



Guidebook

Introduction

The prevalence of diabetes, both type 1 and type 2, is on the rise globally, presenting a significant public health challenge. In Europe, particularly among youth, diagnosed cases of both types of diabetes are surging, reflecting a concerning trend in the continent's health landscape. With approximately 1 in 10 individuals now living with diabetes, the impact of this chronic condition reverberates across communities, affecting millions of lives. Recent studies, such as the one published in the *Journal of Epidemiology and Community Health*, underscore the critical role of physical activity in mitigating the risk of type 2 diabetes among European populations. However, lifestyle factors, including poor diet, sedentary habits, and obesity, continue to contribute to the increasing prevalence of type 2 diabetes, particularly evident in countries like Greece and Bulgaria. According to the International Diabetes Federation (IDF), Greece has witnessed a notable prevalence of diabetes among adults, reaching approximately 10.5% in 2019. As the most common form of diabetes in Greece and Bulgaria, type 2 diabetes underscores the urgency of comprehensive interventions targeting lifestyle modifications and proactive healthcare strategies. In this context, the ReThink Guidebook serves as a timely resource, equipping social workers and healthcare professionals with the knowledge and tools necessary to address the multifaceted challenges posed by diabetes effectively.

Navigating the complexities of diabetes requires a comprehensive understanding of its terminology, underlying mechanisms, and potential complications. For social workers and those in healthcare professions working closely with individuals affected by diabetes, a thorough grasp of this knowledge is paramount to providing effective support and care. The ReThink Guidebook aims to serve as a valuable resource, offering insights into the terminology surrounding diabetes, an exploration of its physiological basis, and practical guidance on managing the condition and its associated challenges.

Diabetes mellitus, a chronic metabolic disorder characterized by elevated blood glucose levels, has a rich historical background dating back to ancient civilizations. Through the ages, advancements in medical science have unveiled the intricate workings of the body and the role of insulin in glucose regulation. Today, diabetes remains a prevalent global health concern, necessitating continuous education and intervention strategies to mitigate its impact on individuals and communities.

This guidebook begins with an overview of essential terminology related to diabetes, providing clarity on key concepts for effective communication and understanding. It then delves into the physiological mechanisms underlying

diabetes, distinguishing between type 1 and type 2 diabetes and exploring their etiology, symptoms, and risk factors.

Furthermore, the guidebook explores the role of exercise in managing diabetes, emphasizing its benefits in improving glucose control, insulin sensitivity, and overall health. Practical recommendations are provided for integrating exercise into diabetes management plans while mitigating potential risks.

Understanding the indicators of diabetes is crucial for early detection and intervention. This section outlines common symptoms and warning signs, empowering readers to recognize potential signs of diabetes and facilitate timely diagnosis and treatment.

Screening for complications of diabetes is an integral aspect of holistic diabetes management. Through regular monitoring and early intervention, healthcare professionals can mitigate the risk of complications such as retinopathy, nephropathy, neuropathy, cardiovascular disease, and foot complications. Practical screening recommendations are outlined to guide healthcare providers in comprehensive diabetes care.

As social workers and healthcare professionals, it is essential to equip ourselves with the knowledge and tools necessary to support individuals living with diabetes effectively. The ReThink Guidebook endeavors to empower readers with the insights and resources needed to navigate the challenges of diabetes care with compassion, competence, and confidence.

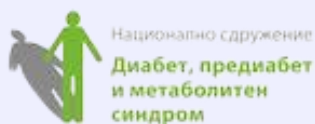
ReThink project

ReThink project

Rethink is an Erasmus+ Adult Education project (2023-1-BG01-KA210-ADU-000167218) that aims to improve the quality of life and well-being of people with diabetes and those at risk by:

- Enhancing the knowledge, skills and competences of adult workers and organizations in the field of diabetes
- Developing an educational guidebook for social workers
- Creating awareness of diabetes through a targeted communication campaign
- Advocating for the active participation of people with diabetes in sports and physical activities
- Disseminating project results for maximum impact

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History of Diabetes

History

Diabetes mellitus is taken from the Greek word “diabetes”, meaning siphon - to pass through and the Latin word “mellitus” meaning sweet. A review of the history shows that the term “diabetes” was first used by Apollonius of Memphis around 250 to 300 BC.

