

Therapeutic Lifestyle Changes for Diabetes Mellitus

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KEYWORDS

- Diabetes mellitus • Medical nutrition therapy • Physical activity • Smoking cessation
- Diabetes distress • Diabetes self-management education
- Diabetes self-management support

KEY POINTS

- Diabetes mellitus is a common disease that carries a heavy burden psychologically, physically, and financially.
- Diabetes is a largely self-managed disease; however, the patient often is uninformed or receives the wrong information from friends, relatives, and media.
- Therapeutic lifestyle management is fundamental to meet glycemic targets and other diabetes-related health targets, such as blood pressure and lipids.
- Diabetes distress is different from other psychological disorders, and it can adversely affect diabetes outcomes.

INTRODUCTION

Diabetes mellitus is a chronic disease affecting more than 29 million Americans. An additional 86 million Americans have prediabetes.¹ Therapeutic lifestyle changes improve prediabetes and diabetes. Managing diabetes requires frequent decisions on a daily basis, which can be overwhelming, often causing patients to feel helpless and hopeless. In addition, patients often get misinformation from friends, relatives, and the media/Internet on how to best manage diabetes. This article discusses therapeutic lifestyle changes based on current standards of care.

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DIABETES SELF-MANAGEMENT EDUCATION AND DIABETES SELF-MANAGEMENT SUPPORT

Diabetes self-management education and diabetes self-management support (DSME/S) helps to empower patients with diabetes to make intelligent decisions by providing the knowledge and skills to manage blood glucose and other diabetes-related comorbid conditions, such as hyperlipidemia and hypertension.² A team of health professionals provide the services but it is important that the patient and his or her significant others are at the center of the team because shared decision making is crucial to clinical, psychosocial, and behavioral outcomes.³ Organizations including the American Association of Diabetes Educators, American Diabetes Association, American College of Endocrinology, and American Association of Clinical Endocrinology support the premise that all individuals with diabetes should receive DSME/S by a team of trained specialists.^{2,4,5}

DSME/S programs have been shown to reduce the readmission rate of diabetes patients with poor glycemic control. A retrospective study of 2265 patients with poorly controlled diabetes with hemoglobin A_{1c} (HbA_{1c}) greater than 9% and hospitalized between years 2008 and 2010 showed that patients who received inpatient diabetes education had a significantly lower all-cause hospital readmission rate.⁶ Therapeutic lifestyle changes are difficult. A study compared lifestyle behaviors of patients with newly diagnosed type 2 diabetes mellitus (T2DM) with those without diabetes.⁷ The participants completed an extensive survey that included demographics, current health status, and lifestyle behaviors. The authors reported that patients with T2DM had lost significantly more weight, were less likely to reduce vegetable intake, and were more likely to quit smoking compared with those without a diagnosis of T2DM.⁷

Four key times are identified when patients with diabetes need DSME/S^{2,4,8}:

- At the time of diagnosis
- Annually for an educational needs assessment/teaching
- When new issues occur, such as
 - New diabetes-related complications
 - Changes in glycemic control
 - Emotional factors
 - Physical or mental inability to care for self
- When transitions in care occur

The diabetes education provided is based on an educational assessment, which includes the following^{2,4,5}:

- Current knowledge
- Health beliefs
- Cultural influences
- Comorbid conditions
- Literacy (number and words)
- Financial status
- Support from significant others

Based on the assessment, the education at diagnosis should begin with the basics of self-care and build from there. The basics include^{2,4,5}

- Treatment goals
- Blood glucose monitoring
- Meal planning
- Physical activity

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