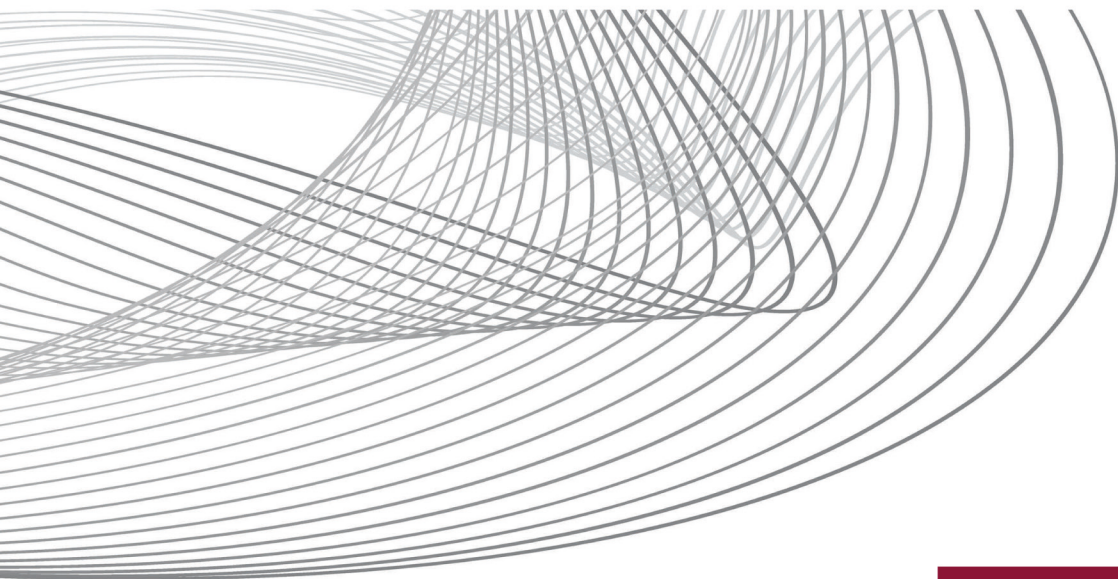


An abstract graphic consisting of numerous thin, grey, curved lines that sweep across the top of the cover, creating a sense of movement and depth.

# **DIABETES MANAGEMENT**

**A MANUAL FOR PATIENT-CENTRED CARE**

Janet Titchener



**CRC Press**  
Taylor & Francis Group

# Diabetes Management



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# Dedication

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This book is dedicated to all those with diabetes who shared their stories with me as well as their experience of what it means to live with diabetes. Without your sharing, I would never have gained the insight and understanding so critical to providing a patient-centred approach to diabetes care.

**Janet Titchener**



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## **Patient handouts**

# About the author

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**Janet Titchener, MD**, is a graduate of Otago University (Diploma, Physical Education), University of Connecticut (Masters, Psychology), Thomas Jefferson University (Masters, Physiotherapy) and The University of Pennsylvania School of Medicine (Doctorate of Medicine).

Convinced that successful medical care could only be achieved if diseases were managed within the context of the patient, Dr Titchener chose to train as a Family Practice Physician (Lancaster General, University of Pennsylvania). During her residency and fellowship she subspecialised in diabetology and is currently Board Certified in Advanced Diabetes Management through the American Association of Diabetes Educators.

As Medical Director of GPSI Diabetes Ltd, Dr Titchener provides care for all types of diabetes, across all age groups. Her clinical practice adheres to the principles of patient-centred clinical medicine so that each patient is considered the expert with regard to knowing which management approach will best fit with their life and life's choices.

Dr Titchener is the recipient of the 2010 Eli Lilly/NZSSD Primary–Secondary Physician award for her clinical work and teaching within GPSI Diabetes Ltd, New Zealand.



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# Introduction

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“Diabetes is, in many ways, a large part of the future of medicine”

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Fowler MJ *Clinical Diabetes* 2010;28:42–46

Diabetes has become a major international public health problem.<sup>1</sup> The number of people with diabetes is estimated to be 425 million and is predicted to increase to 629 million by 2045.<sup>2</sup> As increasing incidence and prevalence overburdens healthcare systems, it is arguably the most significant challenge in healthcare today.<sup>3</sup> Limitations in workforce, resources and funding are the reasons most often given for poor management.<sup>4,5</sup> However, more recently, the current conventional model of healthcare itself has been recognised as a significant barrier to good diabetes care.<sup>6,7</sup> Having evolved to manage acute episodic illness, it is ill suited to approaching the complexities of a chronic disease.

Chronic disease is more complex than acute disease, both medically and psychosocially. Chronic diseases are multiple-organ diseases requiring skills for preventative as well as current disease management; these are lifelong diseases where emphasis is on control not cure, requiring monitoring with constant attention to medication management; these are illnesses which a person has to live with and independently manage on a daily basis, meaning that key treatment decisions (e.g. lifestyle change, taking medication regularly) are entirely under their control; and finally, as each person is a unique autonomous individual with their own set of beliefs and priorities about their life, these are illnesses where management success does not occur if the treatments being selected do not suit the patient's unique life-situations and cultural and personal beliefs.<sup>8–10</sup>

Recognising the influence psychosocial factors have on disease management, and stimulated by studies demonstrating the effectiveness of patient self-management, new models of care are shifting from treatment that is done to passive recipients by medical experts, to patient-centred care where management decisions result from a collaborative partnership between provider and patient with the patient actively participating in disease management choices.<sup>11</sup> Indeed, since 2012, recommendations for diabetes management from both the American Diabetes Association and the European Association for the Study of Diabetes have stopped advocating one management option over another. Rather, they ask that management choices “be considered within the context of the needs, preferences, and tolerances of each patient”, emphasising that “individualization of treatment is the cornerstone of success”.<sup>12</sup>

To provide patient-centred diabetes care a provider needs to develop two skills: first, a good understanding of the pathophysiology of diabetes, the differences and similarities between the different types of diabetes, and an excellent understanding of how the medications and insulins target different pathophysiologies and work synergistically to control blood sugars; and second, the skills to transfer this same knowledge to patients, enabling the patient to participate in management decisions and empowering them to self-manage their disease. This manual sets out to teach providers both sets of skills.

The first half of the manual provides basic knowledge around the pathophysiology of diabetes and different management options. The second half then presents information on how foods affect blood sugars and how to address cardiovascular risk factors. The information is presented in such

a way as to assist the reader in developing their skills for translating complex medical knowledge into understandable lay language during a patient-centred consultation. Techniques are also provided to enhance a provider's patient-centred skills for the transfer of knowledge to the patient and for successful engagement in a partnership of care.

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