

Advising diabetic patients in the community

Introduction

Diabetes mellitus is a disorder in which the level of blood glucose is persistently raised above the normal range because of an absolute or relative lack of insulin.

The disease can be managed in around 80% of cases by either diet or diet and oral drugs (NIDDM) or in the remaining 20% or so by the injection of insulin (IDDM).

Around 2% of the general population suffer from diabetes, but this is increased in patients with a family history of the disease and in people of Asian origin (in UK Asians from the Indian sub-continent, diabetes is roughly four times more common than in the wider population). It is a good choice of topic to audit in a multi-professional setting as there is a significant number of diabetic patients; most of the treatment of diabetics is in the primary care setting and treatment is long term. This topic could also be considered for a multi-sectoral audit and the protocol suggestions that

follow could be developed to link primary and secondary care.

Diabetics are twice as likely as the general population to suffer from coronary heart disease and this is a major cause of death. In addition uncontrolled diabetes leads to a reduced quality of life, with increased blindness and other complications associated with elevated blood glucose levels.

*The St Vincent Declaration*¹ has laid down some clear targets for diabetic care. These include cutting coronary heart disease morbidity and mortality in diabetics by vigorous intervention and achieving pregnancy outcome in the diabetic woman equal to that of the non-diabetic woman. Other targets relate to reducing renal failure, limb amputation and new blindness in diabetics.

All healthcare professionals who advise diabetic patients should be involved in this audit. This would include GPs, nurses, community pharmacists, chiropodists, optometrists and others.

Benefits of the audit

There are good guidelines for the care of diabetics and evidence to show that good care can improve patient outcomes. A well-designed audit linked to a clear aim

of an achievable improvement (such as improved communication between members of the primary healthcare team, improved patient education, improved patient monitoring) will have benefits to both the patient and the professionals involved.

Pharmacists and practice nurses act as an important part of the primary health care team by being available to give advice and to remind patients of the importance of regular monitoring to reduce the incidence of complications. GPs can ensure that patients attend regularly for check-ups and are aware of the complications that uncontrolled diabetes brings.

- all diabetics to have regular follow-up checks for eye/blood pressure/foot care

Criteria and standards

Criteria

The following criteria may be included:

- all patients to understand the facts about their type of diabetes
- all diabetics to understand dietary regulations and have their weight checked at least annually
- all diabetics to know how to adjust their diet and/or medication to suit daily changes in lifestyle or state of illness
- all diabetics to be able to test blood/urine correctly
- all diabetics to be able to recognise signs of hypo/hyperglycaemia
- all diabetics to understand potential complications and how they may be prevented

Standards

The ideal standard for diabetic care should be 100% but, as this is not always attainable, the team may initially set a more realistic standard (such as 80%).

Data collection

The data could be collected in a single short patient interview using a standard form. This may be collected by any member of the primary healthcare team and in any setting. The community pharmacy is a suitable setting because diabetic patients will have their prescriptions dispensed there. However, it could also be conducted at the GP practice or in different settings across primary healthcare.

If any cause for concern is evident in the interview, then the patient can be referred back to the relevant healthcare professional for additional help.

Further risk factors may be added to the form where they are available, such as specific blood tests or information from eye examinations.

The audit may need to take place over an extended period to ensure that all the regular diabetic patients are interviewed or may be carried out over a short period with a sample of diabetic patients.

Analysing the data

All the relevant sections will need to be completed and additional notes can be made at the end.

Making the change

Before undertaking the audit the team should be clear what change can be brought about. The audit should not simply be a data collection exercise. This audit will provide useful evidence about what each of the health professionals involved may need to do to set up more rigorous procedures/ protocols if the audit shows that the standard is not being met.

When to re-audit

Re-audit should take place annually to ensure all patients are up-to-date on the management of their diabetes and are receiving all the necessary information/monitoring from the relevant health professionals involved. A re-audit will also measure the impact of changes introduced as a result of the initial audit.

References

The St Vincent Declaration action programme, Krans
HMJ, Porta M, Keen H; editors, *Diabetes Care and Research in Europe*, Copenhagen: WHO regional office for Europe, 1992
Recommendation for Diabetes Health Promotion Clinics, British Diabetic Association, London, 1993
Diabetes: a guide for pharmacists, British Diabetic Association, London, 1993

Sample form to be used in data collection

Advising diabetic patients in the community

Patient's name _____

Patient's address _____

GP's name _____

GP's address _____

Date of interview/...../.....

Who interviewed? GP nurse
pharmacist

Controlled by diet only tablets
insulin

Does the patient:
know about their type of diabetes? Yes
 No
understand dietary regulation? Yes
 No
understand how to adjust diet/medication
to
suit changes in daily lifestyle? Yes
 No
know how to recognise
hypo/hyperglycaemia?
Yes No

regularly check urine/blood for glucose?
Yes No
understand importance of regular check-
up for
eyes? Yes No
blood pressure? Yes
 No
foot care? Yes
 No
cholesterol? Yes No

urine (protein/creatinine)? Yes
 No
blood glucose? Yes No
height & weight(BMI < 27)? Yes
No

Has the patient had any of the above
check-ups within
the past 12 months? Yes
 No
if No which missing?

Have they had advice from other health professionals in the past 12 months? Yes

No

if Yes who from and when?

Additional risk factors

is the patient overweight (BMI > 27)?

Yes No

does the patient smoke? Yes

No

does the patient have high cholesterol (> 6.7 mmol)? Yes

No

Other comments
