Managing Type II Diabetes:

Literature Review

Trevor Davis

Lakeview College of Nursing

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Proper management of type II diabetes is vital for those living with this disease. Approximately 1 in 10 Americans have diabetes, and over 90% of those diagnosed have type II diabetes (Centers for Disease Control and Prevention, 2019). Complications with diabetes can often lead to significant illness and possibly death (Cleveland Clinic, 2017). For many people, healthy lifestyle changes can keep type II diabetes under control. Through this literature review, various qualitative articles will help determine the best approaches to manage type II diabetes.

"I've made this my lifestyle now": a prospective qualitative study of motivation for lifestyle change among people with newly diagnosed type two diabetes mellitus

A diagnosis of type II diabetes is a life changer. This article focuses on newly diagnosed patients' motivation to live a healthier life. In this study, physicians saw their patient's diagnosis as an opportunity to initiate a healthy lifestyle plan. Physicians implemented a healthy diet and exercise for three months before any prescribing any medication. Different motivational approaches were analyzed to determine what kept patients compliant with their prescribed regimen (Sebire et al., 2018).

Key Points

Patients were encouraged to reduce their daily intake by 500 kcal and to walk briskly for 30 minutes five times per week. The goal was for patients to reduce their body weight by 10% over a year (Sebire et al., 2018). The key question made is what motivated newly diagnosed patients to create a healthy lifestyle change and stick to those changes? A variety of motivational strategies helped to determine which benefitted patients most. Patients in this study had frequent follow-up appointments. Some patients saw that as a motivational tool to show their provider, they had not slipped up. Knowing the implications of the disease and the benefits of a lifestyle change helped to motivate some patients. Complications of diabetes can become chronic such as heart and vascular disease, stroke, kidney damage, and nerve damage (Cleveland Clinic, 2017). The goal was to get patients to develop a routine and pattern of healthy diet and exercise, so it no longer felt like a chore. Those that were able to do this remained motivated by the positive effects of their new routine. They felt better and were happier overall. The main inferences of the article are that better glycemic control is made by those that are motivated to adhere to healthy lifestyle changes (Sebire et al., 2018).

Assumptions

The authors of this article's primary assumption are that by motivating the patient to identify a personal benefit, the patient can live a superior life and lower the risk of diabetes. Clinicians attempted to understand the struggles and internal conflicts that newly diagnosed patients face to achieve results in better patient-centered care. If patients take positive lifestyle changes seriously, they may live better and longer lives. Noncompliance with healthy lifestyle changes may result in chronic illness and death (Sebire et al., 2018).

Deficit/Conclusion

Weight loss, healthy diet, and increased physical activity help keep blood glucose within the normal range, preventing further complications associated with diabetes (Mayo Clinic, 2019). Having a better understanding of what motivates type II diabetes patients to make a positive lifestyle change is considered essential to provide the best patient-centered care possible. Providing better care for those recently diagnosed will help patients live longer and better lives (Sebire et al., 2018).

A nurse-led interdisciplinary approach to promote self-management of type 2 diabetes: a process evaluation of postintervention experiences

Many people struggle to adapt to the new routine living with type 2 diabetes. Monitoring blood sugar, following a diet, exercising regularly, and keeping up with medication regimens can be arduous. For those with a new diagnosis of type 2 diabetes, the new information is overwhelming. This article evaluates the implementation of interventions used to promote better self-management of diabetes. The article takes a qualitative approach to examine the results of self-management promotion from the patient's perspective (Whitehead et al., 2016). The main question this article wants to address is how the participants responded to the interventions to manage their diabetes better?

Key Points

This article's primary purpose is to improve the patient's knowledge of type 2 diabetes in efforts to control their blood glucose level better. By having better glycemic control, one prevents microvascular and macrovascular damage from hyperglycemia (Whitehead et al., 2016). Years of uncontrolled hyperglycemia result in chronic problems involving eyes, skin, kidneys, nerves, heart, and blood vessels (MedlinePlus, 2018). This article examines the results of educational interventions and behavioral interventions. Educational interventions consist of the disease's underlying pathophysiology, an understanding of healthy glucose levels, and possible implications of uncontrolled diabetes (Whitehead et al., 2016). Researchers followed up with participants after three and six months. Important information in this article includes helping participants improve their knowledge of diabetes, reduce anxiety and stress, and improve self-management of the disease (Whitehead et al., 2016).

