Redesigning diabetes care


It could not be more appropriate for this issue of *European Diabetes Nursing* (EDN) to focus upon the serious and under-appreciated topic of depression and diabetes along with the psychological barriers to self-monitoring at the time of the Therapeutic Patient Education (TPE) meeting in Budapest. The themes touched upon in this meeting reflect a subject of central importance to the work of the diabetes specialist nurse (DSN).

Links between the adverse outcomes of depression and morbidity and mortality are examined in a qualitative review by K Winkley, 'The epidemiology of depression in diabetes'.[1] The symptoms of depression, beginning with mood changes, may well come to the attention of the DSN before other members of the team; however, as Winkley reports, 'clinicians often feel ill-equipped – through lack of time and resources – to assess and treat this common condition'. It is interesting that this condition, to which so much attention is paid (as evidenced by such meetings as the TPE) is then apparently ignored, as Winkley puts it 'the proverbial elephant in the corner'.

A recent publication from the Pathways Study[2] has reported the beneficial effects of 'nurse depression intervention' in people with depression, along with a reduction in cost of medical care over a 5-year period. Although in her review, Winkley indicated that while depression may improve as a result of intervention, there is little evidence of improved glycaemic control.[1] When depression is seen as a priority in some European countries, how can the consequences of morbidity, mortality and health economics be ignored? The profile of this issue would be raised by further quantitative research as suggested by Winkley.[1]

In line with thoughts about how to deal more effectively and efficiently with the needs of patients with diabetes, the paper by Birdsall *et al*[3] presents unique data on an intervention familiar to most, if not all, of us – the nurse telephone helpline. The impact of this communication tool and other (more) innovative tools, like the electronic health record or telemonitoring devices, on daily practice, challenges us to look at how best to redesign patient care for those with one or multiple chronic diseases. From the Birdsall *et al*[3] paper it becomes clear that information and communication technology (ICT) not only complements practice, but challenges us to rethink the process of care delivery. We would like to invite you to submit your experiences on this theme for publication in future issues of EDN.

Effective forms of diabetes education to motivate people with the condition are addressed by Petersen *et al*[4] who use the example of empowerment-inspired education in theory and practice and describe how this is approached in the Hillerød Programme. The development and evaluation of a pathway for continuous subcutaneous insulin infusion to facilitate and empower young people of all ages is illustrated in the report on 'Pump school' by Thompson.[5] Snoek *et al*[6] address barriers, possible solutions and new developments in a report on 'Self-monitoring of blood glucose: psychological barriers and benefits'.

We would urge you to read the excellent FEND Conference Report (page 116) as a reminder of the many diverse themes embraced by FEND and reflected within EDN. We believe that this issue of EDN again offers you an interesting mix of important issues for achieving high quality diabetes care.

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