

# Psychology: Education of the diabetic patient

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# Agenda

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- **Therapeutic patient education**
- **Positive reinforcement strategy**
- **Stages of behaviour change**
- **Health believe model**
- **Empowerment**
- **Resources of the patient**

# Aims of Therapeutic Patient Education

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**To help the patient deal  
with his chronic disease as well as possible  
on a daily basis**



**Improve or  
maintain**

- Quality of life
- Autonomy
- Adherence to treatment



**Avoid or  
decrease**

- Relapses
- Complication

# Patient's double need

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## Cognitive Dimension

- To know
- To understand



## Emotional Dimension

- To be listened to
- To be known
- To be understood
- To be helped



# Positive reinforcement

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Communicate  
positively framed  
information

Gain oriented  
option

Search for  
success

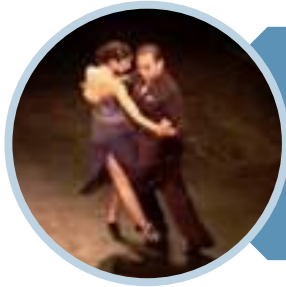
Use positively the  
mistakes

Look for  
advantages

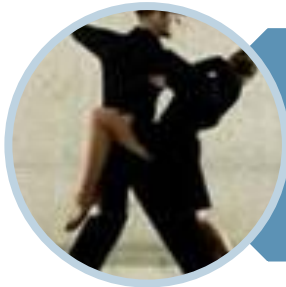
Make the link with  
better symptoms  
and less  
complications

# Patient education is a tango

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**Listen to the inner music  
of the patient**

