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Community care and management of long-term condition

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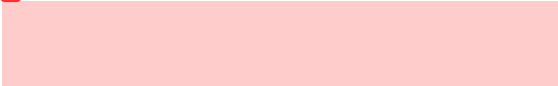
Module little-Information booklet of long-term conditions management

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1: Introduction

Diabetes mellitus is a common, long-term health issue characterized by consistently high blood sugar levels. This health concern is caused by insufficient insulin production or the body's inability to effectively use the insulin it generates (Mayo Clinic, 2021). The illness is divided into three main forms: type 1, type 2, and gestational diabetes, each with its own unique clinical and epidemiological traits (Diabetes UK, 2020).

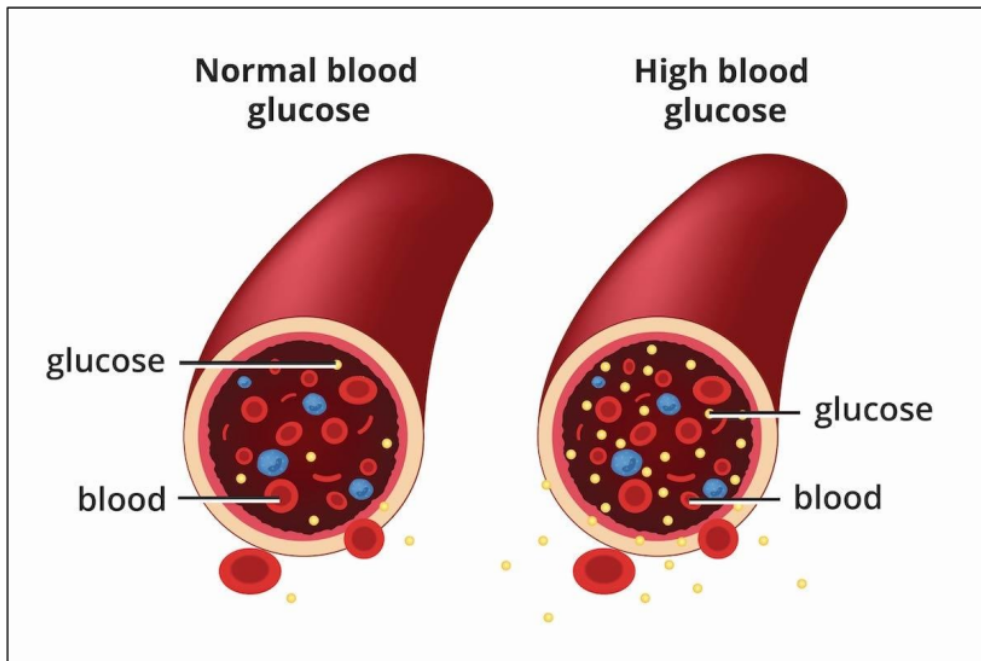


Figure 1: What is diabetes?

The global spread of diabetes mellitus is rapidly accelerating. According to a 2021 report from the International Diabetes Federation, about 537 million adults aged between 20 and 79 years old are currently living with diabetes. It's projected that this figure will rise to nearly 643 million by 2030.

In the United Kingdom, it's alarming to note that close to 4.9 million people have diabetes, with around 90% of them battling type 2 diabetes (Diabetes UK, 2021). By 2030, it's expected that over 5.5 million UK residents will have diabetes, as projected by Diabetes UK (2021). This growing prevalence underlines the critical need for effective diabetes management and prevention strategies.

Diabetes mellitus' origins are multifaceted, encompassing a tangled mix of genetic and environmental influences. Importantly, risk factors vary depending on the type of diabetes. Type 1 diabetes is often linked to a genetic predisposition and can be triggered by certain viral infections, as suggested by the American Diabetes Association (2018). On the other hand, factors that increase the likelihood of type 2 diabetes—the most common form—include obesity, a sedentary lifestyle, poor diet, aging, and a family history of diabetes. It's also seen that ethnic groups such as South Asians, African-Caribbeans, or Black Africans are more prone to developing type 2 diabetes (Diabetes UK, 2020). Gestational diabetes, or diabetes occurring during pregnancy, can be influenced by a range of factors including advanced maternal age, obesity, and a personal or family history of gestational diabetes (Mayo Clinic, 2021).

