

Educating Patients with Diabetes and Stroke Risk

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Diabetes Educator

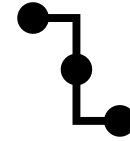


Disclosures

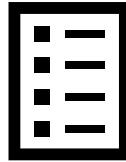
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Objectives

1. State the connection between diabetes and stroke risk.



2. Identify practical and easy to access patient education tools for patients with diabetes and stroke risk.



3. Practice 4 **magic** communication tips that build trust with your patient and promote adherence.



The Problem is Big – Big connection between Diabetes and Stroke

If you have diabetes...

- Your chance of having a stroke is 2 times higher than a person who does not have diabetes

- If you add other risk factors:

High blood pressure

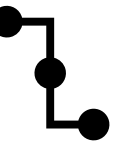
Dyslipidemia

Smoking

Excess weight

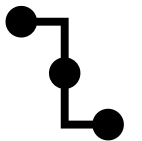
Family history

Your risk of stroke is up to 4 times higher than someone who does not have diabetes



The Consequences are Grim – Diabetes + Stroke

- You are 25% more likely to have an unfavorable outcome after a stroke (influencing independence)
- You are more likely to die from a stroke
- If you survive, you are more likely to have another stroke
- You are more likely to develop vascular cognitive impairment

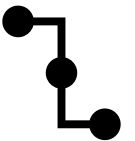


The Solution is Hard – Blood Sugar Goals

- A1C goal <7% without significant hypoglycemia
 - Shown to reduce microvascular complications when instituted early in the disease*
- Blood Glucose Monitoring goal – Preprandial 80-130mg/d/L;
Peak Post Prandial <180mg/dL
- Time in Range Goal >70% (70-180)

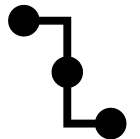
Very Important! Individualize for each patient

6.0-7.0 if early in the course of disease, no hypoglycemia, no comorbidities
<8% for people with limited life expectancy where harms of treatment are greater than the benefits



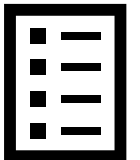
The Solution is Really Hard – Diabetes + CV Risk

- Lifestyle and Pharmacologic Interventions
- BP Less than 130/80
- Lipid goals - Individualized by risk.
 - High intensity statin therapy to reduce LDL-C levels by $\geq 50\%$ of the baseline and to $<70\text{mg/dL}$ in patients with diabetes age 40-75 at high cardiovascular risk
- Blood Glucose Goals – Individualized based on comorbidity, duration of disease, life expectancy



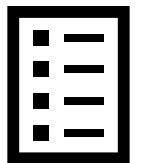
Lifestyle Goals - Individualized

- Reducing Risks
- Taking Medication
- Healthy Eating
- Monitoring
- Being Active
- Healthy Coping
- Problem Solving



Lifestyle Goals - ADA

- Reduce Excess Weight
- Restrict Sodium to 2300 mg/day
- 8-10 servings of fruit and vegetables/day
- Carbohydrate Controlled Medical Nutrition Therapy
- Low saturated fat diet 2-3 servings/day
- Avoid excess alcohol
- 150 minutes of moderate-intense aerobic activity/week




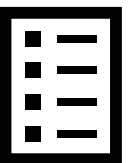
“Best Gift” to your patient?

- Referral for Diabetes Education
 - Diabetes and You Classes

 Ambulatory referral to Diabetes Education (Education Only) Endocrinology Refer... REF20

- Certified Diabetes Educator – THMG offices

Name	Freq...	Type	Px Code
 Ambulatory Referral to Population Health CDCES (Diabetes Educator)		Refer...	REF124



But What Do I Say?



Meet Jack Jones

“I just don’t know if I can take all these medicines”.



- A. “Why not?”
- B. “I understand how you feel.”
- C. “Mr. Jones, you sound worried about the medicines. What concerns you the most?”



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Step 1 Express Empathy

- You seem _____
- You feel ____ because _____
- I sense that _____

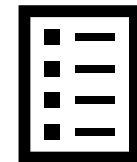
By acknowledging their feelings, you are opening the door for them to tell you more.