Ancient Greek, Indian, and Egyptian civilizations discovered the sweet nature of urine in this condition, and hence the propagation of the word Diabetes Mellitus came into being. Mering and Minkowski, in 1889, discovered the role of the pancreas in the pathogenesis of diabetes.

Later Banting, Best and Collip purified the hormone insulin from the pancreas of cows at the University of Toronto, leading to the availability of an effective treatment for diabetes in 1922. Unfortunately, even today, diabetes is one of the most common chronic diseases worldwide.

Terminology

Terminology

Below is the list of diabetes-related terms and their definitions.

Hemoglobin A1C

A test that measures a person's average blood glucose (blood sugar) level over the past two to three months. Hemoglobin is the part of a red blood cell that carries oxygen to the cells and sometimes joins with the glucose in the bloodstream. The test shows the amount of glucose that sticks to the red blood cell, which is proportional to the amount of glucose in the blood.

Albuminuria

A condition in which the urine has more than normal amounts of a protein called albumin. Albuminuria may be a sign of nephropathy (kidney disease).

Alpha cell

A type of cell in the pancreas. Alpha cells make and release a hormone called glucagon. The body sends a signal to the alpha cells to make glucagon when blood sugar falls too low. Then glucagon reaches the liver where it tells it to release glucose into the blood for energy.

Angiopathy

Any disease of the blood vessels (veins, arteries, capillaries) or lymphatic vessels.

Antibodies

Proteins made by the body to protect itself from "foreign" substances such as bacteria or viruses. People develop type 1 diabetes when their bodies make antibodies that destroy the body's own insulin-making beta cells.

Atherosclerosis

Clogging, narrowing, and hardening of the body's large arteries and medium-sized blood vessels.

Autoimmune disease

Disorder of the body's immune system in which the immune system mistakenly attacks and destroys body tissue that it believes to be foreign.

Autonomic neuropathy

A type of neuropathy affecting the lungs, heart, stomach, intestines, bladder, or genitals.

Beta cell

A cell that makes insulin. Beta cells are located in the islets of the pancreas.

Blood glucose - blood sugar

The main source of energy that food is turned into that's found in the blood.

Blood glucose level

The amount of blood glucose at a specific time. It is measured in milligrams per deciliter, or mg/dL.

Body mass index (BMI)

A measure used to evaluate body weight relative to a person's height.

C-peptide (connecting peptide)

A substance the pancreas releases into the bloodstream in equal amounts to insulin. A test of C-peptide levels shows how much insulin the body is making.

Coma

A sleep-like state in which a person is not conscious. May be caused by hyperglycemia (high blood glucose) or hypoglycemia (low blood glucose) in people with diabetes.

Creatinine

A waste product from protein in the diet and from the muscles of the body. Creatinine is removed from the body by the kidneys. As kidney disease progresses, the level of creatinine in the blood increases.

Dawn phenomenon

The early-morning rise in blood glucose level that may stay higher later into the morning.

Diabetic ketoacidosis

An emergency condition in which high blood glucose levels, along with a lack of insulin, result in the breakdown of body fat for energy and an accumulation of ketones in the blood and urine.

Diabetic retinopathy

A type of diabetic eye disease; damage to the small blood vessels in the retina.

Glucagon

A hormone produced by the alpha cells in the pancreas. It raises blood glucose.

Glycemic index

A ranking of carbohydrate-containing foods, based on the food's effect on blood glucose compared with standard reference food.

Glucosuria

The presence of glucose in the urine

Hyperglycemia

High blood glucose

Hyperinsulinemia

A condition in which the level of insulin in the blood is higher than normal.