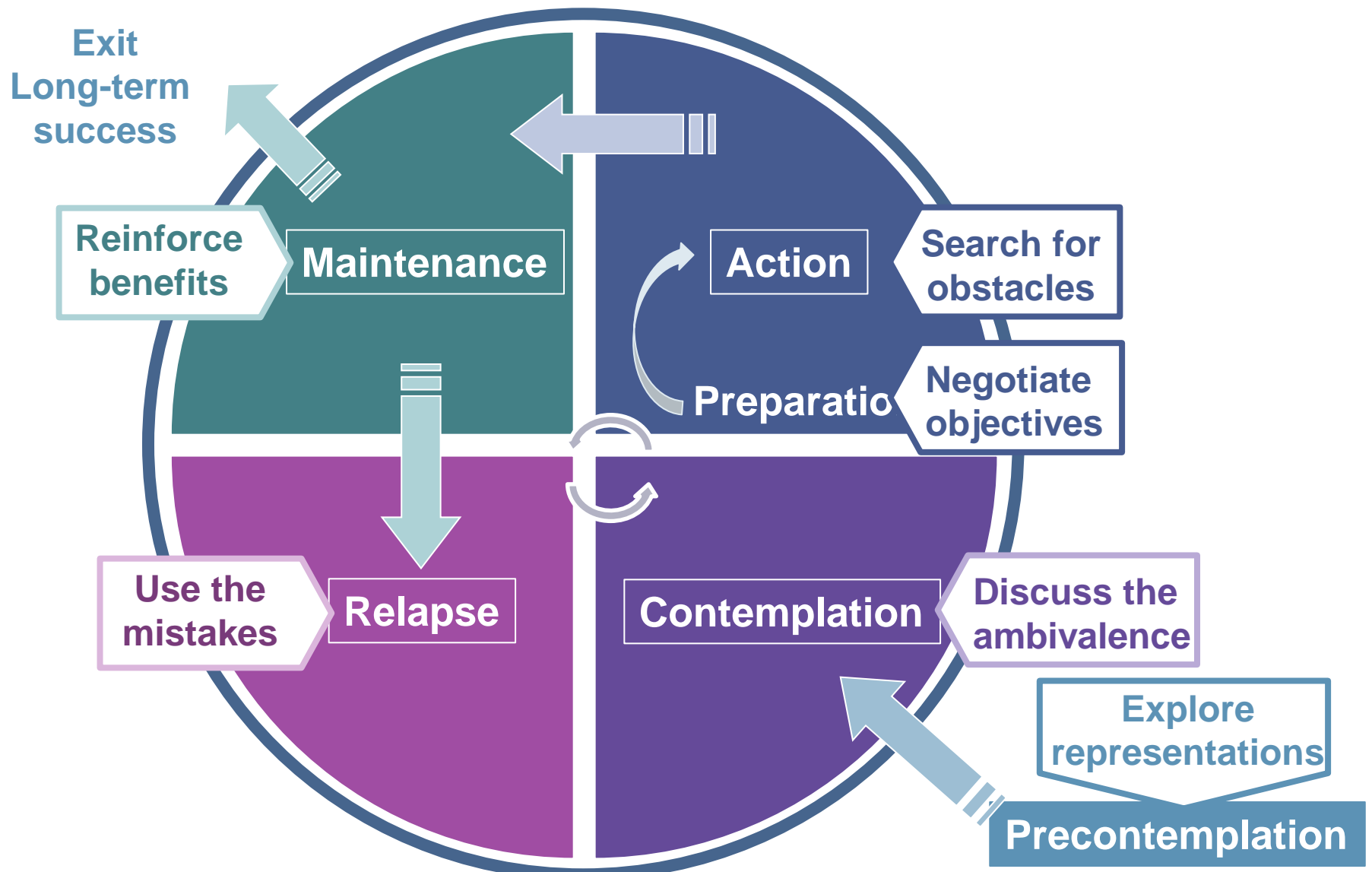


**Respect the rythm of  
the patient**

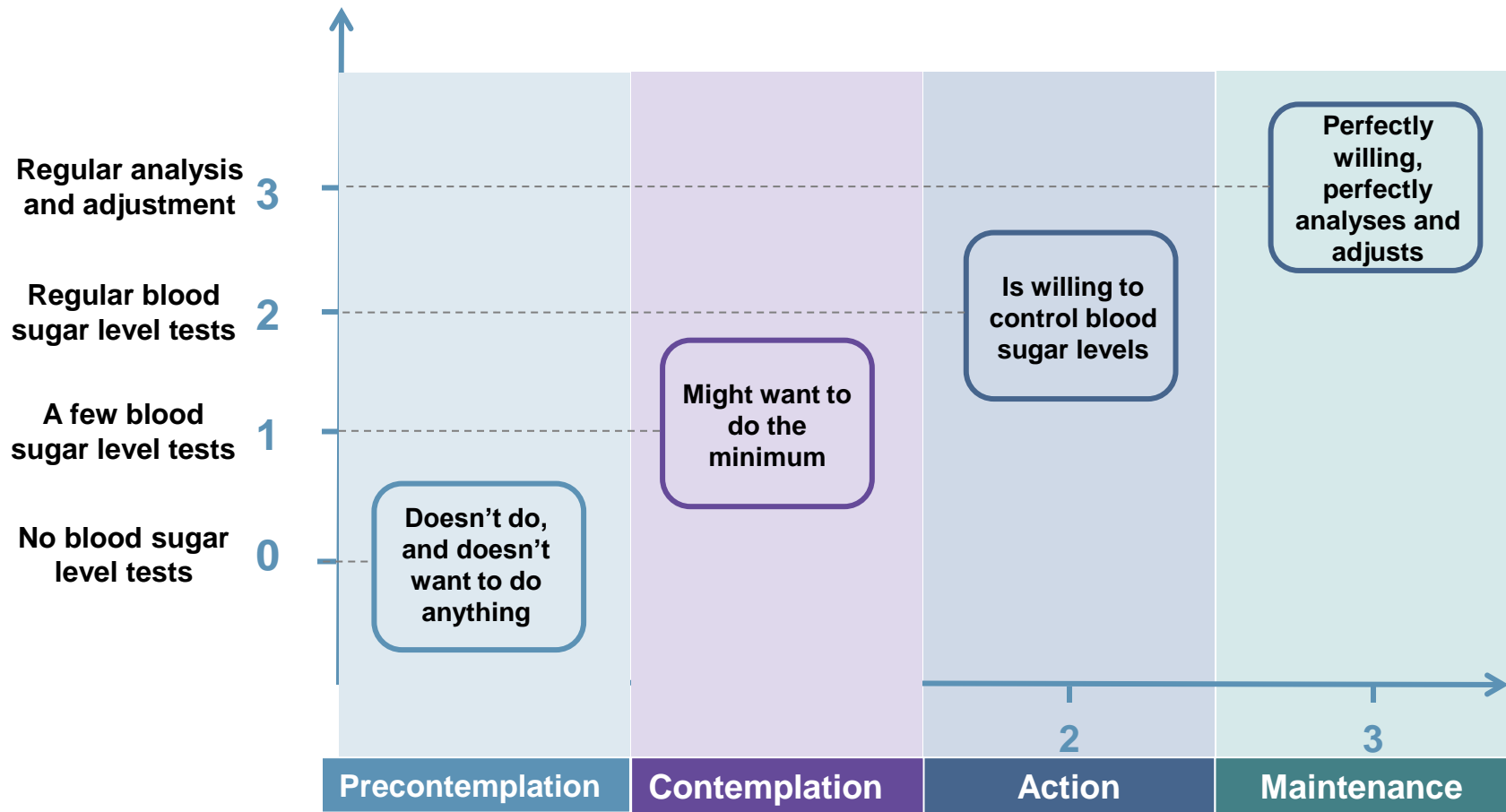


**Follow and guide  
the patient**

# HCP attitudes to support patient changes



# Blood glucose level control is linked to stages of behaviour change






# Patient case 1

## Mrs No

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- Mrs No has been diabetic for the last three years, or rather has a “somewhat elevated” blood sugar level, because she doesn’t feel diabetic, and doesn’t want to do anything about it
- However, her HbA1c level is often elevated (>8%)
- She is on a twice-daily sulfonylurea treatment, but admits to regularly forgetting to take her medication



I just don't see the use of controlling my blood sugar levels!

# **Patient case 1**

## **Mrs No**

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**Mrs No is in a state of precontemplation and does not accept her disease, her treatment**

- HCP should understand the patient's beliefs (disease and treatment)**
- And inform the patient on reasons why she should take care of her diabetes**

# To listen is to give a hand

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Listening is everybody's duty

# The 4 points a patient should be convinced of before being ready for change

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# Patient Case 2

## Mrs Mai B.

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- Mrs Mai B, 43, has suffered from diabetes for over 5 years. She discovered she was diabetic during her third pregnancy
