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Diet Management for Adult Onset Diabetes Mellitus Type 2

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DIET MANAGEMENT FOR ADULT ONSET TYPE 2 DIABETES MELLITUS

Primary Care of Southbury Connecticut, WCHN

Michael Persaud, MS3

Rotation 2 (May-June, 2018)

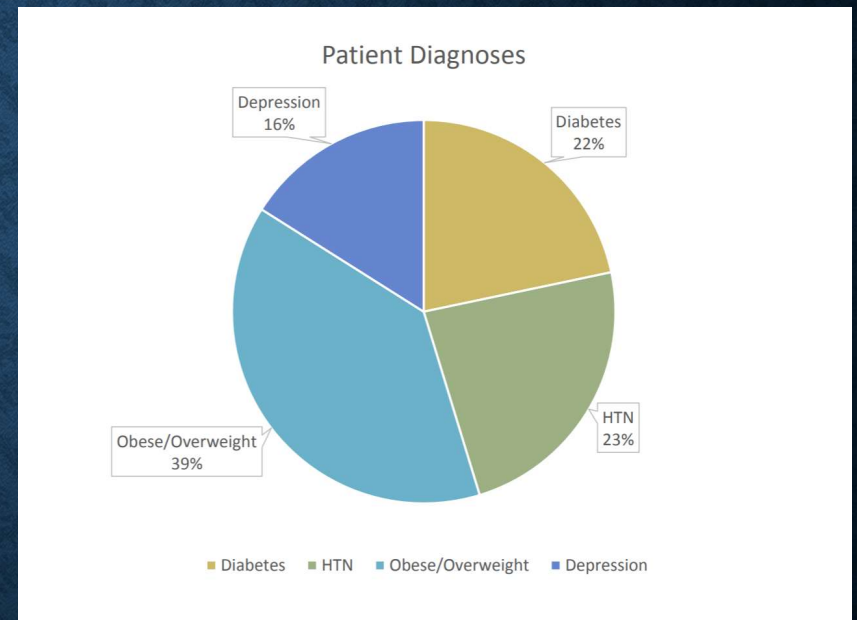
Mentor: Agata Jaskiewicz-Poznanska, MD

AN ISSUE IN OUR COMMUNITY

- According to a 2013 CDC study, annual cost associated with care of adult onset type 2 diabetes mellitus exceeded \$4.2B. [1]
- This cost is in part attributed due to uncontrolled diabetic management of the individual, resulting from poorly self-management of diet and exercise.
- Across the country, diabetes has become more common, with prevalence rates at 8.4 [7.4 - 8.9] 95% CI per 1000 Americans in 2013 [2]
- Providers anecdotally report lack time to provide in-depth diabetic education during office visits.
- Patients have trouble retaining information said, but not provided in writing, during an office visit.

COST & CONSIDERATIONS

- In a study conducted last year at Griffin Hospital, in Derby, CT, 22% of surveyed patients were diagnosed with diabetes [3].
- Connecticut has an estimated 234K population diagnosed with diabetes, with the majority being Age 45+.
- For those above age 65 living in Connecticut, nearly 20 people per 1000, have diabetes diagnoses [4].
- Patients at the Southbury clinic have described it inconvenient to travel to Danbury and meet with the Certified Diabetic Educator.



COMMUNITY PERSPECTIVE

Dietary Education

- “When I hold classes for diabetic diet education, 10 usually register, unfortunately 6 usually show up. – Dietician
- “I want to eat better, I just get overwhelmed every time I try to start.” - Patient
- “When I leave the office, I usually forget everything the doctor had said” - Patient

Motivation

- “If patients don’t meet their goals one day, it is important for them to stay motivated to get right back at it the next day” – Dietician
- “I’m the only diabetic in my house, it’s hard to cook separate meals for myself and for my family.” - Patient

THE INTERVENTION

- A pamphlet on introductory considerations for creating a diabetic diet was created.
- Patients were given the pamphlet read, then asked questions to assess the clarity of information provided.
- Patients were asked to assess whether or not they would refer to it at home, when buying groceries, or when preparing a meal.

COMMUNITY RESPONSE

A poll of Providers and Patients showed:

- n = 8 patients
 - n = 6 patients found the pamphlet clear, and easy to read.
 - n = 8 patients said they would refer to the pamphlet when shopping or cooking
- n = 1 MD
 - n = 1 provider indicated willingness to distribute the pamphlet to patients within the practice.
- n = 1 Nutritionist
 - n = 1 nutritionist found the pamphlet to be useful

EFFECTIVENESS AND LIMITATIONS

Effectiveness

- Outcomes can be measured for pre-intervention and post intervention reductions in:
 - 1. Fasting blood glucose levels
 - 2. Fasting Hemoglobin A1c levels
 - 3. Patient Weight

Limitations

- Geographical and time constraints of this project made it difficult to assess whether or not diabetic patients in Danbury were more likely to visit the Diabetic Educator than those in Southbury.
- Qualitative rather than quantitative measurements were used to assess patient's willingness to incorporate the information from the pamphlet into their diabetic management.
- Pamphlets only available in English.

FUTURE RECOMMENDATIONS

- Translate pamphlet to languages used in the local community, including Spanish, Polish, and Mandarin.
- Distribute pamphlets to patients admitted for inpatient or emergency services due to hypoglycemic episodes and other complications secondary to diabetes.
- Create an audible resource for patients with limited near-sighted vision.

REFERENCES

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