



Choice: How to achieve the balancing act in diabetes care

BayKomm, Leverkusen, Germany 5–7 October 2006

The Third European Diabetes Nursing Conference, in Leverkusen, Germany, was hosted by Bayer HealthCare Diabetes Care Division Europe and chaired by Anne-Marie Felton (Co-founder and Chair of the Federation of European Nurses in Diabetes [FEND]). Nearly 300 nurses from across Europe met at the conference to discuss the role of choice in diabetes care. The programme featured an innovative mix of lectures, debates and workshops conducted in five different languages, where the delegates could further discuss issues raised by the speakers.

The first day started with a welcome address to the delegates by Sandra Peterson (President of Diabetes Care, Bayer HealthCare), who formally announced that Bayer HealthCare had joined the IDF, Unite for Diabetes campaign as one of the corporate sponsors. Unite for Diabetes is a global campaign by IDF and its coalition partners aimed at securing a UN resolution on diabetes in time for World Diabetes Day (14 November 2007). 'Diabetes is a great burden and responsibility and by 2030 more than 360 million people are expected to be affected,' she said. 'Our aim is to continue to help people with diabetes to lead better, longer lives.' After growing support for the UN resolution campaign on 20 December 2007, the United Nations General Assembly passed a landmark resolution recognising diabetes as a chronic, debilitating and costly disease associated with major complications that pose severe risks for families, countries and the entire world.



Anne-Marie Felton also welcomed the delegates to the conference, and in her introductory presentation, further emphasised the importance of raising global awareness of diabetes. In addition, she explained, a recent document of recommendations for an EU policy on diabetes has formally recognised the role played by European nurses working in diabetes – representing a 'historical milestone'.

The first day's topic was 'the importance of motivation in chronic disease management'. Aldo Maldonato (Professor of Medicine, Italy) spoke on motivation and how to maintain it, from the perspectives of both the person with diabetes and the healthcare professional. 'A patient's motivation is a key issue in diabetes management, but also, motivation is a very complex issue,' he said. 'Often there is not one reason why

people do or do not do something.' He emphasised that therapeutic patient education (TPE) is an integral part of diabetes management. The main role of TPE is to increase motivation, facilitate the choice and maintenance of healthy behaviours. He summarised four techniques for encouraging behaviour change in people with diabetes (the transtheoretical model, motivational interviewing, active listening and the empowerment approach). Also he stressed that different personalities are motivated by different factors and so may vary in terms of the time it takes to go through the motivation process.'

The first day's programme continued with facilitated workshops. These were organised in five different groups. Each group discussed 'motivation as a key element of diabetes management' in their own language and in the context



of their patients' cultures and perspectives.

On the second day of the conference, Fabienne Elgrably (Diabetologist, France) asked whether educational diagnosis – the first step in TPE, which involves the collection of educational and psychosocial information – is fundamental to the self-management of diabetes. 'The answer is 'yes and no' she said, before outlining the details of two educational programmes in her hospital, one focusing on type 1 diabetes, the other for people with type 2 diabetes. The key factor, she said, is that such programmes encourage self-discovery, and therefore the participants feel more secure in the knowledge gained. She summarised her experiences from their ambulatory (out-patient) programme for type 1 diabetes patients, which has been implementing self-learning skills. 'We have been recently creating a programme for people with type 2 diabetes with the same model' she said. She described the benefits of this educational method and some major obstacles, including payment and reimbursement aspects.

Natalia Piana (Pedagogist, Italy) gave an emotional presentation on her experience of using the narrative–autobiographical approach in diabetes education – a method that seeks not to explain, but rather to explore the condition. Delegates learned from her presentation that the narrative approach represents a thorough evaluation in therapeutic education which becomes not only a way to transfer knowledge, but also offers patients the opportunity to understand their needs and feelings relating to their condition by realising from their own words and own life. She explained that writing about one's condition is also a very effective technique that can help to overcome traumatic experiences (the 'recall to help forget' paradox).

Other highlights from day two included an interactive question-and-answer debate, and a comprehensive review of the evidence base to support effective management of postprandial blood glucose excursions by Oliver Schnell (Diabetes Research Institute, Germany). Oliver Schnell reviewed the effects of postprandial blood glucose by giving examples from the evidence of recent studies about the importance of postprandial glucose in diabetes management. He emphasised that educating patients with diabetes about postprandial blood glucose is a key element for successful prevention of complications.

Facilitated workshops, which formed an interactive part of the meeting, continued with the same groups, looking for answers to the questions raised during the second day: 'Is a good HbA_{1c} level sufficient for coping well with patients' illness? Using which parameters, questions or observations would you assess the quality of life of your patient? How can we introduce the narrative approach in TPE?'

On the final day of the conference Simon Heller (Reader in Medicine at the University of Sheffield, UK) asked whether the health professionals' current focus on achieving good control of HbA_{1c} and blood glucose levels in diabetes is justified. 'Patients are more interested in weight gain, hypoglycaemia, morbidity and tissue complications,' he said. 'The precise benefit of glucose control in the era of tight blood pressure and lipid control is not known.' However, trials such as ADVANCE and ACCORD will clarify the situation, he explained. In the meantime, he concluded, 'the trick is to take all the tools at our disposal and discuss them with patients in an open manner.'

What should a healthcare professional do when a person with

diabetes does not want to take his or her advice? This dilemma was discussed in the final presentation of the conference by Gérard Reach (Head of Endocrine Unit, France) and Montserrat Castellsague-Perolini (Clinical Nurse Specialist in Diabetes, Switzerland). Professor Reach explained why he believes that it is possible to try to convince a patient to take advice, while still respecting his or her autonomy, and urged the audience to remember that patients are people – individuals for whom diabetes is only one part of their life. Therefore, a standard approach to each patient is not appropriate.' Mrs Castellsague-Perolini talked about disagreement between a healthcare provider and a patient with diabetes by giving an example about initiating insulin therapy. She said that the patient will take the final decision, but healthcare professionals should also take into consideration 'the psychological insulin resistance'.

In addition to the plenary programme, 18 abstracts were presented by Diabetes Nurses who came from various European countries. As a new development in this area, the Third European Diabetes Nursing Conference poster awards were introduced at the meeting with the aim of supporting research studies in Diabetes Nursing. Three posters were chosen, which received poster awards from a scientific committee.

This Third European Diabetes Nursing Conference gave delegates the opportunity to listen to the experts in diabetes, to share and discuss their own experiences with colleagues from different countries and to identify possible scientific collaborations for the future.

Seyda Ozcan
Assistant Professor,
Istanbul, Turkey