The status of empowerment strategies in diabetes self-management education in the European Union member states. Diabetes Literacy Project

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## Introduction

- Diabetes education (DSME) is a crucial step for self-management and empowerment of patients to achieve targeted metabolic and psychosocial outcomes [1]
- The purpose of patient empowerment is to help patients to gain greater control over decisions about diabetes care [2]
- The survey was conducted to assess the status of empowerment strategies implemented in diabetes education in European Union





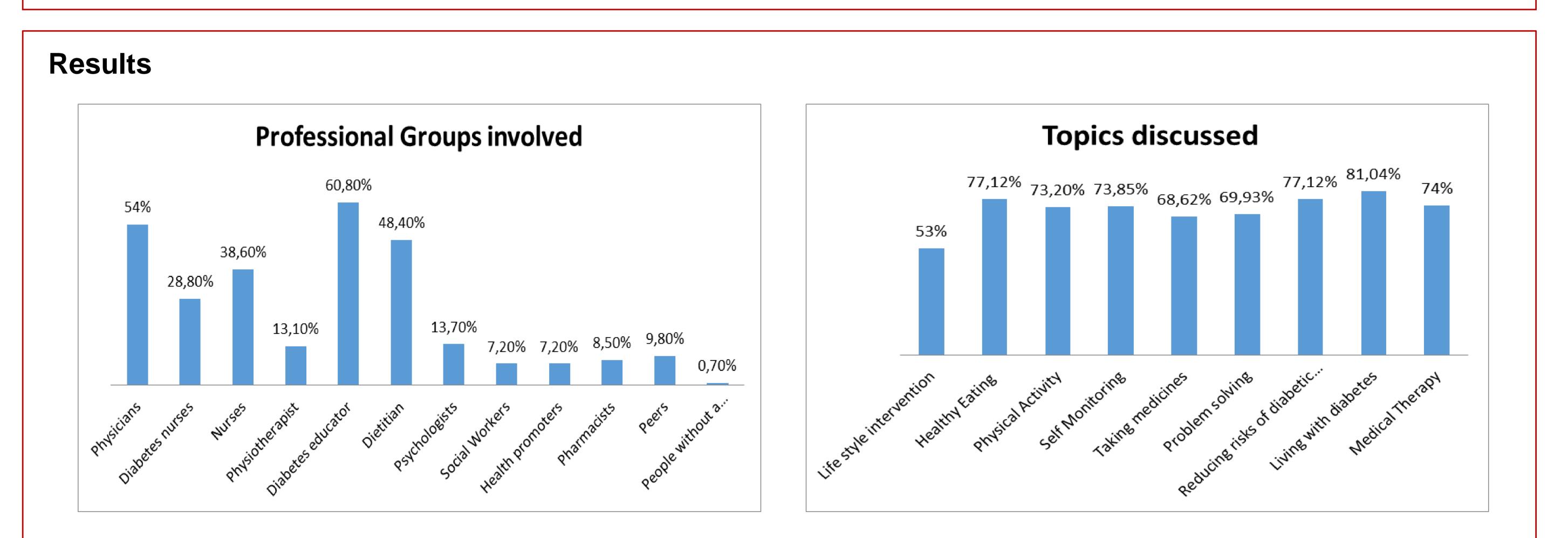
## **Methods**

European Commission funded Diabetes Literacy -project (7th Framework Programme)

