

Diabetes education: “Personal” family member or “impersonal” diabetes educator?

Sir,

The role of patient and peer involvement in the management of metabolic and chronic disease burden like diabetes, as suggested by Indian Journal of Endocrinology and Metabolism, offers a novel and practical idea.^[1]

Diabetes self-management education has long been considered to be an important part of the clinical management of diabetes in the West.^[2] There is a growing need to develop an effective educational program to enable patients of chronic, especially people with diabetes (PwD) deal adequately with the complexities of living with their chronic condition.^[3]

Generally, physicians/diabetologists have limited time; thus, training of medical, paramedical, and nonmedical personnel, especially empowered PwD and their close family members

as diabetes educators would be of immense help. They use interpersonal and communication skills to develop a tailor made patient-centered diabetes management plan.^[4]

On the lines of Certification of Diabetes Educator in the West, a National Diabetes Educator Program (NDEP), under the auspices of the Indian Association of Diabetes Educators and Dr Mohan's Diabetes Education Academy, was completed from June 2011 to March 2012 to create a cadre of certified diabetes educators in India. The 10 enrolled participants, in a center at Karnal, Haryana were followed-up after a year of NDEP training for six cardinal management targets (fasting and prandial blood glucose levels, HbA1c, blood pressure, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol and triglycerides)^[5] for diabetes. Simultaneously, the PwD relatives were also educated about the same targets on first visit and followed-up similarly. Interestingly, the PwD relatives had a better recall of these cardinal targets and their respective family members had a much better disease control (HbA1C).

This difference could be because of direct contact of the family members with the patient and the doctor. Moreover, the relatives are more responsible, responsive, and empathetic to the problems of the patients, thus can manage them better.^[6] Thus, an ideal diabetes educator should have a triad of NDEP training, sociosensitive skills, and act as a family member to the patient.

Last, the editor has appropriately expressed the need for Diabetes Peer Support Program involving the PwD and their families. Further, this peer support system can be strengthened by development of recall improving audiovisual mechanisms and even smartphone applications in coming years.

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