II. Understanding Diabetes: A Comprehensive Evaluation

The World Health Organization defined diabetes mellitus in 2020 as a metabolic disorder of varied origins. It is characterized by persistent high blood sugar due to a lack of insulin production, ineffective use of insulin, or both.

Type 1 diabetes can emerge at any age but is often diagnosed in early life. It happens when the immune system inadvertently wipes out the insulin-generating beta cells in the pancreas. Consequently, those with type 1 diabetes need to administer insulin lifelong.

Type 2 diabetes, which is the predominant form, making up around 90% of all diabetes cases, generally affects adults. However, diagnoses among children and teenagers are on the rise. With type 2, the body either struggles to effectively use its own insulin (insulin resistance), or it doesn't manufacture sufficient insulin to maintain normal glucose levels.

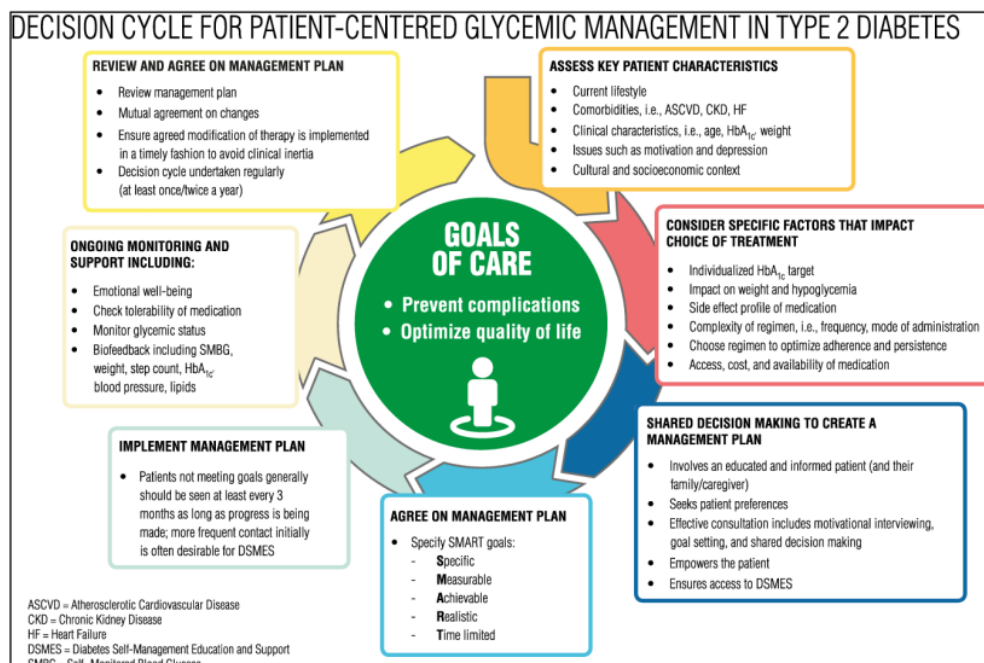
Gestational diabetes is a condition that impacts pregnant women, typically in their second or third trimester. If not managed, it can pose severe health risks to both the mother and the baby. Although most women recover post-birth, they are at an increased risk of developing type 2 diabetes in the future.

The global prevalence of diabetes has almost doubled in the past ten years, with around 537 million adults aged between 20-79 affected in 2021. In the UK, an estimated 4.9 million people have diabetes, a number predicted to exceed 5.5 million by 2030.

Risk factors for diabetes depend on the type. Genetics significantly influence type 1 diabetes, with certain HLA genotypes known to affect risk levels. Environmental elements like the

Coxsackie B4 virus or early exposure to cow's milk have been associated with the onset of type 1 diabetes.

In contrast, lifestyle factors, including an unhealthy diet, lack of physical activity, and obesity, significantly contribute to the development of type 2 diabetes. For gestational diabetes, risks increase with factors like older maternal age, a family history of diabetes, overweight or obesity, non-white ethnicity, and a history of gestational diabetes in previous pregnancies.



III. Impact of Diabetes

The impact of diabetes extends beyond physical health, affecting the psychological and social well-being of individuals and their families.

Physical Implications

Diabetes can lead to a range of complications if not effectively managed:

- Cardiovascular disease:** People with diabetes have a higher risk of heart disease and stroke, due to the damaging effect of high glucose levels on blood vessels (Emerging Risk Factors Collaboration, 2010).