- Since then, she has taken care of herself anyway she could, while being a working secretary and mother of three
- She is willing to do a minimum, and measures her blood sugar levels as little as she can.
- She knows it...BUT



I don't have a minute to myself. I am exhausted!

# **Patient Case 2**

## **Mrs Mai B.**

**Mrs Mai B. knows what to do but still only does the bare minimum.**

**She is in a stage of contemplation and has a negotiating attitude.**

**The HCP must explore the patient's ambivalence**

**He must look for reasons why the patient could take better care of herself,**

**Search for success, advantages and use mistakes**

# Explore the ambivalence of the patient



## Evaluate the patient's levels of importance and confidence

- « What level of importance do you give ...? »
- « What is your level of confidence ... ? »
- « What is your level of conviction to start?»

0 1 2 3 4 5 6 7 8 9 10

Not confident

Extremely  
confident

# Patient Case 3

## Mr A.

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- Mrs A, 56, has been diagnosed with diabetes 10 years ago but hasn't experienced any complications
- He progressively accepted his diseases and adapted himself to the constraints of the disease
- Treatment: slow insulin shots twice daily + two daily blood glucose level tests
- The results are generally  $<8$  mmol/l and her HbA1c is 7.5 %
- He doesn't adjust his insulin doses according to his blood sugar levels

I like to have control over situations and make my own decisions.





