

## Editorial

# Diabetes Educator: Current Perspectives on their Importance

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## EDITORIAL

Diabetes mellitus (DM) is a disease that brings with it a number of implications and care involving not only in the patient, but mobilizes family and people close to him. The impact on the treatment of diabetes and its complications, in both public and private health system, are very expressive around the world. In recent decades the DM treatment is becoming increasingly complex with the inclusion of new therapeutic classes. In addition, there are a number of innovative technologies available to help patient and to facilitate their daily routines. Both health professionals and patients are encouraged to interact with these innovations and share knowledge for better management of DM. From the DM diagnosis, patients and their families should acquire this knowledge and develop skills necessary for self-care [1-3]. Seeking to promote the quality of life of patients and also relieve the health system, avoiding hospitalizations resulting from a poorly controlled DM, emerged the diabetes education as part of the treatment itself. The diabetes education is the process of developing the skills needed for the DM management, including the incorporation of tools needed to achieve the goals established at each stage of treatment. Therefore, diabetes education is the main tool for ensuring self-care that will allow self-control by the patient [2]. The diabetes education has experienced innovations over the past years. So, current techniques for encouragement and training for self-care use a more focused model in the patient, promoting change in a more positive health behavior. An effective diabetes education should result in "changes and/or acquisition of behavior", which should be based on scientific evidence [2]. Diabetes education is a dynamic, interactive and ongoing process, which involves the educator, the patient and their family caregivers, encompassing the process of teaching and learning, adjustment and adaptation. Knowledge of the patient should reflect on their behavior, allowing a change in your lifestyle, acquiring healthy habits and leading to a better quality of life [4].

Currently, there is need of to train health care professionals able to understand the DM in a broader way. The training of diabetes educators occurs in health centers aimed at the reception

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of diabetic patients, in European countries, Australia and the United States and Brazil. In some countries, there is the formalized profession of diabetes education. In Brazil, there are many health professionals who make diabetes education however, is not a regulated activity as a profession in the country. Professionals, especially of health and education areas, are trained to work in diabetes education. The purpose of diabetes education is to allow that the educator understand all main areas for diabetes management, and then be able to clarify a question of a patient, or identify a problem and then refer out to a specialist in diabetes to take care of them[2]. In general, diabetes educators are health care professionals who apply great depth of knowledge and skills in the biological and social sciences, communication, counseling, and pedagogy to enable patients to manage daily and future challenges of the DM [1]. Diabetes educators are worker that act as part of the patient's health care team to keep the patient informed, shared decision making [1]. Another important point is the multidisciplinary and collaborative work in the formation and performance of the diabetes educator. The use of technologies such as games, internet sources (social networking, websites, and message boards), which include podcasts, mobile-optimized websites and mobile apps, Skype, among others, are mentioned in literature. These researches sought to identify relevant studies of revisions based in the methods used in technology of diabetes education programs [2,3]. These approaches have demonstrated increased knowledge about DM, greater adherence to issues related to self-care and psychosocial well-being. The health educator needs to know the person with diabetes mellitus. The ability to listen to people with diabetes is one of the best strategies for the successful work of the diabetes educator. Another important point is the ability to know the personal doubts and daily activities of a diabetic, contextualizing the reality of who is being educated, with the changes necessary for a good diabetes control. The educator should not impose concepts and routines, but listen to the patient and together decide what is the best way to introduce healthy habits to performs basic care and establish therapeutics [2]. The number of health professionals with enough knowledge about the principles of diabetes care and education is

