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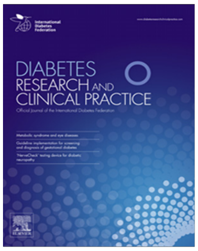

International Diabetes Federation

How group diabetes education in Argentina is changing lives ☆

Every year, over four consecutive days, nearly 800 people of all ages and their families gather to live together and receive diabetes education in the Federación Argentina de Diabetes (FAD) meetings.

Why do people with diabetes that have had the information and known what they have to do for adequate management of their disease for many years, fail to achieve their therapeutic goals? What leads them to seek education if they fail to use insulin as required, to adhere to their meal plans, to engage in physical activity and to self-monitor their blood glucose? Why, if there are a wide range of choices in the pharmacologic arsenal, self-monitoring methods that become more and more comfortable, and so many ongoing educational programs in diabetes, is the achievement of therapeutic targets so low?

Perhaps the answer to all these questions lies originally with the physicians' intimate belief in the value of pharmacologic approaches over non-pharmacologic ones, with the latter barely present in undergraduate university studies. The person with diabetes who takes on the leading role in their treatment may understand what is key to the achievement of therapeutic goals, but still has reluctance due to what I like to call the "old school" of medical care—where a patient is accustomed to the doctor dictating goals and the patient obeys without question. This vision is usually coupled with the comfortable sharing of responsibilities in which the therapist takes charge of the success and the patient of the failure.

Nowadays, when everything abides by a protocol and evidence on therapeutics is regularly revised and widely spread, we surmise that the difference between success and failure may lie with not ignoring the fact that diabetes is lodged in an individual; a person who will have to live with it—as for now—for life and whose fate will from that time on be closely linked to his/her degree of acceptance and ability to optimally live with it. Myths, fears and preconceptions are usually the threshold that must be overcome before adopting treatment. In the way towards achieving the goals of good diabetes control, there is a first ineluctable step: motivation. Indeed, we can prescribe the state-of-the-art pharmacotherapy, the best meal plan and physical activity program, "flood" the patient with booklets, lectures, advice, but if the recipient of our efforts is not adequately encouraged, we are doomed to failure.

In this context, group education emerges as a valuable therapeutic tool.

1. Learning together to live with diabetes

August has arrived. Paulina and Camila are two 8-year-old girlfriends from a small town in the province of Cordoba, Argentina. They will meet again with little Ana, Valentina and Marcos, of the same age, but coming from faraway places around the country. The same as last year. They will also probably meet this other boy, the one who would not inject himself with insulin despite his mother's desperate requests, but who dared to do so for the first time during that lunch, under the supervision of that nice doctor, who was dressed up, like all the other ones, without her white coat.

Diego who is 16 years learnt that he had type 1 diabetes two weeks ago. He had never imagined diabetes would give him the chance to make friends who understand him more than anyone else and to exchange fear for knowledge, to build hope by meeting so many people who have diabetes and a long and full life, like Eduardo, of 89 years old, Lilia, of 86, who feel they still have things to learn, in addition to having the perfect excuse to get away from routine for a weekend.

In the case of Jorge, Nicolás and Cecilia, who happened to have type 1 diabetes in their teens, adulthood found them helping their peers as physical education teachers. Judit and Andrea, mothers to children with diabetes, have decided to express their gratefulness for what they have received by becoming another link in the chain of emotional support for those families that are started into the difficult art of positivity.

Alba, Teresa, Susana, who are "in their sixties," are so enthusiastic about storing their metformin and their insulin containers in their bags as they do in the preparation of the costumes for the Saturday night party.

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Federico, who feels he has learnt so much as a little boy, will have the honor of wearing his group coordinator vest for the first time.

Carlos, Marcela, Zulema, Lidia, among near twenty more, have left their white coats in their medical offices, but not their vocation and spirit of solidarity, and they are fulfilling the commitment of honor they have made.

