

Diabetes Educator

NADEP

Education of person with Diabetes is an integral part of the management of diabetes and prevention of diabetes related complications.

NADEP (National Association of Diabetes Educators of Pakistan) is a non-profit organization, which was established on May 12, 2010. The Association came into existence to achieve the following aims and objectives.

Aims:

To provide, facilitate and promote education for the prevention and management of diabetes and related disorders.

Objectives:

- To promote the standardizations, validation, development & delivery of diabetes education programs.
- To set up national and international collaboration for diabetes education activities in Pakistan and the region.
- To advise on suitable courses for the training of dietitians and diabetes educators and providing continuing education courses to the professionals in the field.
- To organize meetings, workshops and conferences in diabetes education related disciplines.

To secure, accept and manage funds, donations, grants, endowments and any other moveable /immovable properties from lawful sources within Pakistan or abroad and to utilize them to further promote the aims and objectives of the Association.

Executive committee:

Members of first executive committee of NADEP are as under:

Office Bearers:

- Prof. Rubina Hakeem
 President
- Prof. Yaqoob Ahmedani
 Vice President
- Dr. M. Zafar Iqbal Abbasi
 General Secretary
- Ms. Erum Ghafoor Joint Secretary
- Mrs. Rabia Abdul Rehman Treasurer

Members:

- Prof. Abdul Basit
- Dr. Ahmed Salman
- Dr. Musarrat Riaz
- Dr. Zahid Miyan
- Dr. Saif Ul Haq
- Ms. Safia Mahboob
- Ms. Sadaf Mateen

How to become member:

Download Membership form from web site:

Web link :- http://www.nadep.org.pk

Fax or email the form dully filled along with relevant

documents and prescribed fee to:

Mrs.Rabia Abdul Rehman

Treasurer NADEP

Fax: +92 21 36 60 85 68 Email: nadep@nadep.org.pk

On approval by Executive committee the membership No. will be allotted.

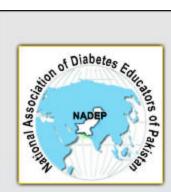
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Conversation Map Tools

by Miss Erum Ghafoor
Diabetes Educator
Expert Trainer of Conversation Map Tools



A Conversation Map is a series of images and metaphors on a 3 by 5 foot tabletop display. It serves as a facilitation tool for healthcare professionals to use to engage groups of patients in conversations around a healthcare topic such as diabetes, heart health or obesity.

The healthcare professional places the Conversation Map on a tabletop and sits around the table with patients. The healthcare professional navigates 3-10 patients through the Conversation Map topics represented by the visual metaphors on the Conversation Map and facilitates interactive activities that identify facts and myths around the healthcare topic and uncover information on key topics related to the health condition. Conversation Maps are designed to be interactive and to help the patients discover the information that they want and need to know about a health condition that they or their loved one is managing. The Conversation Map sessions create a forum for patients to engage with each other and a healthcare professional, to share stories, to ask questions and to develop action plans to make healthy behavior changes.

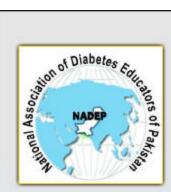
The Conversation Maps utilize several components to support the learning process. They include:

The Conversation Map Visual, Conversation Questions, Discussion Cards, Fact and myths cards, Group (participants) and trained Facilitator. Behavior changes action Plans created by Participants themselves.

An abstract was presented on Conversation Map Tools at annual meeting of American Association of Diabetes educator 2009 which was based on pre and post sessions laboratory results at 3 and 6 months.

Outcomes were:

- 1.05% average decrease in A1C of 85% of participants.
- 0.5% increase in A1C in 15% of participants while maintaining it at less than 7%
- 29 mg/dL average decrease in LDL in 55% of participants.
- 11 mg/dL average increase in HDL in 55% of participants.
- 42 mg/dL average decrease in cholesterol in 70% of participants. (95% meeting the desirable <200mg/dL)
- 114 mg/dL average decrease in triglycerides in 75% of participants.



Patient Barriers In Initiating Insulin Therapy

by Dr. Musarrat Riaz

Diabetes is a complex and progressive disease. Various treatment modalities are available to manage this complex metabolic disorder. Insulin is a safe and effective treatment available to achieve the glycemic targets in type 2 diabetes. However, it is not used early and effectively to achieve the glycemic targets which will reduce morbidity and mortality associated with diabetes. One of the reasons is various myths and misconceptions held by patient are regarding initiation of insulin therapy. Diabetes educators can play an important role in dispelling these myths and misconceptions by talking freely to patients.

Following are some of the fears and misconceptions in type 2 diabetes which needs to be addressed.

The diabetes educator can assist patients in making an informed decision by understanding their concerns and providing the information they require.

Injection phobia:

Teach self injection. Explain pens and devices that conceal the needle. Also inform about the availability of fine needles.

Failure of oral therapy:

Explain patients about the progressive nature of disease and assure them that it is not their personal fault, but due to the progressive B cell failure, insulin must be initiated to achieve the glycemic targets.

Fear of weight gain:

Explain the benefits of insulin use. Adjust food intake and physical activity. Tell them about the importance of portion sizes and snacks.

Fear of hypoglycemia:

Educate about signs and symptoms of hypoglycemia. Emphasize the importance of self monitoring of blood glucose (SMBG) Explain in detail about the timings of insulin and meals to avoid hypoglycemia.

Lifestyle modifications:

Explain various insulin regimens and how to accommodate activity and changes in meal plans according to requirement.

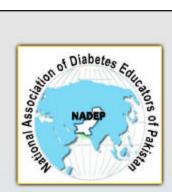
Lack of family support:

Develop close liaison with the patient and his family members; provide information and educational material for family and friends.

Myths about insulin:

Talk about myths and misconceptions about and insulin. Use evidence based literature to dispel these myths.

As diabetes is a multifaceted disease, a multidisciplinary team approach is needed to manage these patients. Diabetes educator is an integral part of diabetes care team and should be involved in all aspects of care including the choice of therapy. Diabetes educator can play important part in dispelling myths and removing barriers about insulin therapy.



13th Diabetes Awareness Walk

Pakistan is one of the countries having highest number of diabetics. Diabetes is a rapidly growing health issue, being faced by our society. Baqai Institute of Diabetology and Endocrinology is firmly committed to play its role in diabetes care and prevention in Pakistan.

Health awareness is the main stay of diabetes prevention and control. Diabetes awareness walks, are held across the globe on the occasion of world diabetes day. As a part of this global awareness campaign, Baqai Institute of Diabetology and Endocrinology arranges diabetes awareness walk, every year for the last 12 years.

13th diabetes awareness walk is being organized on Sunday the 14th November 2010 at Boat Basin Karachi. In the past people from all walks of life including sportsman and media celebrities have participated in this activity. Men, Women and Children of all ages in large number attend this event with great enthusiasm. They are source of motivation for diabetic patients and general public both. The Annual Diabetes Awareness Walk helps to highlight the importance of primary prevention of diabetes through lifestyle modifications.

This year also the annual walk will help in motivating general public as well as diabetic patients to walk more and eat less to prevent the epidemic of diabetes.







