

# Engaging the Disengaged Patient

## National Diabetes Education Program Webinar Series

Tuesday, May 12, 2015

2-3 PM ET



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention



National Institutes  
of Health





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# About the Presenter

**William Polonsky, PhD, CDE**  
Behavioral Diabetes Institute  
President and Founder





## About today's webinar

- Presentation/discussion based on questions submitted by participants
- Recording webinar
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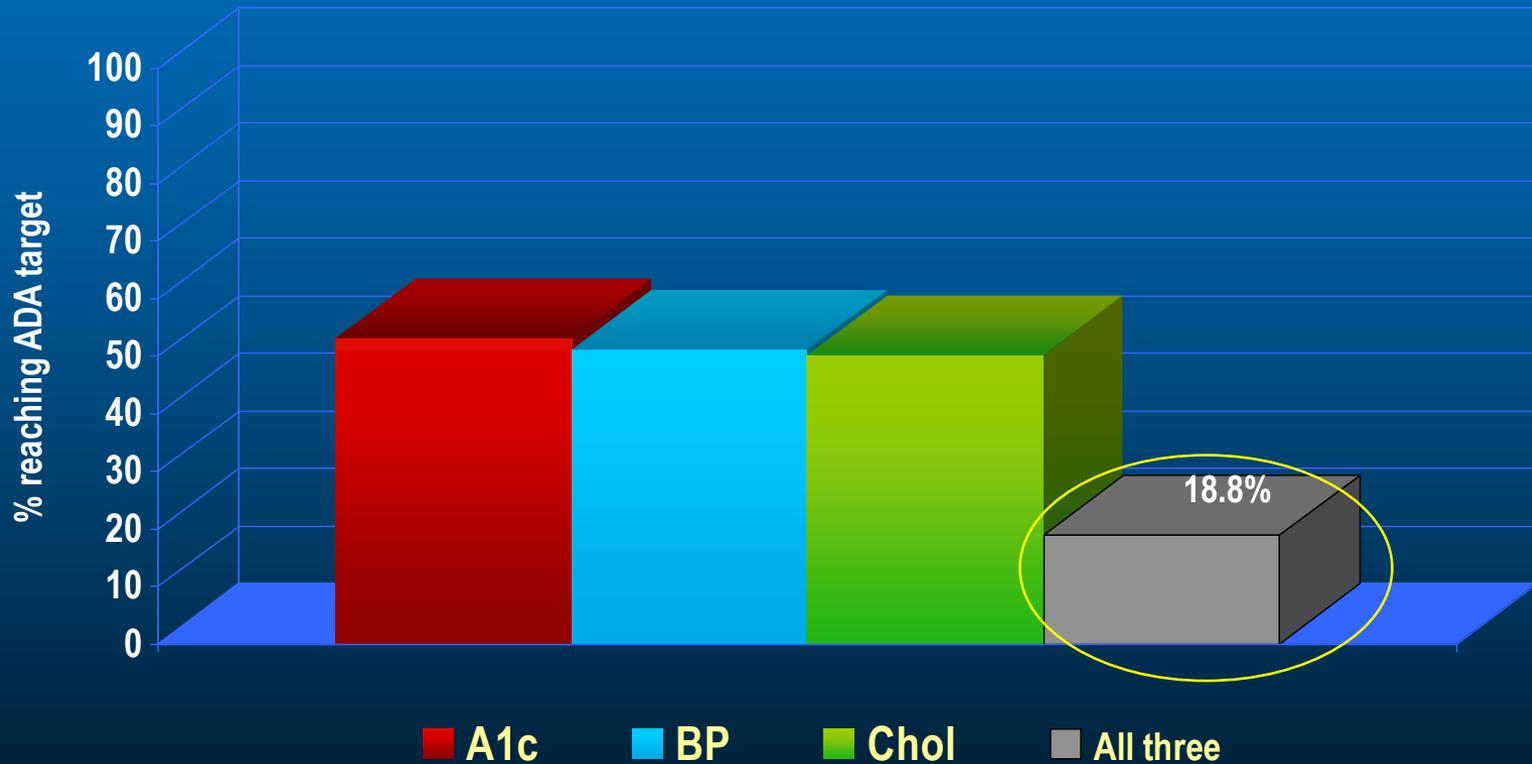
# **Engaging the Disengaged:** ***Strategies for Promoting Successful Diabetes Self-Management***

