

## THERAPEUTIC EDUCATION FOR DIABETES

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**Keywords:** diabetes mellitus (DM), amputation, education, risk factors, prevention

**Abstract:** The end of the millennium marks an upward trend in medicine both technically and conceptually. Medical work is changing for all team members: physicians, nurses, and not least patients. Spectrum of chronic diseases, and thus diabetes, is marked by complexity management that training has a crucial role in the implementation and achievement of goals proved effective in preventing complications. The impact of personal, familial and social damage in patients with diabetes lower limb is known equally the benefits of education in preventing complications of the most unwanted - amputation - were demonstrated. To achieve these objectives, not easy, and barriers are ways that each of us must overcome.

**Cuvinte cheie:** diabet zaharat, educație, amputație, factori de risc, prevenire

**Rezumat:** Sfârșitul de mileniu marchează în medicină o evoluție ascendentă atât din punct de vedere tehnic cât și conceptual. Activitatea medicală este în continuă schimbare pentru toți membri echipei: medici, asistente și nu în ultimul rând pacienți. Spectrul afecțiunilor cronice, deci și a diabetului zaharat, este marcat de complexitatea managementului în care instruirea are un rol decisiv în aplicarea și realizarea scopurilor dovedite eficiente în prevenirea complicațiilor. Impactul personal, familial și social al leziunilor membrelor inferioare la pacienții cu diabet este cunoscut și în aceeași măsură efectele favorabile ale educației în prevenirea complicației celei mai nedorite – amputația - au fost demonstrate. Pentru realizarea acestor obiective, deloc facile, sunt prezentate modalitățile și barierele pe care fiecare dintre noi trebuie să le învingem.

## SCIENTIFIC ARTICLE OF BIBLIOGRAPHIC SYNTHESIS

Therapeutic education in diabetes and diabetic foot: Diabetes mellitus was the one who led the launch of the concept of therapeutic education and development strategies. Therapeutic education in diabetes is the most complex form of education. Type 2 diabetes is associated mostly with metabolic syndrome, which makes the therapeutic goals and methods overlap to a large extent. In addition, however, specific features of hyperglycemia and diabetes involves printing new dimensions pathology and specific therapeutic targets and methods.

The structure of education must take into account the particular epidemiological, evolution and treatment of type 2 diabetes, namely:

- The increasing prevalence of type 2 diabetes in Romania
- progressive disease that requires adapting clinical management,
- changing nature of therapeutic structure resulting from continuous need to adjust therapy,
- Development of micro-and macrovascular complications of chronic,
- need for the complex clinical management,
- need to involve a medical team to ensure quality of care.

Public health policy objectives should include:

- prevention at all ages
- education for empowerment of the individual,
- Health education outside the hospital;

- prevent complications;
- the role of the GP doctor.

Costs for both disease management and monitoring are becoming ever larger and should not be missed especially important psychological mark of the patient, family, society and the care team. Several aspects characterize diabetes:

1. It is a heterogeneous disorder in terms of etiopatogeniei, treatment and clinical course;
2. Is accompanied by complications of chronic morbidity and increased mortality encumbered;
3. Can develop without symptoms both in terms of disease onset and chronic complications.

If prevention of communicable diseases is partially solved problems today raising finance, science and ethics (1), the reduction increasing prevalence of diabetes type 1 and 2 (2) is a complex process which is still extremely problematic obstacles and are only partially known.

Diabetologiei major modern studies - DCCT (3) and UKPDS (4) - led to clear conclusions, substantiated by evidence-based medicine, for both practitioner and organizer of health and patient:

1. Diabetes management is a complex and constantly seeking meta - bolică balance right: the metabolism of glucose and lipid of and normalization of blood pressure and, last but not least, obtaining and maintaining quality of life (Table 1).
2. Management that achieves its objectives set correctly can prevent or delay the onset of chronic disease complications

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→ cations background.

Urgency needs to be taken now by changing behavior are non-pharmacological approach → mental and lifestyle, to be associated with building an individualized pharmacological treatment, effective and evidence-based only. These needs can be met only by training all team members: physicians, nurses and those involved in multidisciplinary activities of compulsory medical → current effectiveness. It requires education of patients, without which you can achieve goals.

It is in fact the process by which one can acquire a choice of health documented as an alternative to the automatic execution of uniformed and professional advice and adherence to conventional medicine.

Two aspects are emphasized in the therapeutic education:

- a) patient it takes time to acquire theoretical knowledge and "skills";
- b) the patient has his own subjective and objective needs.

"Philosophy of education" is the shift from compliance to accountability.

Training of medical staff

Therapeutic education can be achieved without the formation of evidence-based care team members.

- a) The medical team must be trained and motivated primarily to identify conditions associated with increased risk for amputation in the management of injuries and possibly prevent amputations, so the possible causes.

In this respect, examination of legs to identify risk conditions has a double meaning: the diagnosis and said second input and patient awareness on issues of particular importance in preventing complications mentioned, the effect on the patient depends on the quality of education Examiner;

- b) Prevention of high risk conditions for chronic complications - neuropathy by:

- obtaining and maintaining a good metabolic balance;
- Stop smoking;
- c) Treatment of high risk conditions:
  - Recommendation of shoes to redistribute plantar pressure;
  - suitable footwear foot situation changes;
  - fair treatment of lesions present;
  - exercise and consideration of surgical option in patients with arterial;
  - screening the number of lesions existing risk factors, especially in patients with sensitivity and other complications lost.
- d) interdisciplinary:
- e) assessing whether additional tests of neurological, vascular, skin or respiratory system of musculoskeletal →, depending on patient condition and local possibilities to resolve each individual case;
- f) the timing of surgery;
- g) establishment of prevention of reinterventions: Using instruments, operative strategy, specific: ex. use the equivalent of leather or substances proven effective in the treatment of ulcers.
- h) acquiring skills in the education of patients:\
  - a) professional conduct stage adaptation complications: acute or chronic;
  - b) adaptation of professional behavior caractersticilor patient and / or family in the existing conditions - recognition of patient needs;
  - c) recognition of the possibilities we can offer and requested the patient;
  - d) knowledge in the therapeutic education, intellectual resources, social and economic aspects of the patient;
  - e) stimulate the patient's own use of health resources, social or

economic;

- f) adapting the methods of education that is patient complexity in terms of psychological time, the ability to "learn" as well as real possibilities in the context of other complication.
- g) assessment activities to reduce amputations → and adaptation of strategies used to achieve increased efficiency → ever, given the interrelation between knowledge and behavior modification is very fragile. Patient education has a crucial role in preventing complications and in particular lower limb injuries. For therapeutic training program to be as effective → must be adapted:
  - cultural awareness;
  - comprehension: when psychological process related to education or any changes → neuropsychological
  - ability to learn and finally,
  - health perception by patients →.

In this program should be focused on patient needs, adapted to the possibilities of his understanding, valued and very important, valued periodic maintenance of theoretical and practical concepts.

Therapeutic education is a continuous process that requires periodic evaluation of theoretical concepts, changes in behavior, performance and self-care ability.

In diabetes management objectives are correct metabolic HbA1c <7% normalize blood lipids, normalize blood pressure, quality of life.

**Table. no. 1. Care needs and how to solve them**



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