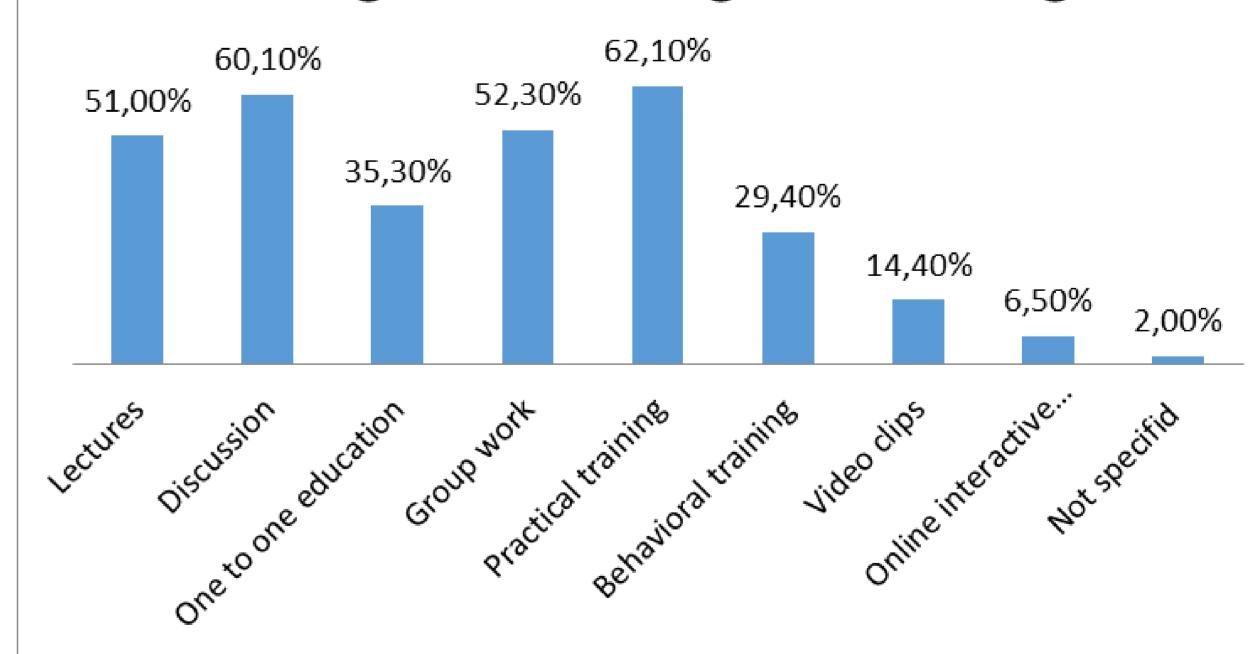
• Data collection with

a) Wiki tool (WT) to assess the status of DSME in EU member states (during 2014)

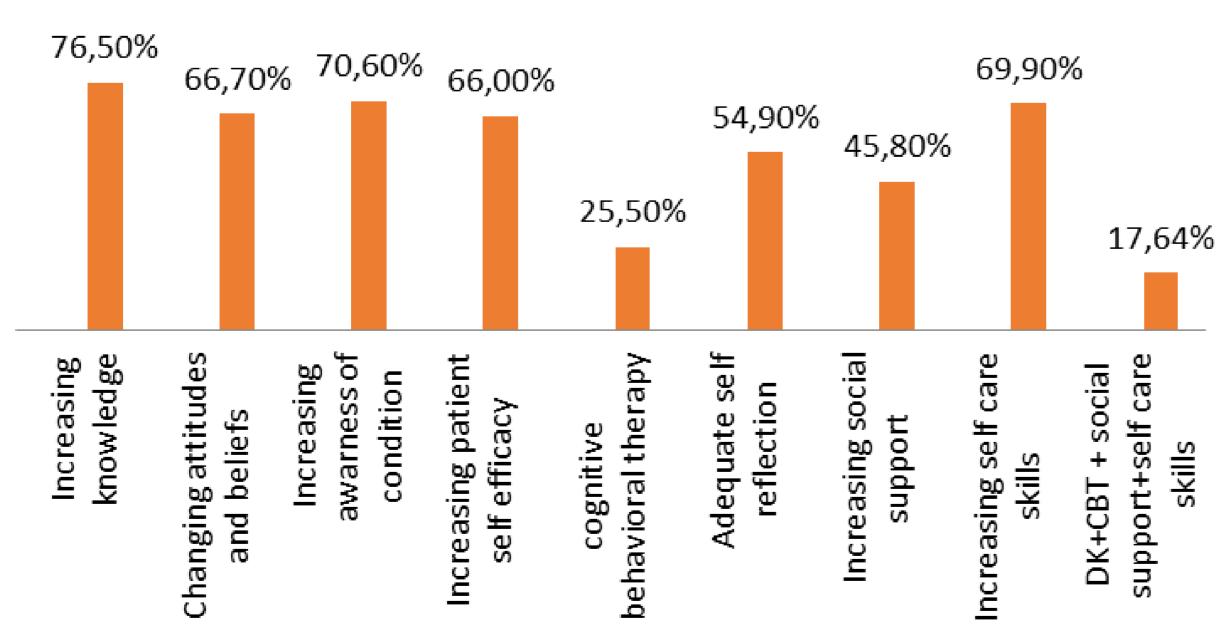
- Study population: Patients and different stakeholders working in the field of diabetes care
- Online questionnaire available in English, German, French, Dutch, Spanish, Hebrew and Mandarin
  b) Literature review (LR) performed in PubMed to include published DSME data in Europe (1983 2014)



Teaching and Learning methodologies







## Conclusions

- patient empowerment through increasing knowledge is the most commonly employed strategy in EU MS
- psycho-social intervention is the least common strategy
- the discussion regarding "living with diabetes" primarily empowers patients through understanding own clinical pictures
- empowerment can be improved by using new technologies for teaching and learning
- successful implementation of empowerment strategy requires training on behavioral changes for the diabetes educators

## References

[1] Goudswaard AN et al. Long-term effects of self-management education for patients with Type 2 diabetes taking maximal oral hypoglycaemic therapy: a randomized trial in primary care. Diabet Med. 2004;21:491-6
 [2] Pibernik-Okanovic M et al. Effects of an empowerment-based psychosocial intervention on quality of life and metabolic control in type 2 diabetic patients. Patient Educ Couns. 2004;52:193-9