**William H. Polonsky, PhD, CDE**

**May 12, 2015**

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# Percentage of Patients Achieving ADA Treatment Targets



# A Fine Balance

- Best blood sugars possible (blood pressure and lipids, too)
- As few severe lows as possible
- Have a life



# HCP Attributions Regarding Problem Patients

HCP top 5 complaints about patients with diabetes:

1. Patients say they want to change, but are not willing to do so.
2. Not honest/Only tells me what they think I want to hear
3. Don't listen to my advice
4. They are unmotivated/"In denial"/Just don't care
5. They do not take responsibility for self-management

# Motivation in Diabetes

- Almost no one is unmotivated to live a long and healthy life.
- **The real problem:**
  - *Obstacles to self-care often outweigh possible benefits*
  - *The underlying theme of most obstacles: lack of perceived value*

# What To Do?



# Core Problems/Solutions

## Lack of Value

## Strategy

1. Emotional distress

Assess depressive sx's regularly, treat aggressively; ask about diabetes distress

2. No perceived benefits

Discuss/challenge unrealistic beliefs  
("with good care, odds are good...")  
"Pre-post event" testing home experiment

3. Costs are too high

Discuss medication "secrets"

4. Unrealistic expectations

Set achievable glycemic/behavioral targets

# Asking about Depression/Distress

## DEPRESSION:

“During the past month, have you often been bothered by feeling down, depressed or hopeless?”

“Or had little interest or pleasure in doing things?”

## DIABETES-RELATED EMOTIONAL DISTRESS:

“Can you tell me one thing about diabetes that has been driving you crazy?”