# **Patient Case 3**

**Mr A.**

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**Mr A. seems to have accepted his disease  
and the obligations**

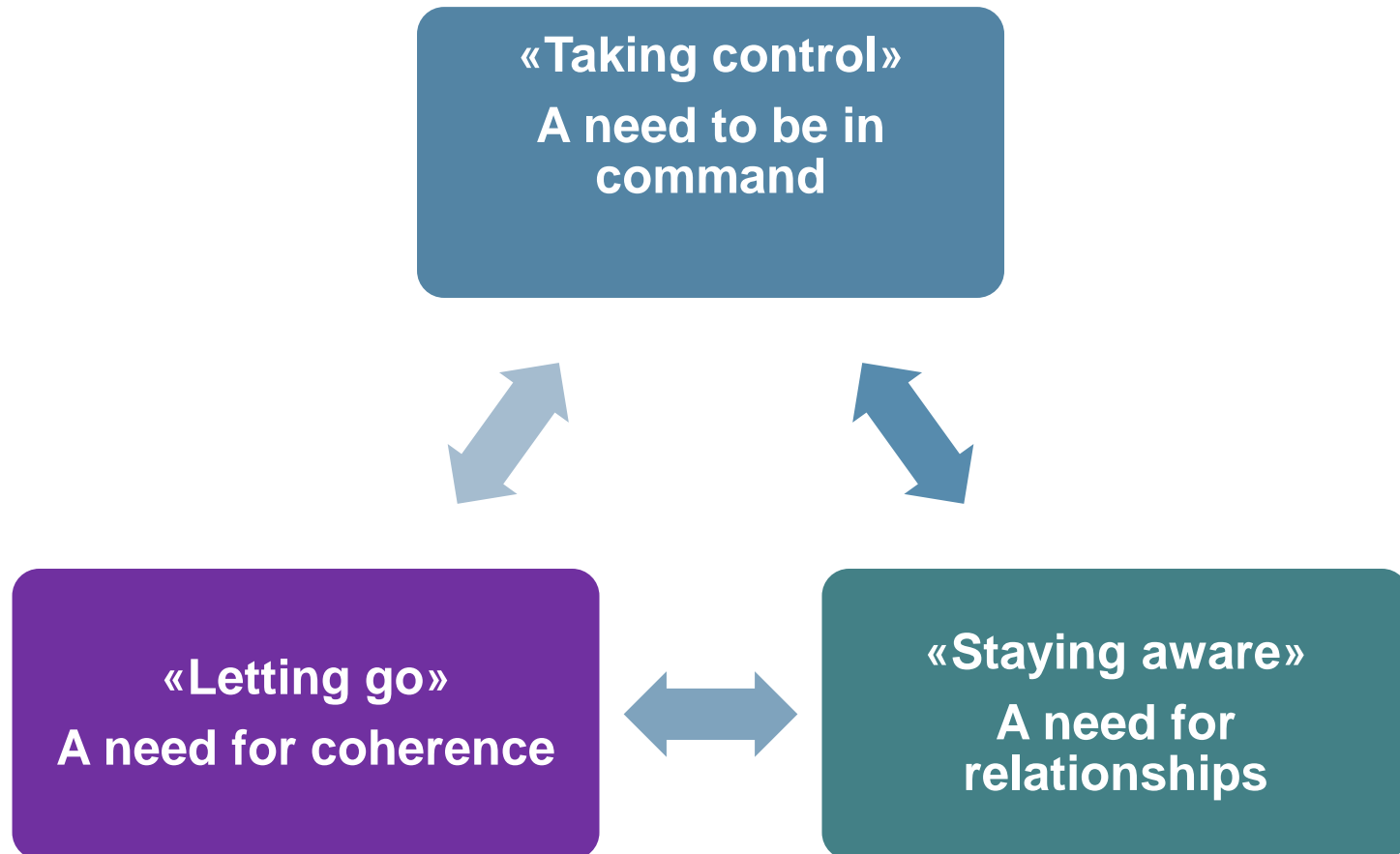
**He is in a stage of action but doesn't  
interpret his blood sugar levels**

