

Diabetic Education: Healthy Carbohydrates and Carbohydrate Counting

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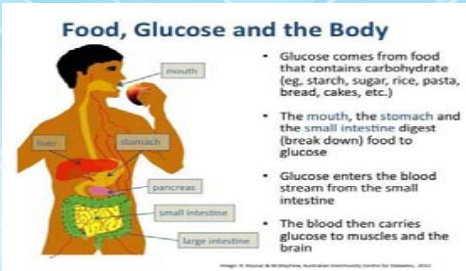
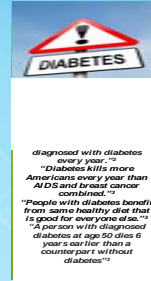
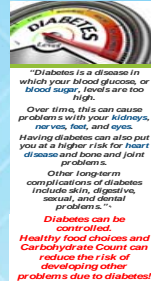
Diabetic Education: Healthy Carbohydrates and Carbohydrate Counting

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Purpose/Background:

Would type 2 diabetic patients verbalize knowledge and make healthier carbohydrate food choices after receiving education about different types of carbohydrates and about carb counting.

- Diabetes self-management education, the process of teaching individuals to manage their diabetes, has been an important part of the clinical management of individuals with diabetes since the 1930's.
- The American Diabetes Association recommends assessment of self-management skills and knowledge at least annually, and the encouragement of continuing diabetes education. (Norris 1159)
- Studies show that glycemic control improves in type 2 diabetes patients with a structured education program in self-management. (Fiore Scain 604)



Evidence:

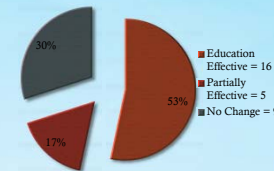
As of 2014, 29.1 million people in the United States, or 9.3 percent of the population, have diabetes. One in four people with diabetes don't know they have the disease. An estimated 86 million Americans aged 20 years or older have pre-diabetes. (Diabetes Association, 2016)

The American Diabetes Association recommends assessment of self-management skills and knowledge at least annually, and the encouragement of continuing diabetes education. (Norris, 2002)

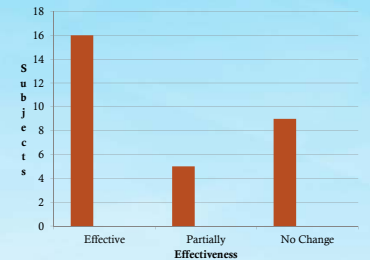
Results:

Thirty patients were educated and interviewed in our study. Out of thirty patients sixteen patients understood the education and made the appropriate food choice; five out of thirty made partial progress towards the goal and nine were not receptive to the education and did not make a change of their food selection post education.

Effectiveness of Inpatient Diabetes Education Subjects = 30



Effectiveness of Inpatient Diabetes Education



Conclusion:

53% of the sample demonstrated improved carbohydrate choice and carbohydrate counting.

References:

Fiore Scain, S., Friedman, R., & Gross, J. L. (2009). A Structured Educational Program Improves Metabolic Control in Patients With Type 2 Diabetes: A Randomized Controlled Trial. *The Diabetes Educator*, 35(4), 603-611. doi:10.1177/0145721709336299

Norris, S. L., Lau, J., Smith, S. J., Schmid, C. H., & Engelgau, M. M. (2002). Self-Management Education for Adults With Type 2 Diabetes: A meta-analysis of the effect on glycemic control. *Diabetes Care*, 25(7), 1159-1171. doi:10.2337/diacare.25.7.1159 © 2014 Lehigh Valley Health Network

Diabetes Association. (1995-2016). Retrieved November 5th, 2016 from <http://www.diabetes.org/diabetes>

Process:

Pre-test: Ask the patient to make Breakfast, Lunch and Dinner selections utilizing the current network approved menu.

Educate the Patient using a hospital approved brochure on food choices that facilitate optimum glycemic control.

Post-test: Ask the patient again to make Breakfast, Lunch, and Dinner selections utilizing a new copy of the current network approved menu.

Compare the menus, noting whether or not the patient was able to benefit from the education by making food choices post education, that would facilitate improved glycemic control.