Prompts Aid Doctors' Diabetes Prevention Efforts

When nurses alert physicians, high-risk patients get exercise, diet, and weight-loss plans more often.

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SAN DIEGO — A simple nurse-based physician prompt significantly improved the rates of counseling for exercise, diet, and weight control received by primary care patients at high risk for diabetes, results from a multisite study showed.

"Involving nurses in diabetes prevention with simple prompts can lead to improved outcomes," John M. Boltri, M.D., told this newspaper during a poster session at the annual scientific sessions of the American Diabetes Association.

He and his associates randomized 10 primary care practices to intervention and control groups. Nurses in the intervention group received training on the ADA high-risk criteria for diabetes, how to calculate body mass index, how to use fingerstick glucometers, and how to counsel patients and follow up on glucose results.

Nurses in the control group received no such training.

Patients seen at the practices completed an ADA risk assessment questionnaire in the waiting room. In the intervention group, the nurses scored the questionnaire and if the patient was high risk for diabetes, they prompted the doctor to counsel him or her about exercise, diet, and weight control. The control group received usual care. The investigators then followed patients in both groups for 3 months to determine who received diet, exercise, and weight-reduction plans.

Of the 1,395 patients in the study, 42% had a family history of diabetes and 84% were at high risk for diabetes according to ADA criteria, reported Dr. Boltri, professor of family medicine at Mercer University, Macon, Ga. Their mean age was 50 years and their mean BMI was 30 kg/m^2.

At 3 months of follow-up, 15% of patients in the intervention group received exercise plans, compared with only 2% of those in the control group. Patients in the intervention group also received more counseling for diet and weight reduction plans, compared with those in the control group (16% vs. 3%, and 6% vs. 2%, respectively).

Patients at risk for diabetes were more likely to receive counseling from physicians when nurses prompted them.

When the investigators adjusted for age, gender, ADA risk score, and overweight, patients in the intervention group were eight times more likely than controls to receive a diet plan, six times more likely than controls to receive an exercise plan, and two times more likely than controls to receive a weight-loss plan.

"We were surprised at the magnitude of the difference," Dr. Boltri said. "The odds ratios were high enough to say that this [prompt] would probably work in most primary care practices."

The study was funded by the Medcen Community Health Foundation and the Health Resources and Services Administration. ■

Tap Peers to Educate Adults Newly Diagnosed With Diabetes

LOS ANGELES — Looking to make your adult diabetes education program more effective? Consider enlisting the help of patients with controlled diabetes to lead group sessions and educate patients newly diagnosed with the disease, America Bracho, M.D., advised at the annual meeting of the California Academy of Family Physicians.

"The power of community workers is tremendous, and this is an alternative for a busy practitioner," said Dr. Bracho, executive director of Latino Health Access, a center for health promotion and disease prevention in Santa Ana, Calif. "If you have clients who are from Somalia and you have a person [with diabetes] who speaks their language and is doing well, can that person help? Can you do this with Latinos? This is something that is creative and it doesn't cost that much."

Effective diabetes education programs "take into consideration the way adults learn, [presume the adults] are competent, have hands-on activities [and] role models, [and] the person with diabetes is involved in the treatment and care," she said. "If your client is not influencing the treatment, is not helping in the decision making, your client is not self-managed."

The program at Latino Health Access spans 12 sessions. At the first one, the group leaders ask the clients to describe how they felt when they learned that they had diabetes and to define the disease.

Every client of the program receives a new glucose monitor. "The first rule of adult education is that adults are independent," Dr. Bracho said. "They are not looking to be dependent on their children or a nurse to measure their glucose." She added that program participants form "a close relationship" with their glucose monitors.

"We ask them in our focus groups, 'What do you think about the meter?' [They say things like] 'It's my friend. The only one that tells me the truth,' " Dr. Bracho added.

In the session that describes the effect of diabetes on the human body, Dr. Bracho and her associates use nonmedical jargon to educate. They talk about how the human body is like a house. "In that house you have an electrical system and a plumbing system," they tell them. "There are little pipes behind the eye that get clogged. They get clogged because glucose is a sticky thing. Then you have fats in your blood that get stuck, because the glucose has that little sticky bed and they get stuck until the pipe is clogged."

The electrical system, they'll say, "has the cables which are the nerves. The glucose is like rats eating the cables and creating short circuits." At this point, some clients will respond with statements like, "That is happening to me! I feel like I have a rat right here," Dr. Bracho said as she pointed to her thigh.

She concluded her remarks by advising physicians to ask adult patients newly diagnosed with diabetes "to set goals, follow up, and be the partners of those clients in their journey with diabetes. We need to advocate, to have better programs, and to go out of our comfort zone as doctors because people look at you as one of the main leaders in their cities and towns," she noted. "You are vital in improving the external conditions that are surrounding this disease. We all need to change. Not just the client. In the end, who defines the success of the intervention is the client."

The presentation was supported by an unrestricted grant from Pfizer Medical Humanities Initiative. ■

Physicians Report Gap in Diabetes Education, Prevention Management

SAN DIEGO — Only 21% of primary care physicians who were surveyed reported that they are doing "very well" in managing patients with diabetes, and only 9% felt "extremely confident" that adequate educational resources exist to help patients effectively use insulin.

Those are key findings from a written survey of 107 primary care physicians in New York and Detroit who were asked about their diabetes education practices and needs, Melinda Maryniuk, R.N., said at a press briefing during the annual scientific sessions of the American Diabetes Association.

"Physicians are not confident that they have enough resources to help their patients manage diabetes, so we know there's a need," said Ms. Maryniuk, of the Joslin Diabetes Center, Boston.

The survey also revealed that 28% of physicians "frequently" refer diabetes patients to a diabetes educator or program and 95% reported discussing hemoglobin A_{1c} levels at each patient visit.

However, a phone survey of 278 diabetes patients affiliated with the same primary care offices showed that only 61% of the patients discussed A_{1c} results with their physician during an office visit. In contrast, 84% said that their physician discussed results from blood pressure and cholesterol tests.

Nearly half of the patients (47%) reported that they are "extremely" or "very" confident in their ability to manage their diabetes, and 42% of non–insulin users said they would not be willing to use insulin if recommended by their physician.

The researchers also analyzed results from a written survey of registered nurses, licensed practical nurses, and other clinical staff selected by the primary care physicians to receive an in-service program aimed at improving their knowledge of diabetes. Of the 521 respondents who filled out the survey before they received the training, just 15% reported that they help patients manage diabetes "very well," and 17% reported being "extremely" satisfied with written materials available for diabetes education. Forty-three percent reported discussing A_{1c} levels with patients at each visit.

The surveys were conducted as part of a 2-year study funded by Aventis Pharmaceuticals. Ms. Maryniuk and her associates developed a diabetes education curriculum that they are sharing with the primary care practices in New York and Detroit in an effort to improve care and design intervention programs. Part of the effort involves having a diabetes educator spend 2 hours with clinical staff, educating them about diabetes and sharing how to effectively communicate with patients.

"This is a very low-cost intervention because it's training the office staff to be a little bit more knowledgeable about diabetes, but it's not bringing in educators to teach patients in the office," said Ms. Maryniuk, who received the 2005 outstanding educator in diabetes award from the American Diabetes Association. "Ideally we'd like everybody to go to a diabetes educator or a diabetes center, but the first step is just to get [patients] a little more information." ■