- **Nephropathy:** Diabetes is a leading cause of kidney disease (diabetic nephropathy), which can lead to kidney failure (Andersen et al., 2016).
- **Neuropathy:** Over time, high blood glucose levels can damage nerves (diabetic neuropathy), leading to symptoms like tingling, pain, or numbness, typically in the hands and feet (NHS, 2020).
- **Retinopathy:** Diabetes can cause damage to the retina (diabetic retinopathy), potentially leading to blindness if not treated early (Yau et al., 2012).

Psychological Implications

The daily demands of managing diabetes and the potential complications can significantly impact mental health:

- **Stress and anxiety:** The continuous need to monitor and manage blood glucose levels can cause chronic stress and anxiety (Snoek et al., 2015).
- **Depression:** People with diabetes are twice as likely to experience depression as those without diabetes (Roy & Lloyd, 2012).
- **Diabetes distress:** This term refers to the emotional and psychological challenges unique to people with diabetes, which can affect their self-management and quality of life (Fisher et al., 2012).

Social Implications

Diabetes can also have profound social implications:

- **Impact on work:** Diabetes can impact a person's ability to work, including increased absenteeism and reduced productivity (Tunceli et al., 2005).
- **Relationship dynamics:** The stress and strain of managing diabetes can affect personal relationships (Trief et al., 2003).
- **Social stigma and isolation:** People with diabetes can experience stigma, discrimination, and social isolation, further impacting their emotional well-being (Schabert et al., 2013).

Wider Implications on Families Involved in Care Provision

Diabetes not only affects the individual but also their families, who often participate in care provision:

- **Emotional stress:** Family members may experience emotional distress associated with their loved one's condition (Powers et al., 2016).
- **Financial burden:** The costs of managing diabetes, such as medication and care-related expenses, can place a significant financial strain on families (American Diabetes Association, 2018).
- **Time and resource commitments:** Caring for a person with diabetes can be time-consuming and require significant resource commitments, which can affect other aspects of life, including employment and leisure activities (Powers et al., 2016).

IV. Theoretical Perspectives on Diabetes Management

There are various models/frameworks employed worldwide for the management of diabetes. Two of these models are explored below.

UK Model: National Health Service (NHS) Diabetes Prevention Programme

The NHS Diabetes Prevention Programme (NHS DPP) was established in England in 2016 to address the issue of Type 2 diabetes. Its primary objective is to identify individuals who are at a high risk of developing the condition and subsequently refer them to a behaviour change programme. This programme is designed to help individuals modify their lifestyle and reduce their risk of developing Type 2 diabetes. The NHS DPP is an initiative by the NHS to tackle the growing problem of diabetes in the country.

The programme's objectives are multi-faceted, with a focus on fostering healthier dietary habits, advocating for increased physical activity, and providing guidance on behaviour modification to mitigate the likelihood of developing Type 2 diabetes.

According to a study conducted by Public Health England in 2019, the effectiveness of a certain programme was evaluated. The study revealed that the participants who completed the programme lost an average of 3.3kg. Additionally, those who attended most of the sessions lost an average of 3.7kg. It has been suggested that while behavioural changes and weight loss can be achieved through certain methods, there is a limitation to their long-term sustainability. This has been noted by Hawe et al. (2020), who have pointed out that conclusive evidence regarding the long-term sustainability of these changes is yet to be established.

International Model: ⁴³ American Diabetes Association's Diabetes Self-Management Education and Support (DSMES)

The DSMES programme is a well-rounded initiative that aims to equip individuals with the requisite knowledge, skills, and capacity to effectively manage their diabetes. Additionally, it seeks to encourage the adoption of self-management behaviours that are beneficial to the individual's overall health and well-being. This programme is in line with the guidelines set forth by the American Diabetes Association in 2020.

The DSMES programme is designed to achieve several objectives. These objectives include enhancing ⁴⁹ clinical outcomes, health status, and quality of life. Additionally, the programme aims ⁵ to mitigate the onset and/or progression of diabetes complications, reduce hospitalisations, and lower healthcare costs.

The effectiveness of DSMES has been demonstrated through research, indicating that it can lead to significant improvements in haemoglobin A1c levels. Specifically, individuals with Type 2 diabetes have been found to experience improvements of up to 1%, while those with Type 1 diabetes have seen improvements of up to 1.8%. According to Powers et al. (2015), the adoption of a healthier lifestyle, including regular exercise and a balanced diet, can significantly reduce the onset and progression of diabetes complications. This lifestyle change can also lead to improved overall health and well-being.