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# FACTS AND FICTIONS

Q. Diabetes is the leading cause of adult blindness, amputation, and kidney failure. True or false?

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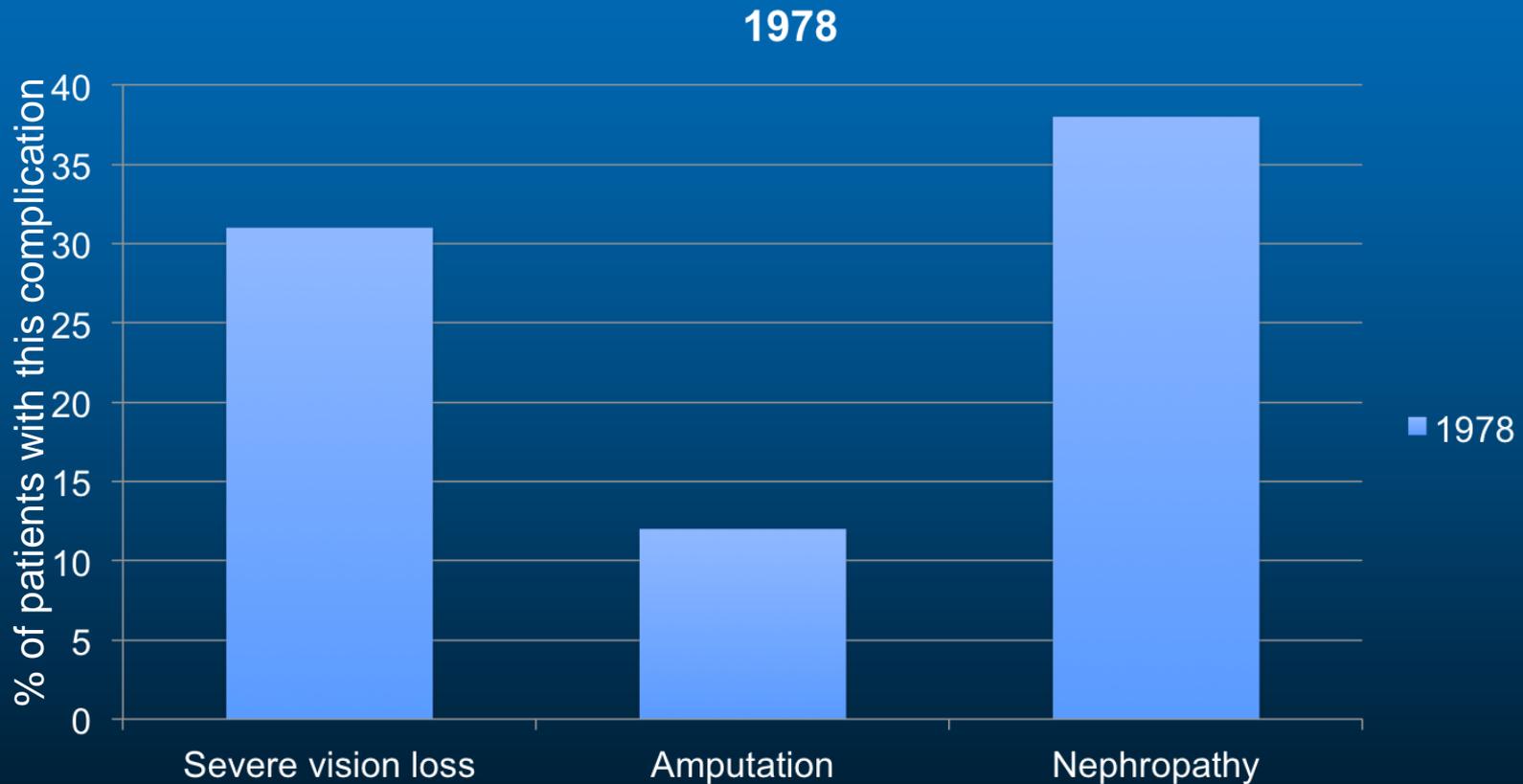
A. False. To a large extent, it is *poorly controlled* diabetes that is the leading cause of adult blindness, amputation and kidney failure.

Well-controlled diabetes is the leading cause of... NOTHING!

# Fact Check

- This doesn't mean good care will guarantee that you will not develop complications.
- This does mean: with good care, odds are good you can live a long, healthy life with diabetes.

# T1D Complications After 30+ Years



# T1D Complications After 30+ Years



# Life Expectancy in a Large Cohort of Type 2 Diabetes Patients Treated in Primary Care (ZODIAC-10)

**Helen L. Lutgers<sup>1,3</sup>, Esther G. Gerrits<sup>2,3\*</sup>, Wim J. Sluiter<sup>3</sup>, Lielith J. Ubink-Veltmaat<sup>4</sup>, Gijs W. D. Landman<sup>2</sup>, Thera P. Links<sup>3,5</sup>, Reinold O. B. Gans<sup>1,5</sup>, Andries J. Smit<sup>1,5</sup>, Henk J. G. Bilo<sup>1,2,5</sup>**