**The HCP must highlight the benefits of a good  
blood sugar level control and reinforce them**

**The HCP should teach him to adjust his  
treatment according to his blood sugar levels**

# An empowerment process

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# Patient Case 4

## Mrs Mo

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- Mrs Mo, 25, would like to have a child but has suffered from type 1 diabetes for the last 12 years
- To plan her pregnancy, her doctor prescribed an intensive insulin programme (basal bolus) with
  - 5 injections per day
  - at least 6 blood glucose controls per day
- For the last 6 months, her HbA1c levels have been stable at 7%
- She fully understands the importance of checking her blood glucose levels not only for herself but also for the baby

I perfectly adjust my insulin doses according to my food intake, my physical activities, and my blood sugar levels.



## **Patient Case 4 : Mrs Mo**

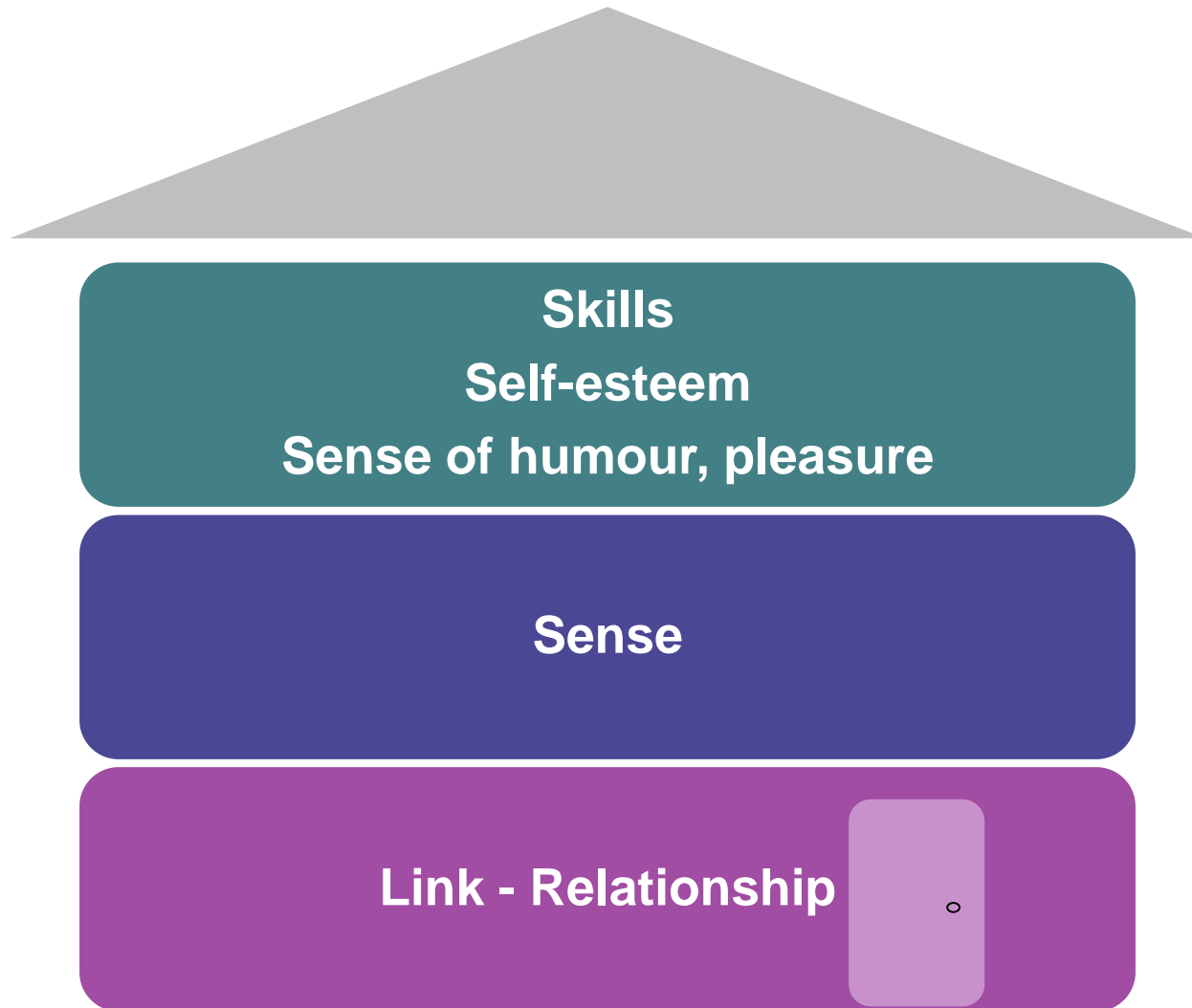
**Mrs Mo is motivated by her pregnancy plan.  
She accepts the obligations that come with her disease  
She is in a stage of maintenance.**

