

# Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: ALGORITHM of CARE

ADA Standards of Medical Care in Diabetes recommends all patients be assessed and referred for:



## FOUR CRITICAL TIMES TO ASSESS, PROVIDE, AND ADJUST DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

1

AT DIAGNOSIS

2

ANNUAL  
ASSESSMENT  
OF EDUCATION,  
NUTRITION, AND  
EMOTIONAL NEEDS

3

WHEN NEW  
COMPLICATING  
FACTORS INFLUENCE  
SELF-MANAGEMENT

4

WHEN  
TRANSITIONS IN  
CARE OCCUR

### WHEN PRIMARY CARE PROVIDER OR SPECIALIST SHOULD CONSIDER REFERRAL:

- Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S
- Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals

- Needs review of knowledge, skills, and behaviors
- Long-standing diabetes with limited prior education
- Change in medication, activity, or nutritional intake
- HbA<sub>1c</sub> out of target
- Maintain positive health outcomes
- Unexplained hypoglycemia or hyperglycemia
- Planning pregnancy or pregnant
- For support to attain or sustain behavior change(s)
- Weight or other nutrition concerns
- New life situations and competing demands

#### CHANGE IN:

- Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen
- Physical limitations such as visual impairment, dexterity issues, movement restrictions
- Emotional factors such as anxiety and clinical depression
- Basic living needs such as access to food, financial limitations

#### CHANGE IN:

- Living situation such as inpatient or outpatient rehabilitation or now living alone
- Medical care team
- Insurance coverage that results in treatment change
- Age-related changes affecting cognition, self-care, etc.

# Diabetes Self-Management Education and Support for Adults with Type 2 Diabetes: ALGORITHM ACTION STEPS

Four critical times to assess, provide, and adjust diabetes self-management education and support

## AT DIAGNOSIS

## ANNUAL ASSESSMENT OF EDUCATION, NUTRITION, AND EMOTIONAL NEEDS

## WHEN NEW COMPLICATING FACTORS INFLUENCE SELF-MANAGEMENT

## WHEN TRANSITIONS IN CARE OCCUR

### PRIMARY CARE PROVIDER/ENDOCRINOLOGIST/CLINICAL CARE TEAM: AREAS OF FOCUS AND ACTION STEPS

- Answer questions and provide emotional support regarding diagnosis
- Provide overview of treatment and treatment goals
- Teach survival skills to address immediate requirements (safe use of medication, hypoglycemia treatment if needed, introduction of eating guidelines)
- Identify and discuss resources for education and ongoing support
- Make referral for DSME/S and medical nutrition therapy (MNT)

- Assess all areas of self-management
- Review problem-solving skills
- Identify strengths and challenges of living with diabetes

- Identify presence of factors that affect diabetes self-management and attain treatment and behavioral goals
- Discuss impact of complications and successes with treatment and self-management

- Develop diabetes transition plan
- Communicate transition plan to new health care team members
- Establish DSME/S regular follow-up care

### DIABETES EDUCATION: AREAS OF FOCUS AND ACTION STEPS

- Assess cultural influences, health beliefs, current knowledge, physical limitations, family support, financial status, medical history, literacy, numeracy to determine which content to provide and how:
- Medication – choices, action, titration, side effects
  - Monitoring blood glucose – when to test, interpreting and using glucose pattern management for feedback
  - Physical activity – safety, short-term vs. long-term goals/recommendations
  - Preventing, detecting, and treating acute and chronic complications
  - Nutrition – food plan, planning meals, purchasing food, preparing meals, portioning food
  - Risk reduction – smoking cessation, foot care
  - Developing personal strategies to address psychosocial issues and concerns
  - Developing personal strategies to promote health and behavior change

- Review and reinforce treatment goals and self-management needs
- Emphasize preventing complications and promoting quality of life
- Discuss how to adapt diabetes treatment and self-management to new life situations and competing demands
- Support efforts to sustain initial behavior changes and cope with the ongoing burden of diabetes

- Provide support for the provision of self-care skills in an effort to delay progression of the disease and prevent new complications
- Provide/refer for emotional support for diabetes-related distress and depression
- Develop and support personal strategies for behavior change and healthy coping
- Develop personal strategies to accommodate sensory or physical limitation(s), adapting to new self-management demands, and promote health and behavior change

- Identify needed adaptations in diabetes self-management
- Provide support for independent self-management skills and self-efficacy
- Identify level of significant other involvement and facilitate education and support
- Assist with facing challenges affecting usual level of activity, ability to function, health benefits and feelings of well-being
- Maximize quality of life and emotional support for the patient (and family members)
- Provide education for others now involved in care
- Establish communication and follow-up plans with the provider, family, and others