



Perspectives in Practice

Diabetes Management—A Positive Patient Perspective

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Key Messages

Critical factors for a patient's success in diabetes self-management include:

- A strong health-care provider (HCP) and patient relationship supported by sensitivity in communication.
- The patient's attitude, motivation and willingness to continually learn and take ownership.
- The HCP's understanding of the patient's financial constraints and capacity to manage diabetes.
- Support from the HCP, family, friends and peers.

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This article is about two friends describing their personal journey living with diabetes for over 35 years and sharing what has worked for them. Diana with type 1 diabetes and Ram with type 2 diabetes have widely different cultural, ethnic, dietary, educational and professional backgrounds. They met while volunteering with Diabetes Canada. Although their individual experiences may differ, their themes are strikingly similar. Therefore, we have not associated each experience with either of them. We also provide examples from 5 other individuals living with diabetes: Aleks, Charlie, Kathy, Mike and Siva. As patients, our approach to managing diabetes can make a major difference. We call our strategy DREAMS

(Diabetes team/patient relationship, Resources, Education, Attitude, Management and Support; [Figure 1](#)).

Diabetes Team/Patient Relationship

In our business we strive to maintain good relationships with everyone, which is critical to success. Our approach to health care is similar.

Key to the relationship between the Diabetes Team and the patient is getting to know the patient as an individual. The Diabetes Team is comprised of various health-care providers (HCPs), including the family physician, endocrinologist, diabetes educator, dietitian, nurse practitioner, social worker and other medical specialists. The first meeting between the HCP and patient provides an opportunity to identify common meeting points, such as personal interests and concerns about diabetes.

- Initially, I was under the care of my family physician. Apart from discussing my medical condition, we often spent a few minutes chatting about our common interest in soccer. As diabetes is a progressive condition, over the next 6 or 7 years, I had to increase my dose of medication to manage blood glucose levels. At one point, I was referred to an endocrinologist.

DREAMS:

- ◆ **D** Diabetes Team-Patient Relationship
- ◆ **R** Resources
- ◆ **E** Education
- ◆ **A** Attitude
- ◆ **M** Management
- ◆ **S** Support

Figure 1. DREAMS.

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- Medically speaking, my endocrinologist was thorough and methodical in his approach. He required me to meet with him every 4 months. He was always in a hurry, however, with a checklist approach asking, “Do you pee at night? Do you have tingling sensations? Do you feel thirsty at night?” and the list went on. I must also confess I was not testing my sugars as often as he recommended. Visiting him was like going to a dentist’s office where one is on their best behavior 3 days prior to the visit by flossing teeth and brushing 3 times a day. I was more conscious about my diet and testing frequency for the 2 weeks before the appointment. Every visit ended with, “If you do not test more often, I will have to put you on insulin.”
- The good news was that another endocrinologist acquired the practice soon afterward. My fasting levels at that time were not ideal. She challenged me to work on this in small steps, by making practical suggestions on having an early supper and a late-night snack. This had a favourable impact on my fasting sugars. Foot care was an issue for me and that meant preventing cracks around the edge of my feet. She was sensitive to my financial resources and, instead of prescribing expensive creams, she recommended a little petroleum jelly and wearing socks at bed time. The results were dramatic.
- My endocrinologist and I would often talk about our common interest in travel. She introduced changes in insulin regimens, and we discussed travel. She prepared me for her retirement and referred me to a new endocrinologist after asking me for my opinion, “Do you wish a female or male endocrinologist? Do you want someone downtown or in a community hospital?”

A sign outside my HCP’s office reads, “Please come prepared with your blood results to help me treat you.” We value our HCP’s time. During our visit every 4 months, we go prepared with our results and a short list of issues to discuss. The net result is they do not treat us as a number and we develop a relationship of mutual respect. We are motivated to do better.

Resources (Impact of Financial Resources)

Diabetes is an expensive ailment. Twenty-five percent of Canadians with diabetes report that their medical costs impact their ability to adhere to their treatment regimens and, consequently, their health. Living with type 1 diabetes (T1D) can cost me up to \$15,000 out of pocket each year. There is significant variability in medical coverage by province, by age and income level for medications, supplies (test strips, syringes) and devices (pumps, continuous glucose monitor).

- Until a couple of years ago I was running a small business and did not have private insurance. My annual cost of supplies and medication exceeded \$2,000. Every time I pricked my finger, it costed a loonie! However, regular testing tells me the impact of different foods on my sugar levels and allows me to modify my dietary plans.
- Mike (age 68 years) with T1D says, “I was desperate for a way to mitigate the hypo-unawareness. I now wear a continuous glucose monitor at all times and it has been transformational in how I manage my numbers. The drawback is that continuous glucose monitors are expensive (about \$12/day) and this is why we need to advocate our provincial health ministries to fund these.”
- When I was working full time, I had medical coverage from my employer, but not all medical costs were covered. I retained all my medical receipts to claim on my tax return. My endocrinologist and I completed the disability tax credit application for life-sustaining therapy. My endocrinologist was skeptical that I spent 14 hours per week on qualifying activities, but when I

went through the list of daily activities she then supported me through the process.

As patients, we seek advice, guidance and understanding from our health-care team on how to sort through the maze of financial resources available.

Education

They say, “When a student is ready, the teacher will appear.” The teacher can take different forms: Diabetes Canada provides reliable information online (guidelines.diabetes.ca), by phone at 1-800-BANTING or by webinar. Also, attending refresher sessions with the diabetes education centre, and consulting a dietitian, pharmacist or other HCP can help.