Hypoglycemia

Low blood glucose

Insulin resistance

The body's inability to respond to and use the insulin it produces (decreased ability of insulin to act effectively on target tissues - muscle, liver, and fat).

Islets of Langerhans

Groups of cells located in the pancreas that make hormones that help the body break down and use food. For example, alpha cells make glucagon and beta cells make insulin.

Kussmaul breathing

The rapid, deep, and labored breathing of people who have diabetic ketoacidosis.

Metabolic syndrome

Is used to describe the tendency of several conditions to occur together, including obesity, insulin resistance, diabetes or prediabetes, hypertension (high blood pressure), and high lipids.

Polydipsia

Excessive thirst

Polyphagia

Excessive hunger

Polyuria

Excessive urination

What is diabetes and how does the body work?

What is diabetes and how does the body work?

Insulin is produced by the beta cells of the pancreatic islets. Glucose is the key regulator of insulin secretion although amino acids, ketones, and various nutrients also influence insulin secretion. Glucose levels $>3,9$ mmol/L stimulate insulin synthesis. Insulin is secreted into the portal venous system and acts to suppress endogenous hepatic glucose production and increase hepatic glucose uptake. A large portion (50%) of secreted insulin is cleared by the liver, yielding a portal to peripheral insulin concentration gradient of $\sim 2:1$. Uncleared insulin enters the systemic circulation where it binds to receptors in peripheral target tissues such as skeletal muscle and adipose.

Diabetes mellitus (DM) refers to a group of common metabolic disorders that share the phenotype of hyperglycemia. There are two broad categories of DM, designated as either type 1 or type 2 DM.

Type 1 DM is the result of interactions of genetic, environmental, and immunologic factors that ultimately lead to immune-mediated destruction of the pancreatic beta cells and insulin deficiency. Type 1 DM can develop at any age but it is increasingly being diagnosed at younger ages. Most, but not all, individuals with type 1 DM have evidence of islet-directed autoimmunity, which is detected by the presence of autoantibodies against beta cell antigens in the blood. The presence of two or more autoantibodies is now designated as stage 1 T1DM. In susceptible individuals, the autoimmune process is thought to be triggered by environmental factors (viruses, bovine milk proteins, vitamin D deficiency, environmental toxins). In the majority of patients, autoantibodies against beta cell antigens appear after this triggering event, followed by progressive loss of insulin secretion. Residual, functional beta cells exist but are insufficient in number and quality to maintain glucose tolerance. The events that trigger the transition from glucose intolerance to frank diabetes are often associated with increased insulin requirements, as might occur during infections or at puberty. A "honeymoon" phase may ensue during which time glycemic control is achieved with modest doses of endogenous insulin. However this fleeting phase of endogenous insulin production from residual beta cells disappear and the individual becomes insulin deficient.

Susceptibility of type 1 DM involves multiple genes. The major susceptibility gene for type 1 DM is located on chromosome 6. Although the risk of developing type 1 DM is increased in relatives of individuals with the disease, the risk is relatively low: 1-9% if the parent has type 1 DM and 6-7% in a sibling.

Type 2 DM is characterized by impaired insulin secretion, insulin resistance, excessive hepatic glucose production, abnormal fat metabolism, and systemic low-grade inflammation. In the early stages of the disorder, glucose tolerance

remains near-normal, despite insulin resistance, because the pancreatic beta cells compensate by increasing insulin output. As insulin resistance and compensatory hyperinsulinemia progress, the pancreatic islets in certain individuals are unable to sustain the hyperinsulinemic state, manifesting as impaired glucose tolerance, defined as elevations in postprandial (after eating) glucose. A decline in insulin secretion causes an increase in hepatic glucose production leading to fasting hyperglycemia.

