

More patient education, not physician training, helps control diabetes

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Teaching people with diabetes how to control their blood glucose levels helps them achieve better results, finds a new study in *Ethnicity and Disease*. Surprisingly, providing intensive training to physicians of diabetes patients did not help patients achieve blood glucose control.

"We were expecting that intervention with the physician would give a better or equal outcome to intervention with [patients](#). We have not seen that," said study author Fadia T. Shaya, Ph.D., M.P.H., professor of pharmaceutical health services research at the University of Maryland School of Pharmacy in Baltimore.

These findings are from a study of 823 mostly Black patients with

diabetes who were treated between April 2005 and July 2007. The patients, each treated by one of ten [primary care physicians](#), were randomized into four groups.

One group of patients received special diabetes counseling with a nurse during office visits. A second group of patients did not receive counseling themselves but was treated by five physicians who received diabetes training. The third group received counseling and was treated by physicians who received training. The fourth group received no counseling and their five physicians received no training. Patients were seen every 6 months and improvement was measured by evaluating the reduction in HbA1c, a long-term indicator of [blood glucose levels](#).

Patients who received half-hour counseling sessions with a nurse at each office visit increased their likelihood of achieving long-term blood glucose control by 49 percent after two years compared to the group in which neither patients nor physicians received training. Overall, physician training seemed to be ineffective at lowering patients' blood glucose levels.

Education for patients included customized counseling on their diet, physical activity, weight reduction, and reducing sodium and alcohol intake. The physicians' education consisted of a series of interactive lectures on subjects such as pharmacologic and nonpharmacologic management of diabetes and managing conditions that can accompany diabetes.

Patient education has been shown to improve [diabetes control](#) in other studies. "Not only do they know better about what to eat and to exercise, they are in a better position to ask questions of their doctors," Shaya said. They are also better able to manage their medications, she added.

"If you teach people what they need to know to self manage their

[diabetes](#), they have the tools to do it," said Marjorie Cypress, Ph.D., R.N., president of health care and education for the American Diabetes Association.

Cypress noted that the topics that the physicians were educated about did not cover how to motivate patients to make behavioral changes. "Perhaps if the doctors had that training along with other training they may have done a little bit better."

More information: The report, "Diabetes Control Through an Educational Intervention," is available online:

www.ishib.org/ED/journal/24-2/ethn-24-02-182.pdf

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