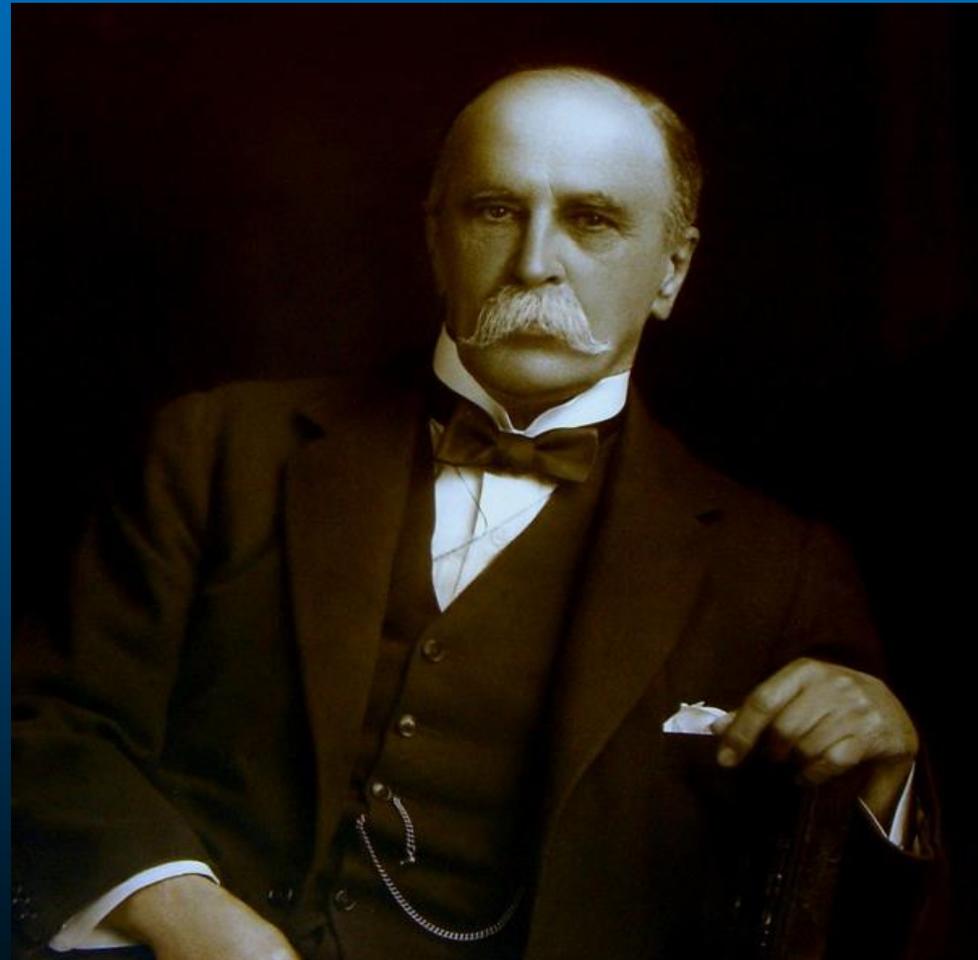
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**Conclusions: “This study shows a normal life expectancy in a cohort of subjects with type 2 diabetes patients in primary care when compared to the general population.”**

# Diabetes and Your Health

**“To live a long and healthy life, develop a chronic disease and take care of it.”**

**Sir William Osler**



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# Case: Mr. Samuels

- Age 42, married, school teacher
- T2D 6 yrs, BMI 33, last A1C 7.9%
- Steady weight gain since diagnosis
- Was heavily involved in sports, but quit 5 years due to injury
- No longer checks BGs due to “consistently high readings”
- Takes glargine, 80 units, as directed
- Has been encouraged to begin walking, but refuses (“won’t help”).



# Mr. Samuels' Exercise Experiment

Daily walk  
(45 minutes)

For 7 consecutive  
days, measure BG  
right before and  
after walk

Day	Pre-Exercise	Post-Exercise	BG Change
1	129 mg/dL	101 mg/dL	-28 mg/dL
2	194 mg/dL	153 mg/dL	-41 mg/dL
3	157 mg/dL	94 mg/dL	-63 mg/dL
4	141 mg/dL	108 mg/dL	-33 mg/dL
5	152 mg/dL	127 mg/dL	-25 mg/dL
6	130 mg/dL	98 mg/dL	-32 mg/dL
7	124 mg/dL	102 mg/dL	-22 mg/dL

Average BG change: -35 mg/dL

**“I wonder how breakfast affects me.”**

**“I wonder why I’m often so tired in the evening.”**

**“I wonder which type of beer would have the least negative impact on my BGs.”**



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# Five Medication “Secrets”

1. Out-of-control DM can harm you, even if you feel OK
2. Taking your medications is one of the most powerful things you can do to positively affect your health
3. Your medications are working even if you can't feel it
4. Needing more medication is not your fault
5. More medication doesn't mean you are sicker, less medication doesn't mean you are healthier