Krames Education



Managing Your Diabetes Medicines

Disease Management



Meet Jill Jacobs

“My mom had a stroke at age 50. That won’t happen to me, will it? I just forget to come to my appointments.”



- A. Don’t worry, we have new medicines to treat strokes these days.
- B. Well, if you come to your appointments, we can keep you from having a stroke.
- C. What would have to happen for you to think about keeping your appointments?



Meet Jill Jacobs

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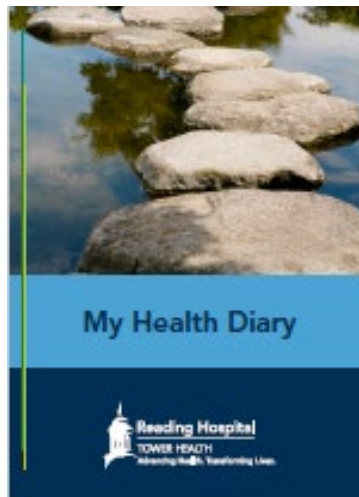
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Step 2 Develop Discrepancy

- Address ambivalence or resistance to change
- Motivation to change increases when people are aware of discrepancy between current state and future goals
- Don't argue the cons- forces them to defend

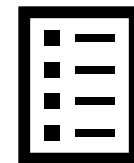
RH7998 My Health Diary



My Stroke Risk Factors

Every person is different.
Place a check next to the risk factors that apply to you.

My Risk Factors	Stroke Risk Factors	My Recent Info	My Target/Goal You and your care team will work together to set goals that are right for you.	My Plan to Reach Goal Medicines and lifestyle changes
<input type="checkbox"/>	Diabetes High blood sugar	<input type="checkbox"/>	My A1C goal: My goal for healthy blood sugar range:	<input type="checkbox"/>
<input type="checkbox"/>	Hypertension High blood pressure	<input type="checkbox"/>	Low than 120/80 or _____	<input type="checkbox"/>
<input type="checkbox"/>	Hyperlipidemia High cholesterol	<input type="checkbox"/>	LDL less than 100 mg/dl or _____	<input type="checkbox"/>
<input type="checkbox"/>	Overweight or lack of exercise and fitness	<input type="checkbox"/>	BMI 25.25 or _____ pounds	<input type="checkbox"/>
<input type="checkbox"/>	Smoking	<input type="checkbox"/>	No smoking	<input type="checkbox"/>
<input type="checkbox"/>	Alcohol use	<input type="checkbox"/>	Max 2 or less drinks/day Max 1 or less drinks/week	<input type="checkbox"/>
<input type="checkbox"/>	Oral Contraception Regular use	<input type="checkbox"/>		<input type="checkbox"/>



Meet Ned Smith

“You people need to quit bugging me. I can’t imagine how to eat a different way at my age.”



- A. “Well if you don’t change your diet, you may have a stroke or a heart attack.”
- B. “Just don’t eat anything white.”
- C. “You sound angry. May I share my concern?... It is really your decision. All I can do is tell you advantages and disadvantages. It is really up to you.”



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Step 3 Roll with Resistance/Avoid Argument

- Express Empathy
- Ask to share our concern
- Emphasize personal choice

RH8253 Healthy Eating Getting Started



You may not be ready for counting carbohydrates or reading labels just yet. That's OK! Managing your food to help manage your diabetes is very challenging. It is hard because eating food, something that most people really like to do, now is something you "have" to do. Learning new things is often hard. You will have ups and downs. It is OK, not to be perfect!

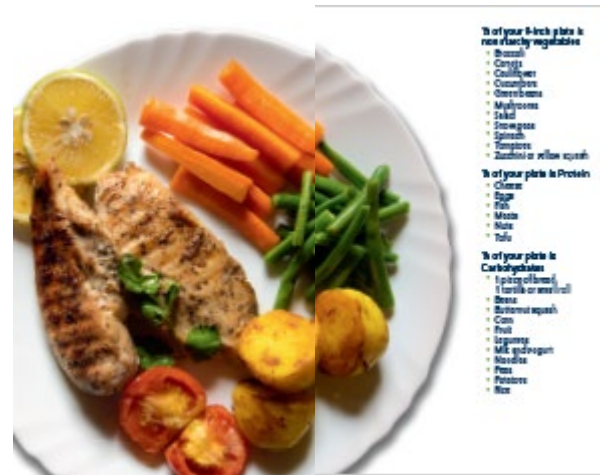
There may be a few small changes you can make in the way you eat that may add up to big improvements in your blood sugar.