Obesity is common in type 2 DM. The metabolic syndrome and the insulin resistance syndrome are terms used to describe a constellation of metabolic derangements that includes insulin resistance, hypertension, dyslipidemia (decreased HDL and elevated triglycerides), obesity, type 2 DM or impaired glucose tolerance/impaired fasting glycaemia and accelerates cardiovascular disease.

Type 2 DM has a strong genetic component. The concordance of type 2 DM in identical twins is between 70% and 90%. Individuals with a parent with type 2 DM have an increased risk of diabetes; if both parents have type 2 DM, the risk approaches 70%. The disease is polygenic and multifactorial, because in addition to genetic susceptibility, environmental factors (such as obesity, poor nutrition, and physical inactivity).

Gestational diabetes mellitus (GDM) - glucose intolerance developing during the second or third trimester of pregnancy. Insulin resistance is related to the metabolic changes of pregnancy, during which the increased insulin demands may lead to IGT or diabetes.

Atypical diabetes - it is increasingly recognized that some forms of diabetes have features of both type 1 and type 2 diabetes. These are distinct from monogenic forms (Maturity onset diabetes of the young - MODY) as they have not been linked to single gene defects. The development of a type 2 diabetes phenotype before puberty and a type 2 diabetes phenotype in very lean individuals are examples of atypical diabetes. Mechanisms underlying atypical forms of diabetes are being actively studied.



How does



How does exercise help adults with diabetes?

Type 2 DM is preceded by a period of IGT or IFG, and a number of lifestyle modifications and pharmacologic agents prevent or delay the onset of DM.

Individuals with prediabetes or increased risk of diabetes should be referred to a structured program to reduce body weight and increase physical activity as well as being screened for cardiovascular disease.

Exercise has multiple positive benefits, including cardiovascular risk reduction, reduced blood pressure, maintenance of muscle mass, reduction in body fat, and weight loss. For individuals with type 1 or type 2 diabetes, exercise is also useful for lowering plasma glucose (during and following exercise) and increasing insulin sensitivity. In patients with diabetes, it is recommended 150 min/week (distributed over at least 3 days) of moderate aerobic physical activity with no gaps longer than 2 days. Resistance exercise, flexibility and balance training, and reduced sedentary behaviour throughout the day are advised.

Despite its benefits, exercise may present challenges for some individuals with DM because they lack normal glucoregulatory mechanisms. To avoid exercise-related hyper- or hypoglycemia, individuals with type 1 DM should (1) monitor blood glucose before, during, and after exercise; (2) delay exercise if blood glucose is >14 mmol/L and ketones are present; (3) if the blood glucose is <5.0 mmol/L, ingest carbohydrate before exercising; (4) monitor glucose during exercise and ingest carbohydrate as needed to prevent hypoglycemia; (5) decrease insulin doses before and after exercise and inject insulin into a non exercising area; and (6) learn individual glucose responses to different types of exercise. In individuals with type 2 DM, exercise - related hypoglycemia is less common but can occur in individuals taking either insulin or insulin secretagogues. The individuals with untreated proliferative retinopathy should not make vigorous exercise, because this may lead to vitreous hemorrhage or retinal detachment.



Understanding

Understanding the indicators of diabetes and early signs

Symptoms of hyperglycemia include polyuria, polydipsia, weight loss, fatigue, weakness, blurry vision, frequent superficial infections (vaginitis, fungal skin infections), and slow healing of skin lesions after minor trauma. Metabolic derangements relate mostly to hyperglycemia and to the catabolic state of the patient (urinary loss of glucose and calories, muscle breakdown due to protein degradation and decreased protein synthesis). Blurred vision results from changes in the water content of the lens and resolves as hyperglycemia is controlled.

The warning signs can be so mild that you don't notice them. That's especially true of type 2 diabetes. Some people don't find out they have it until they get problems from long - term damage caused by the disease. With type 1 diabetes, the symptoms usually happen quickly, in a matter of days or a few weeks. They are much more severe, too.

Both types of diabetes have some of the same telltale warning signs.