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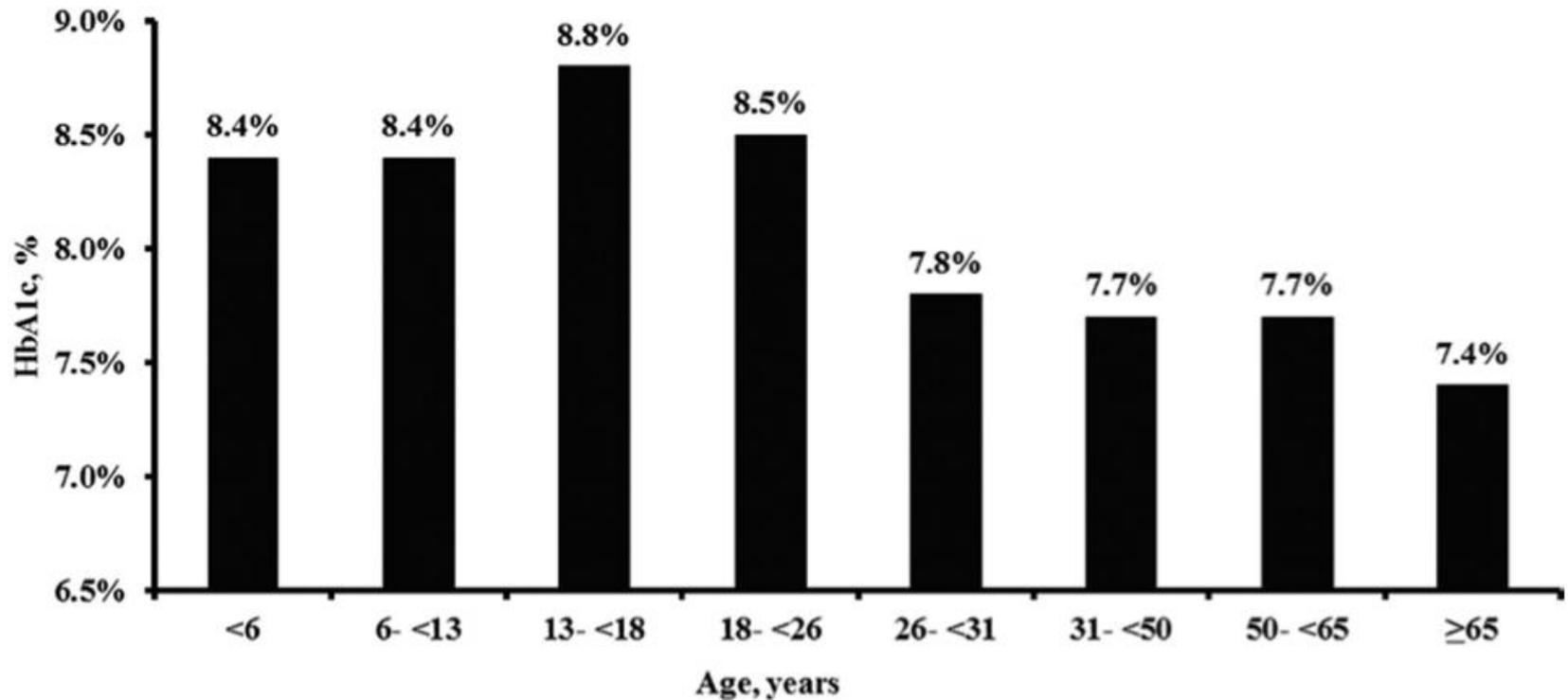
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# **When Expectations are Not Reasonable**

