# Engaging patients in diabetes management

# Stages of patient engagement

To best support patients on their journey to engagement, it's important to consider where they are currently.



Cannot accept diagnosis, no understanding of how to manage diabetes, feels alone in the enormity of the disease

Primary need: emotional support





#### Arousal

Emotionally accepted diabetes but not able to fully understand and process self-management strategies, often still feels alone/isolated

**Primary need:** health literacy, education on management/treatment



### Adhesion

Usually adherent to treatment but struggles to apply lifestyle changes

**Primary need:** empowerment and motivation





### **Eudaimonia**

Acceptance of diabetes combined with knowledge and ability to carry out self-management tasks

Primary need: tailored care to



# Methods for increasing patient engagement

## **Education**





Approximately 50% of people with type 2 diabetes have only superficial knowledge of the condition and its treatment. Without knowledge, engaging patients in lifelong self-management is unlikely.

Diabetes management education could be:

- educational booklets
- videos
- peer group discussions
- follow-up telephone calls

These are associated with improved blood glucose and blood pressure levels.

## Peer support

Peer support improves confidence with diabetes management and self-management behaviours. Over time, it leads to improved blood glucose levels. Good peer support should be:





Driven by people living with diabetes



A safe and encouraging environment to share experiences





Reciprocal with opportunities for people to learn and share their knowledge and experiences



Person-centred



Accessible and inclusive to all people with diabetes



Complementary to healthcare advice (including moderation of advice to ensure individuals with diabetes do not receive inaccurate or contradictory information)

# **Family-based interventions**



- Friends and family have a large impact on lifestyle behaviours.
- Family members often:
  - overestimate their loved one's knowledge of diabetes
  - report not understanding the needs of their family member with diabetes
- Including family members in diabetes education results in greater knowledge improvements and better patient outcomes.