Hunger and fatigue

Your body converts the food you eat into glucose that your cells use for energy. But your cells need insulin to take in glucose. If your body doesn't make enough or any insulin, or if your cells resist that insulin your body makes, the glucose can't get into them and you have no energy. This can make you hungrier and more tired than usual.

Peeing more often and being thirstier

The average person usually has to pee between four and seven times for 24 hours, but people with diabetes may go a lot more. Normally, your body reabsorbs glucose as it passes through your kidneys. But when diabetes pushes your blood sugar up, your kidneys may not be able to bring it all back in. This causes the body to make more urine, and that takes fluids. The result : you might pee out more. Because you're peeing so much, you can get very thirsty.

Dry mouth and itchy skin

Because your body is using fluids to make pee, there's less moisture for other things. You could get dehydrated, and your mouth may feel dry. Dry skin can make you itchy.

Blurred vision

Changing fluid levels in your body could make the lenses in your eyes swell up. They change shape and can't focus.

Symptoms of type 2 diabetes

These tend to show up after your glucose has been high for a long time.

Screening for complications of diabetes

Screening for complications of diabetes

Screening for complications of diabetes is a crucial aspect of managing this chronic condition effectively. Diabetes, whether type 1 or type 2, can lead to various complications that may significantly impact a person's health and quality of life. Regular screening helps in early detection and intervention, thereby preventing or mitigating the severity of these complications.

Eye Complications (Retinopathy):

Diabetes can affect the blood vessels in the eyes, leading to diabetic retinopathy. Annual eye exams, including dilated eye tests, are recommended to detect any signs of retinal damage. Early detection allows for timely treatment, which may include laser therapy or surgery to prevent vision loss.

Kidney Complications (Nephropathy):

Diabetes is a leading cause of kidney disease. Regular monitoring of kidney function through blood and urine tests is essential. These tests can detect abnormalities in kidney function early on, allowing for interventions such as medication adjustments and lifestyle changes to slow or prevent the progression of nephropathy.

Nerve Damage (Neuropathy):

Diabetes can damage nerves, leading to peripheral neuropathy. Regular foot exams, along with sensory and neurological assessments, help identify any signs of nerve damage. Early detection is crucial to prevent complications such as foot ulcers and infections, which can lead to amputation in severe cases.

Cardiovascular Complications:

Diabetes increases the risk of heart disease and stroke. Regular monitoring of blood pressure, cholesterol levels, and overall cardiovascular health is vital. Lifestyle modifications, such as a healthy diet, regular exercise, and medication, can help manage these risk factors and reduce the likelihood of cardiovascular complications.

Foot Complications:

Diabetes can affect blood flow and sensation in the feet, increasing the risk of infections and ulcers. Regular foot exams, proper foot care, and wearing

appropriate footwear can prevent complications. Individuals with diabetes should inspect their feet daily for any signs of cuts, sores, or infections.

Gastrointestinal Complications:

Diabetes can impact the digestive system, leading to issues such as gastroparesis. Monitoring and managing blood glucose levels are crucial in preventing gastrointestinal complications. Dietary modifications and medications may be recommended to alleviate symptoms and improve digestive function.

Dental Health:

Diabetes is associated with an increased risk of gum disease and other dental problems. Regular dental check-ups and good oral hygiene practices are essential to prevent complications and maintain overall oral health.

Mental Health:

Diabetes can also affect mental health, leading to conditions such as depression and anxiety. Regular screenings for mental health issues, along with appropriate support and intervention, are important for comprehensive diabetes care.

In summary, routine screening for complications of diabetes is an integral part of managing the condition. It enables healthcare providers to detect potential issues early, allowing for timely interventions and personalized treatment plans to optimize overall health and well-being for individuals living with diabetes.