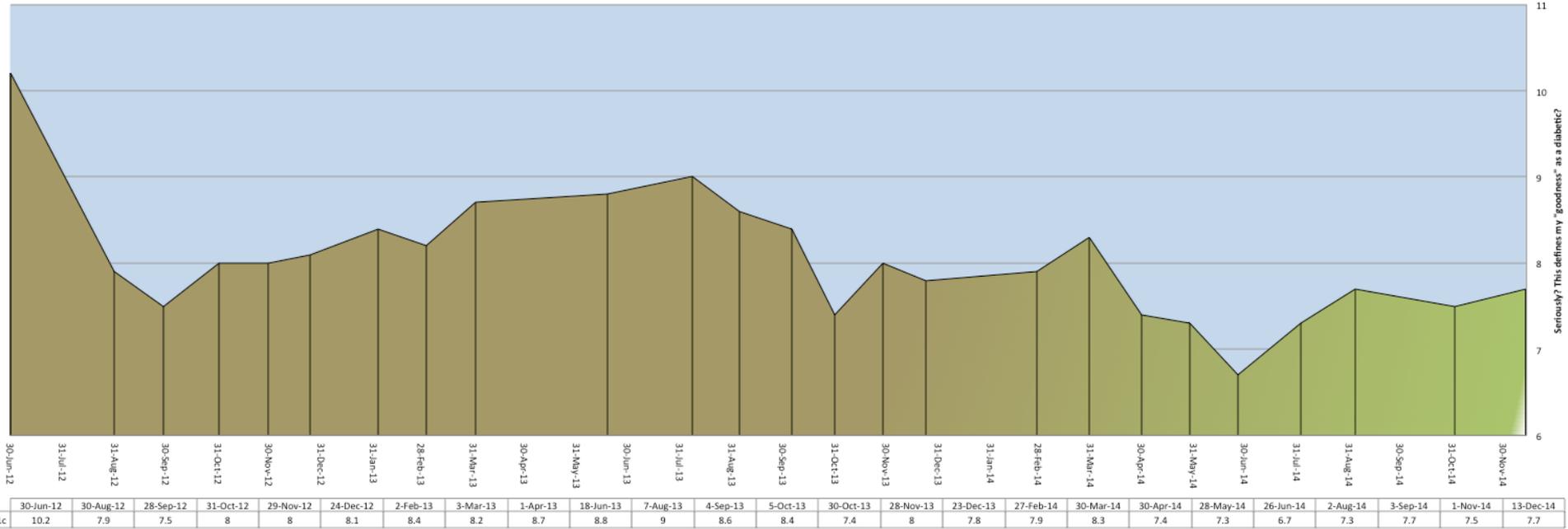
- **Explain that BG perfection is not necessary**
- **Set concrete and achievable A1C targets**
  - **“Do you and your doctor have a specific A1C goal?”**

# T1D Exchange: Mean A1C Values



n = 25, 833; Beck et al, 2012

### The HbA1c Adventure - A graphic tale



bA1c

# Take-Home Messages

- Our patients are *not* unmotivated
- Even the most disengaged patient would prefer to live a long and healthy life
- The problem is that diabetes self-care is *tough*
- Patients often come to the conclusion that diabetes self-management is not worth the effort
- **Core intervention strategies to consider include:**

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# Thanks for Listening



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# Your Questions!

1. **Practical approaches for identifying disengagement and helping a person to become and/or stay engaged in diabetes self-management (e.g., tips for communicating, motivational interviewing)**
  - Are there particular tools or approaches that have found to be most effective in more fully engaging patients in care/self-management?
  - What are some open ended question that are useful in identifying patient disengagement [and] tools educators can use to help patient to become engaged in diabetes management?
  - How can I best encourage clients to log their food intake [and] increase their physical activity?

# Your Questions!

## 2. State of denial about having diabetes

- What are some suggestions for helping guide a patient in denial about poorly controlled diabetes in accepting the diagnosis?
- What are some ways to deal with the difficult patient, i.e. know it all, argumentative, denial of dx or need for self-care?

# Your Questions!

3. **Low motivation and engagement in diabetes self-management due to competing priorities, co-morbidities, and other barriers (e.g., taking care of a family member, limited income, lack of transportation, low health literacy skills, limited health resources in community)**
  - How do you manage patients who are disengaged because they think that they lack financial resources to manage with diabetes?
  - Many of my clients live in poverty, without transportation, and are strongly influenced by others to care for their extended families and not for themselves. Diabetes is not even in the top 10 of their concerns. How can I bring diabetes self-care higher on their priority list? Although it affects most of their community, it is also low on the community's priority list.

# Closing Remarks



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