

## LETTERS

## SELF MANAGEMENT OF DIABETES

## Structured and persistently reinforced patient education can work

Marina Trento *head, laboratory of clinical pedagogy*, Massimo Porta *professor of medicine*

University of Turin, 10126 Turin, Italy

Snoek argues that self management education is of limited effect because it did not persistently improve metabolic control in some recently published clinical trials in patients with type 1 and type 2 diabetes.<sup>1</sup> The problem is not that education itself is ineffective but in the design and delivery of such trials. For instance, a six hour crash course in patients with newly diagnosed type 2 diabetes would, without reinforcement, be unlikely to turn them into competent lifelong self carers.

We found persistent and reproducible clinical, psychological, and cognitive improvements in patients with diabetes who were seen for one hour every three months in a structured group education programme fully embedded within clinical practice. It took, however, two to four years to achieve significant results in type 2 and type 1 diabetes.<sup>2-3</sup>

What clinicians and educators, especially clinical educators, tend to overlook is that they are dealing with people at a difficult time of their lives. The onset of diabetes, or any chronic disease, profoundly affects people's perceptions, emotions, and relationships with themselves and their loved ones.<sup>4</sup>

Our almost 20 year long experience with patient education has taught us that it requires time, training, competence, patience,

passion, and humility. It means accepting the complexity of disease and of those affected by it. Harmonising the work of operators, with all their preconceptions and misconceptions, is possibly the most difficult part. As Livingstone observed, "An education is incomplete unless it leaves people with a philosophy of life, and never was this more needed than in our age of uncertainty."<sup>5</sup>

Competing interests: None declared.

- 1 Snoek FJ. Strategies to optimise clinical outcomes for patients with diabetes. Good professional consultation skills and self management education work, but effects don't endure. *BMJ* 2012;344:e2673. (26 April.)
- 2 Trento M, Gamba S, Gentile L, Grassi G, Miselli V, Morone G, et al; for the ROMEO investigators. Rethink Organization To Improve Education And Outcomes (ROMEO). A multicentre randomised trial of lifestyle intervention by group care to manage type 2 diabetes. *Diabetes Care* 2010;33:745-7.
- 3 Trento M, Borgo E, Kucich C, Passera P, Trinetta A, Charrier L, et al. Quality of life, coping ability, and metabolic control in patients with type 1 diabetes managed by group care and a carbohydrate counting program. *Diabetes Care* 2009;32:e134.
- 4 Biro D. An anatomy of illness. *J Med Hum* 2012;33:41-54.
- 5 Livingstone R. What is education? *BMJ* 1953;ii:454-6. [www.bmj.com/content/2/4834/454](http://www.bmj.com/content/2/4834/454).

Cite this as: *BMJ* 2012;345:e5100

© BMJ Publishing Group Ltd 2012