Try the Plate Method
A great way to get started is by using the Healthy Plate method.



- **1/2 of your plate is non-starchy vegetables**
leafy greens, cucumbers, tomatoes, zucchini, green beans
- **1/4 of your plate is a carbohydrate food**
rice, pasta, potatoes, corn, peas
- **1/4 of your plate is lean protein**
chicken, turkey

Reading Hospital
TOWER HEALTH
Advancing Health. Transforming Lives.



1/2 of your 8-inch plate is non-starchy vegetables

- Brussels
- Carrots
- Cauliflower
- Cucumbers
- Green beans
- Mushrooms
- Salad
- Snow peas
- Spinach
- Tomatoes
- Zucchini or yellow squash

1/4 of your plate is Protein

- Chicken
- Eggs
- Fish
- Meats
- Nuts
- Tofu

1/4 of your plate is Carbohydrates

- 1/2 cup of brown rice
- 1/2 cup of wild rice
- Beans
- Butternut squash
- Corn
- Fruit
- Legumes
- Milk and yogurt
- Noodles
- Peas
- Potatoes
- Rice



Meet Mary Weber

“I bought a dog. I figured it would force me to take walks”.



- A. “Well it is recommended that you get 150 minutes of moderate to vigorous activity in a week.”
- B. “Dog walking does not count as exercise. Have you considered joining a gym?”
- C. “You are well on your way to better health. Great plan!”



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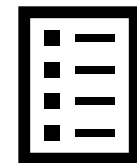
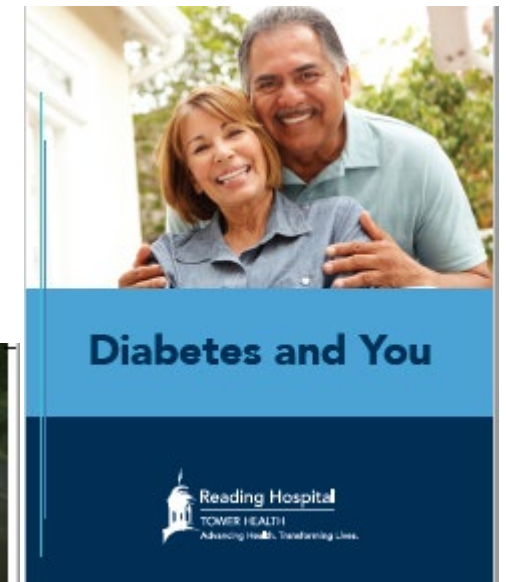
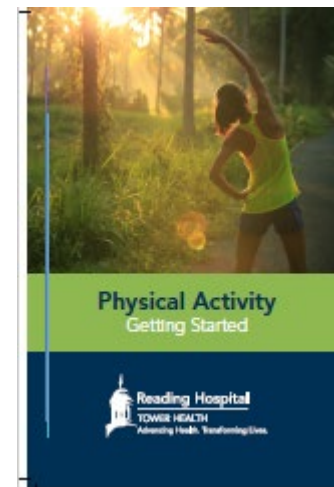


Step 4 Support Self Efficacy

- Notice, support, encourage patient attempts or even thoughts about change
- Praise the behavior, not the person.
- Do not over-praise. It will sound insincere.

RH4398 Diabetes and You

RH8254 Physical Activity Getting Started



Wrap up

- The problem is big
- The consequences are grim
- The solution is hard
- But...There is hope!
 - Help patients find their internal motivation to change-careful listening
 - Empathy first
 - Develop discrepancy-repeat back pros and cons to patient
 - Roll with resistance- May I tell you what concerns me?
 - Support self efficacy- Listen for change talk. Ask open ended questions.



Questions?



Contact Me

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References

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