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A Patient-Centered Approach to Diabetes Management

Announcer:

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Dr. Davies:

This is CME on PACE CME and ReachMD, and I'm Melanie Davies from Leicester in the UK. And I'm really pleased to be talking about an issue which I think is incredibly important, which is the person-centered approach to diabetes management.

So, when we think about the goal of diabetes care very broadly, what we want to do is to prevent the burden of complications in people living with diabetes. And we must be thinking about optimizing people's quality of life. And in the ADA/EASD consensus report, we came up with a really nice figure in that document which puts the person living with type 2 diabetes at the front and center of everything we do. So, they appear right in the middle of that figure. And it's really important that we start with the person, that we think about their key personal characteristics, that when we then take into account very specific factors that impact that individual, and therefore, our individual choice for that person on the treatment options.

That when we talk through the treatment options, that we utilize this shared decision-making to come up with a management plan which is joint across the healthcare professional and the person living with diabetes, that we agree on that, that we implement that, and that we provide ongoing support and monitoring. And that's really important, that it's a circle that we're constantly reviewing those choices.

And I just want to pick out a couple of things in a little bit more detail. So, one thing I think is really important is the language that we use in communication. So, our communication is the core of what we do when we're managing diabetes and talking to people living with diabetes. And we really need to recognize how important the language that we use matters to people because if we use neutral free-of-stigma language and strength-based communication, that can be a really positive thing. We need to be respectful and inclusive and encouraging, and it can be such a positive interaction. Whereas, if we get it wrong, we use stigmatizing or judgmental language, that can be a very negative experience for people living with diabetes that can have a long-term impact on how they perceive healthcare professionals.

The second point I want to make is around this shared decision-making, because actually there's an evidence base that shared decision-making can really improve the quality of the decisions that are made, it can improve the knowledge that people living with diabetes have about the risks, the safety and the benefits of the treatments that we may be discussing, and incorporating individual preferences and values are really, really important to people living with diabetes. And I would argue that it's an ethical imperative that we support people's autonomy in managing their long-term condition.

Finally, the other thing is, this importance of self-management education support. People live with type 2 diabetes for 24 hours a day, 365 days a year, and they only have intermittent contact with healthcare providers, so it's really important that we give them the skills and the knowledge—to be able to have the resilience to manage their condition. And we know that structured self-management, if delivered

in a really good way, really gives people the skills and the knowledge to manage their long-term condition. It can result in improved glycemic control, can improve long-term outcomes. So, really important that we invest in structured self-management support.

And this holistic person-centered approach is now adopted in the guidelines, really highlighting putting the person at the center, highlighting some of these principles around language matters, the shared decision-making, really, so that we adopt this very holistic approach to person-centered care.

Thank you very much for your attention.

Announcer:

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