**The HCP must look for possible difficulties and, together with the patient, should analyse the right attitudes to adopt**

**The patient must become a co-therapist and the HCP should reinforce, congratulate and advise her patient**

# The Casita of resources

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# Summary

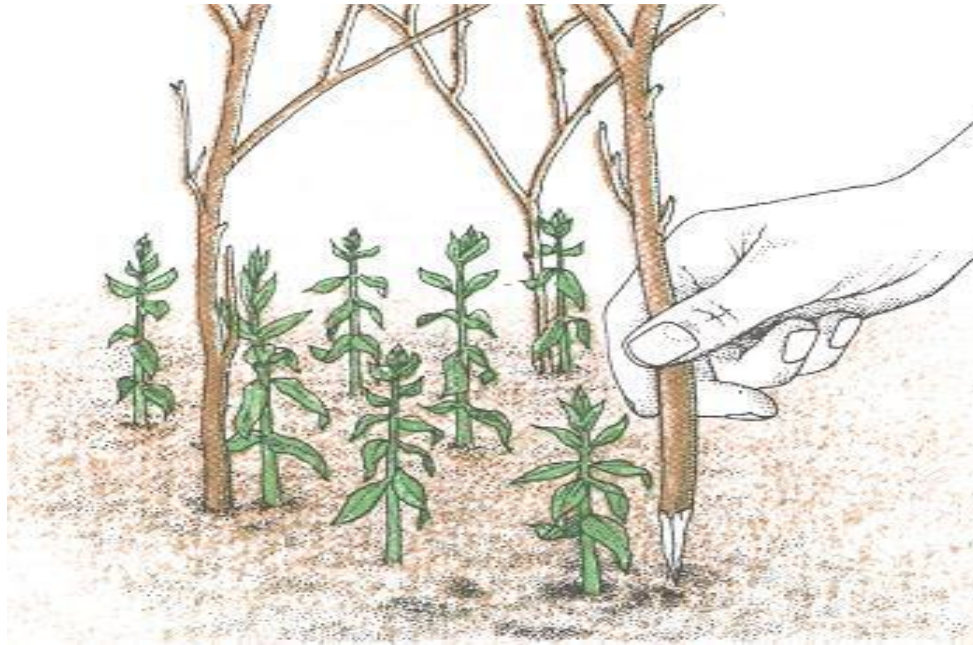
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- Identifying in which **behavioural change stage** a patient is one of the key start of his diabetes management
- Adapting communication and objectives to be reached according to the patient's stage ensures an efficient **personalised management**
- **Positive reinforcement** helps to keep the patient in a successful and encouraging environment, so he “climbs the steps” to reach maintenance of an optimum blood glucose control

**Care providers can be guides ...to help  
the patient to control better their disease**

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**Thanks to all my collaborators**



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# **Vivre avec une maladie chronique**

## **La question du sens : une ressource pour l'éducation thérapeutique du patient**



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**<http://setmc.hug-ge.ch>**