



Service Priorities and Programmes
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New strategy in managing patients with chronic illness through individualized management and patient empowerment

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Introduction

Diabetes mellitus requires a structured medical care in order to prevent development of serious complications. Recommendations for the treatment of type 2 diabetes from the European Association for the Study of Diabetes (EASD), the American Diabetes Association (ADA) and the HA Clinical Practice Guideline for Management (2013) highlight the importance of individualized glycemic targets and glucose-lowering therapies, and involvement of patients in treatment decisions. We therefore piloted such strategy in a Structured Empowerment Clinic (SEC) in 2012 and the following reports its process and outcome.

Objectives

The objectives of SEC are to increase patient's capacity to think critically and make autonomous, informed decisions, as well as to help patients to choose meaningful and realistic goals.

Methodology

A structured nurse-led clinic is established based on patient empowerment approach. We recruit patients with HbA1c > 9.0% while on high doses of OADs and/or Insulin(s). Patients +/- caregivers receive interventions in five clinic sessions. Each patient is provided with a SEC log book to work on, a contract to sign, a goal setting page to fill in at each visit, worksheets of home blood glucose readings together with food and physical activity records to complete, and a Chinese Diabetes Empowerment Scale (CDES) questionnaire to do in the first and last visits. Interventions are provided by a diabetes nurse with backup of a diabetologist and include: 1) Comprehensive and individualized diabetes education 2) Structured self-monitoring of blood glucose 3) Lifestyle and drug modification and evaluation 4) Problem-solving time 5) Psychological support 6) Continuous glucose monitoring (CGMS) in selected patients

Result

We have invited 15 patients with type 2 diabetes to join the SEC from May 2012 to

January 2013. Their mean age was 55.8 with 33% male. The mean HbA1c before intervention was 10.4% (range from 9.0-13.3%). All but one patient (93%) had improvement of HbA1c with mean reduction 1.8% (range from 0.8-4.9%). All patients showed improvement in score of CDES (mean score from 34.5/50 to 39/50). Conclusion: Individualized management and patient empowerment is effective in helping patients to achieve glycemic targets. We provide education and support for diabetes patients and their caregivers, hopefully maintain good glycemic control. This strategy needs further evaluation when more patients are recruited.