

A PAPER TITLED

**“THE ROLE OF EDUCATION IN THE
CONTROL OF DIABETES MELLITUS”**

BY

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AT

**BELLO AKANBI ONIYO CENTRE, 4, SULTAN
ROAD, OFF TAIWO ROAD, ILORIN**

PURPOSE OF EDUCATION

To evaluate the level of awareness of diabetic patients about their disease; and to see the association between different levels of this knowledge and metabolic control and frequency of complications in patients with diabetes mellitus.

THE ROLE OF PATIENT IN THE CONTROL

- To commit to diabetes self management
- To be an active participant in the process
- To communicate with other team member when goals are not achieved, or barriers or problems are encounter.

TH ROLE OF EDUCATOR IN THE CONTROL

- To serve as a coach to the patient, who has primary responsibility for the delivery of daily care.
- To engage patients as partners in therapy, rather than “prescriptive approach

DIABETES EDUCATION INCLUDES

- What Diabetes is
- Causes of Diabetes
- Classifications of Diabetes
- Symptoms of Diabetes
- Incidental discovery/investigations
- Diabetes Complications
- How Diabetes is been Managed

WHAT IS DIABETES?

Diabetes mellitus is a group of metabolic disease characterized by hyperglycaemia resulting from defect in insulin secretion, insulin action or both.

CAUSES OF DIABETES

Pre-disposing factors-

- Hereditary
- Infection
- Other-

Over weight
Chronic smoking
Chronic Alcoholic
Hypertensive complications

PRESENTATIONS

- Polyuria
- Polydpsia
- Weight loss
- Blurred Vision
- Tiredness
- Dizziness
- Loss of appetite
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CLASSIFICATIONS

- Type 1 Diabetes (Child onset D., Juvenile D. or Insulin dependant D.)
- Type 2 Diabetes (Adult onset D. Obesity related D. or non Insulin dependant Diabetes)
- Gestational Diabetes

INCIDENTAL DISCOVERY/INVESTIGATIONS

- Fasting Blood Sugar (FBS)= or > >7.00mmol/l
- Random Blood Sugar (RBS)= or >11.1mmol/l
- With other signs and symptoms

Diabetes Complications

- Stroke
- Blindness
- Heart attack
- Kidney failure
- Impotence
- Amputations

HOW IS DIABETES BEEN MANAGED

Diabetes is been manage as follows

- Structured self Education

- Lifestyle Changes
 - Healthy Eating
 - Physical Activity/exercise
 - Stop smoking, stop/reduce alcohol
- Medications
 - Tablets
 - Insulin

DIABETES SELF MANAGEMENT EDUCATION

The process of providing the person with diabetes with the motivation, Knowledge & skills needed to perform self care, manage crises & make lifestyle changes, thus making the patient a knowledgeable & active participant in his or her disease management.

LIFESTYLE CHANGES

- 7 in 10 patient with DM believe that they should eat special meal (DM food or diet).
- 1 in 10 patient with DM were of the opinion that fruits should be completely excluded from their diet.
- 1 in 2 patient with DM engage in some exercise and the commonest form of exercise was brisk walking.
- 1 in 3 patients practise self home glucose monitoring using glucose meter.
- A little over half of the patient had good glycaemia control.
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HEALTHY EATING/WHAT TO EAT

- Eat at regular intervals
- Trim off excess fat
- Eat small portions
- Make starch food the basis of most meals
- Eat plenty of Fruit & Vegetables every day
- Eat dried beans and peas, lentils, peanut, tinned beans, Soya products regularly.

HOW MUCH TO EAT

- Eat smaller meals. (very large meals can put too much glucose into your blood at one time)
- Eat small amount of fat
- Eat very little fried food (grill, bake, or steam food rather than frying it)
- Eat food which contain little amount of sugar, such as peanut butter, sweetened low fat yoghurt, Tinned baked beans in tomato sauce
- Don't add oil or margarine to food
- Eat sugar on soft porridge
- Sweetening your diet (use little sugar in mixed meal)

SPECIAL OCCASIONS

Some sweetening foods can be eaten on special occasions, food such as Cake, Biscuits and sweets are made with sugar and fat. These foods can be eaten on special occasions but in moderate form.

FOOD ALLOWED IN LIMITED AMOUNT

- Milk
- Butter, margarine
- Palm oil, groundnut oil
- Porridge
- Baked beans
- Fried foods
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FOODS TO REDUCE OR ELIMINATE

- Sugar
- Refined baked goods e.g. rolls, pastries, cookies
- Tinned fruit in syrup; pineapple etc
- All soft drinks e.g. Coca cola Schweppes, malt drink
- Honey, Chocolate, Alcoholic beverages
- Salt
- Saturated fat

WHAT TO DRINK

- Water: Drink lots of clean water
- Alcohol: If you drink alcohol, drink not more than 1 to 2 standard drinks per day with a meal.
- Cold drink: Drink water or diet cold drinks rather than sweetened cold drinks or fruit juice that contain a lot of sugar.
- Hot drinks: Use sweetener tablets instead of sugar in hot drinks.
- If you use sweetener tablets do so in moderation.

PHYSICAL ACTIVITY/EXERCISE

Regular exercise is good for everyone, it is especially important for people with diabetes .

American Diabetes Association (ADA) recommend at least 2½hrs of exercise per week

Type of exercise are as follow-

- Join the TV exercise class
- Use music to help you do housework a little faster
- Walk around your house every day
- Get out the taxi and walk the few blocks home
- Play music and dance

FOOT CARE

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- Always keep your feet clean and dry especially in between toes

HOME CARE

- Check under your feet regularly
- Check shoes every day
- Wear one size ahead your size
- If you can't see under your feet check with a mirror or get someone to check for you
- Avoid extreme heat
- Never put your feet near open heat
- Never walk barefoot
- Wear well fitting flat shoes

MEDICAL CARE

- Never cut corns or use sharp object on your feet
- Get help from the clinic or doctor
- Avoid long boots
- Avoid tight socks
- Avoid high shoes with no support

DRUGS

- Metformin (Glucophage max 2g/day)
- Glibenclamide (Daonil 15mg/day)
- Insulin

MEDICATION

Eating healthy, exercise regularly and losing weight may be all you need to manage your diabetes. But most people also have to take tablets or have insulin injection

If you have to take medication remember:

- To take tablets or insulin exactly as your doctor or diabetes Nurse tells you.
- To take tablets at the same time every day
- Do not stop taking tablets unless your doctor tells you
- Always make sure you have enough tablets to last until next clinic visit.
- If you have high blood pressure take your tablets every day.

What patients need to know about insulin

- Role of insulin
- Storage & transportation
- Inspection of insulin
- How to match syringe & needles

- How to draw insulin
- How to inject
- Where to inject
- Complications of insulin

Signs of hypoglycaemia (low blood sugar)

Early symptoms

- Hunger
- Irritability
- Tiredness
- Poor concentration

Treatment of early stage (Eat a sandwich & fruit)

Later symptoms

- Sweating
- Shaking
- Palpitations
- Confusion

Later symptoms treatment

- Cola
- Sugar
- Honey

Followed by a sandwich & fruit

Coma stage

It requires hospitalisation

INJECTION SITE AND TECHNIQUE

SITE

- Stomach
- Leg
- Buttock
- Arm

TECHNIQUE

- Rotate the insulin injections within the injection site/area for every injection.
- Rotate the injection site /area every 3 months

Thank you for your attention

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