- What an amazing experience I had with a dietitian, who said, “Man you’ve come here for some easy solutions, but first you need to do some homework. We shall review your findings and work together. You can e-mail or phone me any time.” After providing me with relevant food values, she asked me to monitor my blood glucose levels before and 2 hours after meals and record food quantities and carbohydrate values. That was a huge learning experience, which led me to a better understanding of glycemic index, portion sizes and food choices.
- I rely on my pharmacist extensively, given I see several different specialists for other conditions. Upon receiving a new prescription, I ask him how this will affect my blood sugars. He reviews my records and we discuss the pros and cons of my medication.
- Aleks (age 29 years) with T1D says, “Having learned a lot about T1D management over the last 20 years, I still at times feel that there are more unknowns than knowns. In dealing with multiple factors that affect my blood sugar, I am always learning.”
- “Knowledge is power. The more you understand about how to live well with diabetes, the more successful you can be in managing it,” says Dr. Robyn Houlden, Chair of the Diabetes Canada Guidelines.

Patients obtain information from different sources. A good starting point is for the HCP to develop a preliminary assessment of the patient’s diabetes knowledge and approach to learning.

Attitude

The right attitude and capability have a direct bearing on our ability to manage diabetes.

- After losing a major business contract that would affect my earnings, I was depressed, sometimes associating it with my diabetes. I met Mr. J living with T1D with a difference. He functioned with one eye, one kidney and one leg, yet he saw the glass as half full rather than half empty and said, “Surround yourself with positive people.” That was a life-altering encounter for me!
- Kathy (age 58 years) with T2D said, “My journey with providers started out 18 years ago. At every meeting, the HCP commented on how much I weighed and needed to lose. I slowly stopped seeing him and eventually quit taking my medications. Subsequently, a social worker at a walk-in program referred me to a psychiatrist, who determined that I have been severely depressed since childhood. I see the psychiatrist monthly and, together with my new endocrinologist, I have a good road ahead of me and will continue to work with my providers on everything.”
- Siva (age 54 years) with T1D said, “I believe that to live a healthy life with diabetes, you need to have a healthy attitude.”

Patient attitude is key in seeking solutions to problems. The HCP's message should be in sync with the patient's capacity to take ownership.

Management

Diabetes is not about popping pills or taking insulin only. HCPs can prescribe medication, interpret blood results and provide guidance. However, we have to manage our diabetes. Consider the math. We meet our HCP 3 or 4 times a year for 20 minutes, each time, which equals about an hour annually. The rest of the time we are on our own, managing the four pillars, meal planning, monitoring, medication and activity.

Meals

Culture plays an important part in meal planning.

- When you visit a South Asian or Italian home, as part of their hospitality, they tend to “force feed” you. It is considered impolite to refuse food. During my days in the corporate world, I once invited my boss home for dinner. When I persuaded him to eat more, he politely said, “Your food tastes fine, but the stomach is mine.”
- When first visiting a dietitian, she provided the typical North American meal plan, informing my mother they were the only food items available, resulting in her preparing a separate meal for me. We were subsequently introduced to a dietitian who was aware of the Italian culture and helped my mother and me enjoy Italian food as a family again.

Medication

The insulin experience has changed over time.

- At the time of diagnosis, I was taught to give my injection using an orange. I remember the skin of the orange thinking my skin is not thick enough to absorb that needle prick, making me apprehensive. I am not sure if they still use oranges to teach patients how to inject. Something more similar to a person's flesh, such as a doll, would be more appropriate.
- As insulin delivery models changed from disposable syringes to pens to pumps, my HCP presented the technology and allowed me the time to assess before adopting the new method.
- As I maxed out on my oral medication, my endocrinologist suggested I consider insulin. Like most people with T2D, I resisted it for many years. However, she discussed the pros and cons of insulin vs the alternatives. Insulin has helped me achieve far better glycemic control.
- Contrast this with a friend living with T2D for 8 years, with poor controls. At every visit, his doctor told him with a strong demeanor, “I am afraid I will have to put you on the needle.” He contacted me and asked, “What's your experience?” My response was, “Your doctor has pointed you in the right direction except for his tone.” I also indicated, “Administering it is virtually pain free; less pain than drawing blood from your finger.” He went on to an insulin pen.

Activity

- My wife and I visit the gym 5 days a week, which includes 20 minutes on the treadmill and a few other exercise routines. If I skip a day, she would gently nudge me. Once, while attending a seminar, I heard a doctor advising participants, “Why don't you consider physical activity that is homework for the mind and body”?
- A kinesiologist provided me with guidance on how to adjust my insulin pump settings so I could safely do the exercises I enjoy most: hiking and biking.

Because 99% of the time we are on our own, HCPs being sensitive while guiding us in managing our diabetes will make a significant difference.

Support—Spouse/Partner/Peers

We are not alone in managing our diabetes. Our strength comes from the support we receive from our HCP, family, friends and peers.

- When my family doctor advised me to restrict my rice intake to 1 cup, I dared to ask him if he meant 1 cup cooked or uncooked rice! My wife is conscious of meal timing, serving sizes and foods that drive up my sugar levels.
- Charlie (age 59 years) with T1D says, “I joined a couple of type 1 groups and my life changed forever. I'm not alone at all. I have friends who care and give unconditional support. We share stories about the good and bad. We help to keep each other on track. No judgment and no bad advice. That's important. That's support.”

We can derive strength by leveraging support from our health-care team, family, friends and peers.

DREAMS

Diabetes is challenging, but not a death sentence. With a positive attitude, and a will to manage we can achieve a good quality of life.

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