The development of group educational activities within a relaxed framework, with the possibility of interaction with other people coping with the same experience is a task the Federación Argentina de Diabetes (FAD) has been committed to in Argentina ever since its creation 45 years ago. The FAD is an NGO made up of patients' associations and supported by a scientific committee that is composed of a multidisciplinary team of healthcare professionals.

2. Empowerment

In the belief that self-management groups are an important therapeutic tool, the FAD fosters their creation and provides for articulation with different private and public entities of any activity related with education, quality of life and equitability of conditions for all those suffering from diabetes.

Among these activities, its annual meeting stands out. Near 800 participants from all over the country and of all ages attend this event where they live together for 4 days in a tourist facility located at the center of the vast territory of Argentina to favor accessibility to all participants. Delegations, some of them from crowded cities, others from small rural towns, enrich this event with their diverse customs and regional accents. All of them gather together with the goal of learning within a context of comradeship and a relaxed atmosphere.

Workshops on different topics of interest, in groups matched by type of diabetes and age are organized, as well as groups for family members. A medical specialist is available to each group, topics are adapted to participants and there are two coordinators in charge of recording blood glucose readings of each attendee and of keeping them informed of each day's activities, in addition to providing significant support. The team of coordinators of the 19 groups formed is largely composed of those who have once been children or teenagers with diabetes and have attended previous events, and by leaders of the associations making up the FAD.

3. Reflecting into each other

The physician can show one direction, but it is always easier for an individual with diabetes to walk along this way when someone did it before and did well. The individual can see him/herself reflected into the other and eventually correct mistakes by exchanging knowledge, with the support of a healthcare professional. The feeling of being supported, understood and listened to by a peer who also has diabetes has an added value in the process of learning to live with it.

Each group shares a table during meals, and this is of particular benefit to children and teenagers who, sometimes for the first time, can self-monitor their blood glucose and inject themselves with insulin openly, thus sharing this experience with those who must do the same daily. Thereby, a private experience, sometimes done stealthily for fear of social rejection becomes a space where this is lived more naturally. Children, who are generally the only ones in their school with diabetes, find new friends who also take insulin as they do. A teenage girl will be able to have a conversation with an older woman who was able to get pregnant and have children satisfactorily.

Anyone who has recently has had the diagnosis of diabetes can meet people who have learnt to live with it many years ago.

Little children surprise their parents when they show them they can "already give themselves their insulin shot and self-monitor their blood sugar as the other kids in the group do". Meeting other people who have lived through older age with diabetes encourages them. These adults, in turn, when they eventually need to inject insulin by themselves but postpone this for fear, or leave these injections in the hands of others, are involuntarily inspired and encouraged as they see how easily these children do so.

When it comes to initiating a new therapy, listening to the experience of another person who has already made the decision and understood its benefit has a strong impact contributing to acceptance and adherence. Beyond the patients' trust in their physicians, since "biting a chili pepper tells you more about it than planting a field of it", the concept that personal experience is the best teacher, prevails instinctively.

May we repeat that the experience of having diabetes can barely be extrapolated. Indeed, only those having diabetes truly understand and feel in their own flesh what it means to daily inject themselves with insulin, to have to closely monitor their blood glucose and take the corresponding measures. This is why the team of coordinators is largely composed of members of the young sub-committee of the FAD who live with diabetes. They have once been children and teenagers, have attended previous events and have decided to undertake the commitment of returning what they have received, with the special sensitivity of having this unique knowledge.

The healthcare professionals who take part as educators and who are responsible for the groups, are selected after strict evaluation of their performances with consideration of their suitability, teaching vocation and community work in the place where they live. Both them, as well as the organizing team of the event and group coordinators, voluntarily offer their time and efforts and receive nothing else in return than the satisfaction on a job well done, the grateful hugs of participants and the promise to meet again the next year.

This type of event evidences the value of group education as a resource contributing to therapeutic compliance. It is a strategy that this institution, year after year, urges not to disregard.

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