



It Takes More than a Number to Maximize Diabetes Outcomes: Three ways to encourage your patients to better self-management



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When you recommend a meter for your patient, do you consider how convenient the meter is, how fast the results are produced, or even how accurate the meter is? Of course, it matters. But if diabetes management tasks like checking blood glucose contribute to diabetes distress, we cannot expect a person to “just do it”. This is why motivation is important.

How common do you hear these patient comments?

“I recognize I am not testing my blood sugar levels frequently enough”

“I often feel that I am failing with my diabetes regimen”

“I don’t feel confident in my day-to-day ability to manage diabetes”

These common experiences for people living with diabetes are items on the Regimen Distress subscale of the Diabetes Distress Scale¹. To motivate people with diabetes, the routine of diabetes management needs to shift from negative to positive and here is where you can help.

1. Shrink the mental space required for diabetes self-management.

We strongly encourage our patients to attend closely to the glucose impact of daily decisions to reduce short- and long-term consequences. Yet our patients are likely to be ambivalent; part of them understands the need for frequent testing and diligent self-management behaviors and part of them just wants to pretend diabetes doesn’t exist so they can “be normal”².

Often, a core motivation towards diabetes self-management is to “be as normal as possible”. Life is challenging enough without a disease that impacts most of our day to day eating and activity behaviors^{3,4}. Understandably, our patients want to shrink the mental space required for careful diabetes self-management to get on with their lives⁵. However, we ask our patients to increase the mental space they devote to diabetes management. Herein lies the dichotomy that we, as healthcare providers, can help our patients bridge. Collaborative support helps the person with diabetes to continue to attend to their diabetes.

2. Recommend a glucose meter for your patient that motivates them.

Tools like glucose meters can make a huge difference, but meters without motivation may be less helpful. A motivational meter is designed to address the patient's need rather than the doctor's need.

Features that motivate your patient could help improve health literacy by understanding what their numbers mean. It could facilitate a guided experience by providing real-time suggestions based on their results. It will support them in identifying patterns, prompt them to reflect, and provide positive feedback to keep them on track.

3. Provide diabetes technologies that support your patient.

Diabetes management has been strongly advanced by technology; however, technologies only work when they are used, and they will only be used if they have a positive impact on people. Diabetes technologies are useful when they are viewed by the person with diabetes as the solution to their problem.

Meters and supportive technologies without motivation may be less helpful. Encourage your patient, to ask the non-judgemental question: "I wonder what my blood glucose level is?"

Here is where your self-management advice comes in: providing a psychologically supportive context in which the technology is a support, not a burden. We can expect our patients to be ambivalent; they will agree with your recommendation but there will often be a "BUT": "but it is challenging", "but it is hard", "but it takes time and money", etc.

As a healthcare provider, if you accept that ambivalence is normal you can help your patient move beyond ambivalence. This is straightforward and involves two steps:

Step 1

Normalize the patient's ambivalence; quite literally tell them that what they are feeling (the "but") is normal and to be expected.

Step 2

Ask about personal meaningful reasons to do the hard work of diabetes self-management. With a patient who says, "Yes, I know testing more would help but it costs money for strips," you might say, "Thanks for telling me that. On the one hand testing would be helpful but it costs, I can see the bind that puts you in. Could I ask you, do you have any personal and meaningful reasons why spending money on strips would be worth it to you?"

To maximize diabetes outcomes, we should account for the ambivalence inherent in living with diabetes. Health behaviors are challenging and technologies that can facilitate an empowering experience can go a long way to support your efforts to help your patients make positive diabetes self-management challenges, especially if your patient knows that you are there to help them work through the barriers to adherence.

Let me end with the following optimistic statement: the best predictor of success is not giving up. Self-management support can be reduced to our role is helping our patients persist in the face of barriers. This goal can be facilitated in two ways: by you accepting ambivalence and supporting your patient to persist, and importantly, by using motivational technologies to do the "heavy lifting" of behavior change and motivational enhancement.

References

1. Polonsky WH, Fisher L, Earles J, Dudl RJ, Lees J, Mullan J, et al. Assessing psychosocial distress in diabetes: development of the diabetes distress scale. *Diabetes Care*. 2005 Mar;28(3):626–31.
2. Willaing I, Vallis M. Educating the Person with Diabetes. In: *Textbook of Diabetes* [Internet]. John Wiley & Sons, Ltd; 2016 [cited 2020 Aug 24]. p. 326–40. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118924853.ch24>
3. Vallis M. We've come a long way...haven't we? *Can J Diabetes*. 2013 Feb;37(1):1.
4. Vallis M, Burns KK, Ross S, Hollahan D, Hahn J. Impact of diabetes on psychosocial functioning for people with diabetes and family members in the Canadian DAWN2 study. In 2013.
5. Sherifali D, Berard LD, Gucciardi E, MacDonald B, MacNeill G. Self-Management Education and Support. *Can J Diabetes*. 2018 Apr;42:S36–41.

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