabetes-related problems, generate solutions, and develop a behavior change plan.^{5,7}

STEP 1

Explore the Problem or Issue^{5,7}

These questions can direct your interactions on issues that are most important to the patients. Focusing on patient concerns may help address issues that are most likely to change.

- What part of living with type 2 diabetes is the most difficult or unsatisfying for you? Please tell me more about that.
- Are there some specific examples you can give me?



STEP 2

Clarify Feelings and Meaning^{5,7}

Questions in this step explore the emotional component of self-management, which can also serve to motivate a behavior change.

- How does (the situation described above) make you feel?
- What are your thoughts about this?
- Are you feeling (insert feeling) because (insert meaning)?



GOAL SETTING AND BEHAVIOR CHANGES (CONT'D)

STEP 3

Identify Goals and Develop a Plan^{5,7}

The goal is to help patients identify where they would like to be in the future in terms of self-care behaviors, as well as the consequences of not performing self-care behaviors.

- How would this situation have to change for you to feel better about it?
- Where would you like to be regarding this situation in (eg, 1 month, 3 months, 1 year)?
- What are your options?
- What are barriers for you?
- Who could help you?
- What are the consequences and benefits for each of your choices?
- What do you think would happen if you do not do anything about it?
- How important is it, on a scale of 1 to 10, for you to do something about this?
- Let's develop a plan.

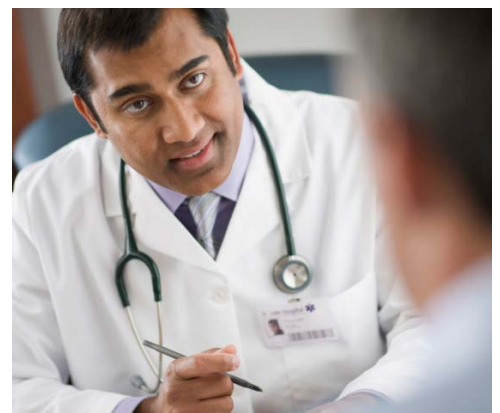


STEP 4

Gain Patient Commitment^{5,7}

With help from a healthcare provider, these questions lead patients to develop their own solutions to self-management problems.

- What do you think needs to be done?
- Are you willing to do what you need to do to solve this problem?
- What are some steps you could take to bring you closer to where you want to be?
- What are you going to do?
- When are you going to do it?
- How will you know if you have succeeded?
- What is one thing you will do when you leave here today?



GOAL SETTING AND BEHAVIOR CHANGES (CONT'D)

STEP 5

Help Patients Evaluate the Plan^{5,7}

This step helps both the patient and healthcare provider evaluate efforts and identify what was learned and what may need to change in a subsequent encounter.

- How did it go?
- What did you learn?
- What barriers did you encounter?
- What, if anything, would you do differently next time?
- What will you do when you leave here today?
- Let's revisit the plan.



Helping patients to view this process as behavioral experiments may help them realize that all type 2 diabetes self-management efforts are opportunities to learn more about the issues, related feelings, barriers, and effective strategies.⁵

By focusing on type 2 diabetes as a manageable condition and reminding your patients that their diabetes does not define them as an individual, you may be able to help guide them to think positively and help them cope. Encourage your patients to take the lead role in their care. Patients can help manage their type 2 diabetes and the associated risks by knowing their diabetes care goals and numbers, tracking and monitoring them appropriately, adhering to their care plan, and working closely with you and their full healthcare team.²

References: **1.** Powers MA, Bardsley J, Cypress M, et al. Diabetes self-management education and support in type 2 diabetes: A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Care*. 2015;38(7):1372-1382. **2.** American Diabetes Association standards of medical care in diabetes—2017. *Diabetes Care*. 2017;40(suppl 1):S1-S135. **3.** Peyrot M, Rubin RR, Lauritzen T, Snoek FJ, Matthews DR, Skovlund SE. Psychosocial problems and barriers to improved diabetes management: results of the Cross-National Diabetes Attitudes, Wishes and Needs (DAWN) Study. *Diabet Med*. 2005;22(10):1379-1385. **4.** Inzucchi SE, Bergenstal RM, Buse JB, et al. Management of hyperglycemia in type 2 diabetes 2015: a patient-centered approach: Update to a position statement of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care*. 2015;38:140-149. **5.** Funnell MM, Anderson RM. Empowerment and self-management of diabetes. *Clin Diabetes*. 2004;22(3):123-127. **6.** Anderson RM, Funnell MM. Patient empowerment: myths and misconceptions. *Patient Educ Couns*. 2010;79(3):277-282. **7.** Anderson RM, Funnell M. Using the empowerment approach to help patients change behavior. In: Anderson BJ, Rubin RR, eds. *Practical Psychology for Diabetes Clinicians*. 2nd ed. Alexandria, VA: American Diabetes Association; 2002:3-12.