Assumptions

The author's primary hypothesis in this article is by educating patients about diabetes and how to manage the disease properly, the patient will improve their quality of life (Whitehead et al., 2016). If this assumption is taken seriously, patients educated on how to live with their disease have a greater chance of living a healthier life. If diabetic patients lack the knowledge of the disease's proper management, they increase the risk of chronic complications and lower quality of life (Whitehead et al., 2016). Diabetes is one of the leading causes of heart disease and stroke. Death from diabetes is most often the result of chronic complications after several years (Cleveland Clinic, 2017).

Deficit/Conclusion

Many participants positively described the intervention setting. Being among others who were facing similar issues was comforting for most (Whitehead et al., 2016). Most participants described changing their diet to be the most challenging obstacle. Limiting calories, unrefined carbohydrates, and increasing vegetables, fruits, and fiber is essential in a diabetic's diet (Mayo Clinic, 2019). The qualitative data collected helped to provide insight into specifics that the participants felt they gained through interventions and activities. The article's main inferences are that well-informed patients will make better lifestyle changes to keep their diabetes in control. Though the interventions described in this article were surely not the only factor setting participants on a healthier path, many participants described the study as a significant influence on living healthier (Whitehead et al., 2016).

Physicians' Views of Self-Monitoring of Blood Glucose in Patients with Type 2 Diabetes Not on Insulin

The American Diabetes Association recommends self-monitoring of blood glucose in people with diabetes that have trouble controlling blood glucose levels or have ketones from hyperglycemia (American Diabetes Association, 2020). This article suggests that self-monitoring of blood glucose increases patient cost without any real benefit in reducing hemoglobin A1c (Havele et al., 2018). This article focuses on the physician's point of view on the benefits and deficits of self- monitoring blood glucose. Many physicians want their patients with diabetes to self-monitor their blood glucose. Many of the physicians interviewed for this article feel patients have a better grasp on managing their disease and a greater sense of responsibility to adhere to a prescribed regimen when they self-monitor their blood glucose. The primary purpose of this article is to examine to what extent and why physicians recommend self- monitoring blood glucose (Havele et al., 2018).

Key Points

Self- monitoring of blood glucose works best when implemented at the time of diagnosis. When someone has education on proper behavior and therapy modification, they can monitor the effects of those changes along the way. There is a sense of gratification to self-monitor the results of a new lifestyle change (Havele et al., 2018). By keeping daily glucose levels in check, a lower hemoglobin A1c is achieved easier. One major drawback to self-monitoring is cost. Routinely checking one's blood glucose could equate to another medication that some may struggle to afford (Havele et al., 2018). In this article, a key question is if the importance of self-monitoring blood glucose outweighs the cost imposed on the patient and the pain and anxiety of needle sticks. One physician interviewed in the article believes that by self-monitoring blood glucose, behaviors like diet and exercise are reinforced. Also, by keeping daily tabs on glucose ranges, medications can be altered appropriately between office visits (Havele et al., 2018). The key concept to be understood in this article is that self-monitoring blood glucose ultimately leads to lowered hemoglobin A1c levels (Havele et al., 2018).

Assumptions

This article states that evidence supports that self- monitoring one's blood glucose increases patient cost without improving hemoglobin A1c or health-related quality of life (Havele et al., 2018). Using this evidence, an assumption is made that self-monitoring is unnecessary. If we assume that self-monitoring is unnecessary seriously, many patients could be living with hyperglycemia and not even know it. The majority of physicians interviewed in this article still believe that self-monitoring facilitates the change needed to improve the patient's life. The fact that the American Diabetes Association makes the same recommendation reinforces that recommendation (Havele et al., 2018).

Deficit/Conclusion

The main inference of the article is that physicians see overall better results in their patients that self-monitor their blood glucose despite evidence from the Society of General Internal Medicine (Havele et al., 2018). Self-monitoring blood glucose helps to maintain target glucose levels and monitors the body's response to certain foods, medications, and physical activity (La Nasa, 2017). Given that educational outreach alone has small benefits in changing behavior, targeting physicians' beliefs about the effectiveness of self-monitoring blood glucose could instill the importance of self-monitoring in their patients to improve their glycemic control (Havele et al., 2018).

Conclusion

Proper management of type II diabetes is essential to prevent further health-related complications. Many of those diagnosed with type II diabetes can keep their hemoglobin A1c under control by making healthy lifestyle changes such as a healthy diet and regular exercise (Mayo Clinic, 2019). Making the changes needed to live a healthier life with diabetes is not always easy, and some may fall back into old ways without the proper motivation and knowledge to stay on track. To stay on a healthy path, one needs to monitor their blood glucose is throughout the day. If blood glucose levels are high, and they remain high over several years, vascular damage leads to further organ and tissue damage (American Diabetes Association, 2020). Proper diabetes control lowers the risk of chronic diseases and death.

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