The DSMES model has certain limitations that need to be taken into account. One of these is ² the fact that the model depends on the individual's willingness and ability to engage in self-care practises. Additionally, there may be cultural, financial, or systemic barriers that prevent individuals from accessing or adhering to the programme. These limitations were highlighted by Funnell et al. in 2016.

¹⁹ V. Local and National Political Health and Social Care Agendas

Understanding the role of local and national political health and social care agendas in diabetes management helps in forming a broader view of how these initiatives can inform and promote developments in long term condition management.

Current Local Initiatives for Diabetes Management

Community-based Interventions: Local initiatives often involve community-based interventions that aim to improve diet, increase physical activity, and promote healthy lifestyle

habits. In London, for instance, the 'Good Food in Greenwich' initiative aims to create a healthier food environment, combat food poverty and encourage cooking skills and healthy eating (Royal Borough of Greenwich, 2023).

Local Government Policies: Many local authorities in the UK have policies designed to support healthier environments, such as encouraging active travel (e.g. walking, cycling) or restricting the number of fast-food outlets in certain areas. For instance, the Transport for London's Healthy Streets Approach aims to make London's streets healthier, safer and more welcoming to get more people walking, cycling and using public transport (Transport for London, 2023).

National Health and Social Care Agendas

The National Health Service's Long Term Plan, which was released in 2019, prioritises the prevention of Type 2 diabetes and the enhancement of treatment and care for all types of diabetes. The National Health Service (NHS) has put forth a proposal to increase the NHS Diabetes Prevention Programme (DPP) by two-fold within the next five years. Additionally, the NHS has pledged to provide structured education to all individuals diagnosed with Type 2 diabetes, including a digital option. This commitment aims to improve the management and treatment of Type 2 diabetes.

The topic of government policies and strategies is a complex and multifaceted one that encompasses a wide range of issues and concerns. At its core, this topic is concerned with the ways in which the UK government has taken measures to tackle diabetes on a national scale. These measures include the implementation of a tax on high-sugar drinks and the mandatory use of 'traffic light' food labelling to promote healthier food choices. These policies were introduced by the Department of Health & Social Care in 2016.

VI. Recommendations for Improvement into Person-Centred Care Approaches

Person-centred care approaches are pivotal in managing long-term conditions like diabetes. It involves treating the person receiving healthcare with dignity and respect and involves them in all decisions about their health. Below are recommendations for improvements:

Individualising Care and Treatment Plans: Personalising care plans in line with patients' needs, preferences and lifestyle are important. For example, dietary recommendations can take into account a person's cultural, economic, and personal preferences (Evert et al., 2020).

Self-Management Support: This can be enhanced by providing tools and resources to help patients manage their condition daily. For instance, providing blood glucose monitors and teaching patients how to interpret results can improve outcomes (Polonsky & Henry, 2016).

Education and Training: Structured ²²diabetes education programmes need to be offered to every person and/or their carer at diagnosis, with annual reinforcement and review (NICE, 2015).

Multidisciplinary Team Approach: A collaborative team, including doctors, nurses, dieticians, and pharmacists, should work together to provide comprehensive care (American Diabetes Association, 2020).

Involving Family and Social Support: Engaging family members in care planning and management can improve adherence to care plans and overall outcomes (Mayberry & Osborn, 2014).

Collaborative Care Planning: Care should be planned collaboratively with the patient, acknowledging their personal goals and life circumstances. The agreed plan should include not just treatment aspects but also the support the person needs to manage their diabetes (NHS, 2021).

Utilising Technology:

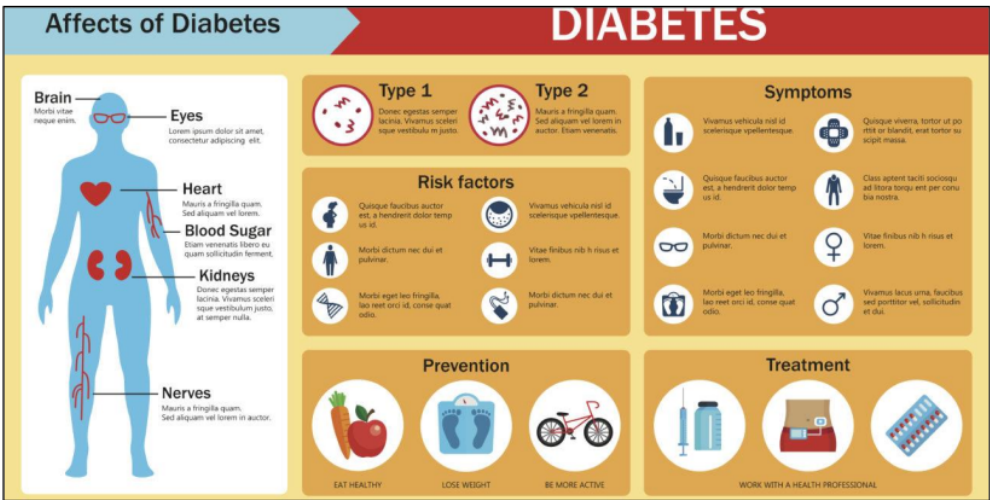
Digital Health Solutions: Applications and web-based resources can support patients in managing their diabetes, providing easily accessible information, and tools for self-monitoring blood glucose levels (Holtz & Lauckner, 2012).

Telemedicine and Remote Patient Monitoring: Especially in the current pandemic context, the use of telemedicine for routine checks and remote patient monitoring can ensure ongoing care and support for patients (Greenhalgh et al., 2020).

VII. Conclusion

Diabetes is a complex and increasingly common health condition that requires comprehensive and effective management. This is particularly important in the UK, where diabetes is becoming more prevalent. It is crucial to address this issue with the utmost care and attention. Welcome to our information booklet on managing blood sugar levels. We believe that managing blood sugar levels is not just about controlling them, but taking a holistic, person-centred approach. We understand that managing blood sugar levels can be challenging, but it

is essential for maintaining good health. Our approach focuses on the individual, taking into account their unique needs and circumstances. We believe that managing blood sugar levels is not just about medication and diet, but also about lifestyle changes and emotional well-being. By Diabetes management involves addressing physical, psychological, and social factors, as this condition can have a significant impact on the individual, their loved ones, and the community at large. It is important to take a holistic approach to diabetes management.



Welcome to the world of diabetes management! Over the years, there have been significant advancements in this field. With the integration of new technologies, the development of more targeted medications, and an increased emphasis on patient education and self-management, diabetes management has evolved considerably. These changes have made it easier for patients to manage their condition and lead a healthy life. The evolution of diabetes management reflects the significance of ongoing research and improvement in this field. Diabetes is a chronic condition that requires ongoing management. As lifestyles and demographics change, it is important to continue researching and improving current strategies for managing diabetes. This will help to address the ongoing and future challenges associated with this condition.

Welcome to the exploration of diabetes, where we will take you through the definition and management of this condition. By the end of this journey, you will have gained some key takeaways that will help you understand diabetes better. Welcome to the guide on diabetes! In this booklet, we will explore the various types of diabetes, their prevalence, and the factors that contribute to their development. By understanding these key aspects, you will have a solid foundation for comprehending this condition. Let's dive in! Diabetes is a condition that can

have physical, psychological, and social implications. It is important to provide comprehensive care to individuals with diabetes in order to address all of these aspects of the condition. By recognising the various ways in which diabetes can impact a person's life, healthcare providers can work to provide holistic care that addresses all of the patient's needs. This can help to improve outcomes and quality of life for individuals with diabetes. Welcome to the information booklet on the exploration of management strategies and political agendas for diabetes care. This booklet aims to provide you with an overview of the current approach and efforts being made to improve diabetes care, both locally and nationally. The management strategies and political agendas being explored are aimed at improving the overall quality of diabetes care. These strategies and agendas are being implemented at both local and national levels to ensure that diabetes patients receive the best possible care. By exploring these strategies and agendas, we can gain a better understanding of the current approach to diabetes care and the efforts being made to improve it. This information can be useful for healthcare professionals, policymakers, and patients alike. Thank you for taking the time to read this information booklet. We hope that it has provided you with valuable insights into the exploration of management strategies and political agendas for diabetes care. This section provides recommendations for improving person-centred care. The following areas should be focused on: personalisation, education, multidisciplinary approach, social support, collaborative planning, and technology utilisation. By implementing these recommendations, person-centred care can be improved.

Diabetes is a long-term condition that affects many people worldwide. However, with the dedicated efforts of researchers, healthcare professionals, policymakers, and patients themselves, we can hope for continuous improvement in diabetes management. By working together, we can ultimately improve the quality of life of those affected by this condition.

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