insufficient to meet the needs of the growing number of people with or at risk for diabetes worldwide. So, the International Diabetes Federation developed the International Standards for Education of Diabetes Health Professionals with the objective of to promote high-quality education for health professionals in diabetes care. These international standards give directions about essential information that health professionals need to know about diabetes management. Resources and tools such as the IDF Diabetes Education Modules and the IDF Curriculum are used to guide health professional education. All of these resources are available to diabetes educator [5] (IDF, 2015). Moreover, technological advances for peer educators and community health workers have expanded methodologies to reach, educate and monitor individuals with DM [3,6]. To help in DM management, diabetes educators of the American Association of Educators in Diabetes (AADE) developed seven self-care behaviors for a person with diabetes focus on. With these self-care behaviors, a diabetes educator can help his patient and set priorities and coach on each of these areas. Currently, the AADE suggests the use of seven areas in behavioral assessment to recognize the quality of results obtained with an effective education program. These seven self-care behaviors directed to patients and health professionals indicated by AADE include: 1) Healthy Eating: make healthy food choices, considering the size of the portions and the best times to consume them; 2) Being Active: regular physical activity is important for overall fitness and control weight, blood glucose, lipid levels, blood pressure, and reduce stress; 3) Monitoring: glucose levels, blood pressure, urine ketone and body weight. Daily blood glucose self-monitoring provides people with diabetes information for assessing how is their food, the practice of physical activity, use, schedules and doses of medicines. 4) Taking Medication prescribed for the treatment: Depending on the type of diabetes, the health team should be able to evaluate on the drugs used and help in understanding how they work in your body. It is same with regards to the application, transport and handling of insulin. An effective drug therapy, in combination with healthy lifestyle choices may lower glucose levels in the blood, reducing the risk of complications from diabetes and other clinical benefits; 5) Problem Solving: the person with diabetes should develop skills for solving problems with hyperglycemia and hypoglycemia. Educators in diabetes should guide people with diabetes to cope with the physical, emotional, cognitive and financial, encouraging them to develop strategies for dealing with this problem; 6) Reducing Risks: risk reduction behaviors should be encouraged. An important part of self-care is the regular pursuit of a preventive service. Diabetes educators can help patients gain knowledge about standards of care, therapeutic goals and preventive care services to reduce the risk. The skills to be developed include: stop smoking,

inspect your feet regularly monitor blood pressure, glucose self-monitoring of blood and maintenance of personal care records; and 7) Healthy Coping: health and quality of life are affected by psychological and social factors may influence the motivation of a person to keep your diabetes under control. An important part of the work of the diabetes educator is to identify the individual's motivation to change behavior, helping him establish clinical and behavioral achievable goals, with guidance on the multiple obstacles [7]. As a member of the healthcare team, a diabetes educator makes managing the diabetes easier. They work with diabetes patients to develop a plan to stay healthy, and give them the tools and ongoing support to make that plan a regular part of their life [2,7].

Worldwide, the number of individuals with diabetes is growing, and the growing focus is on its prevention. In this moment, strategies are needed for providing people with knowledge, skills, and different plans that they need and can use. In this scenery, the diabetes educator is the facilitator of change [1], and all of us need more diabetes educators to ensure effective result of diabetes education [8]. The diabetes education involves the process of teaching and learning every day. Given this, the diabetes educator plays an important role to encourage and guide the patient. Therefore, they should renovate their knowledge about the DM; dominate the teaching-learning process; have emotional, intellectual, ethical and educational balance to do their work safely and responsibly.

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## REFERENCES

1. Burke SD, Sherr D, Lipman RD. Partnering with diabetes educators to improve patient outcomes. *Diabetes Metab Syndr Obes.* 2014; 7: 45-53.
2. Sociedade Brasileira de Diabetes. Diretrizes da sociedade brasileira de diabetes (2015-2016). Grupo Gen-AC Farmacêutica. 2016.
3. da Silva E, Campos LF. The potential role of social media and interactive technologies in diabetes education. *J Dia Res Ther.* 2016; 2: 103.
4. Pagnozzi LM. Universidade Paulista.
5. International Diabetes Federation (IDF). 2015.
6. Ruddock JS, Poindexter M, Gary-Webb TL, Walker EA, Davis NJ. Innovative strategies to improve diabetes outcomes in disadvantaged populations. *Diabet Med.* 2016; 33: 723-733.
7. American Association of Diabetes Educators (AADE).
8. Dickinson JK, Lipman RD, O'Brian CA. Diabetes Education as a Career Choice. *Diabetes Educ.* 2015; 41: 665-676.

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