Possible interventions for emergency and basic healthcare support

Possible interventions for emergency and basic healthcare support

Dealing with a diabetic emergency requires quick and appropriate actions to stabilize blood sugar levels and prevent further complications. Two common diabetic emergencies are hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar). The possible interventions for these situations and basic healthcare support are the following:

Hypoglycemia:

Immediate Sugar Intake:

- If the person is conscious and able to swallow, give them a fast-acting source of sugar. This could be glucose tablets, fruit juice, regular soda (not diet), or candy containing sugar.

Recheck Blood Sugar:

- Wait for 15 minutes and recheck blood sugar levels. If the levels remain low, repeat the sugar intake.

Complex Carbohydrates:

- Once blood sugar stabilizes, offer a snack containing complex carbohydrates to provide sustained energy. This could be crackers, a small sandwich, or a piece of fruit.

Medical Alert Bracelet:

- Check if the person has a medical alert bracelet indicating diabetes. This can provide information to bystanders and healthcare professionals.

Seek Medical Attention:

- If the person is unresponsive or if blood sugar levels do not improve with treatment, seek emergency medical assistance.

Hyperglycemia:

Hydration:

- Encourage the person to drink plenty of water to help flush out excess sugar through urine.

Monitor Blood Sugar:

- Regularly monitor blood sugar levels. If they have a glucose monitoring device, use it to track levels.

Adjust Insulin:

- If the person is on insulin, follow their prescribed insulin plan. Adjustments may be necessary, but it's crucial to follow healthcare provider guidelines.

Physical Activity:

- Light physical activity, such as walking, may help lower blood sugar levels. However, this should be done under the guidance of a healthcare professional.

Seek Medical Attention:

- If blood sugar levels remain consistently high or if the person experiences symptoms such as extreme thirst, frequent urination, or confusion, seek medical attention promptly.

Basic Healthcare Support:

Knowledge of Medications:

- Be familiar with the person's diabetes medications, including insulin types and dosages. Encourage adherence to their prescribed medication plan.

Emergency Contacts:

- Ensure the person has emergency contact information readily available, and know the steps to take in case of severe emergencies.

Comfort and Reassurance:

- Provide emotional support and reassurance. Diabetes emergencies can be stressful, and a calm environment can be beneficial.

Education:

- Encourage individuals with diabetes to attend diabetes education programs. Education helps them understand their condition, manage it effectively, and recognize warning signs of emergencies.

Regular Monitoring:

- Regularly monitor blood sugar levels, especially during illness or times of stress. This proactive approach can help prevent emergencies.

Creating learning opportunities for people with diabetes to develop new skills

Creating learning opportunities for people with diabetes to develop new skills

Creating learning opportunities for people with diabetes is essential to empower them with the knowledge and skills necessary for effective self-management. Here are some ways to foster learning and skill development for individuals living with diabetes:

Diabetes Education Programs:

- Encourage participation in structured diabetes education programs. These programs, often offered by healthcare providers, cover various aspects of diabetes management, including nutrition, physical activity, medication management, and coping strategies.

Workshops and Seminars:

- Organize workshops or seminars on specific topics related to diabetes self-care. This could include sessions on healthy cooking, exercise routines, stress management, and understanding blood glucose monitoring.

Online Resources:

- Provide access to reputable online resources and educational materials. Websites, apps, and videos can offer valuable information on diabetes management, new research findings, and success stories from others with diabetes.

Community Support Groups:

- Establish or promote community support groups where individuals with diabetes can share experiences, challenges, and successes. Peer support can be a powerful motivator and a source of practical tips.

Nutrition and Cooking Classes:

- Offer classes focused on diabetes-friendly nutrition and cooking. Teaching individuals how to plan and prepare balanced meals that align with their dietary needs can empower them to make healthier food choices.

Physical Activity Programs:

- Facilitate physical activity programs tailored to individuals with diabetes. Activities such as walking groups, yoga, or low-impact aerobics can be enjoyable and contribute to better overall health.

Health Literacy Workshops:

- Conduct workshops to enhance health literacy, ensuring that individuals with diabetes understand medical information, treatment plans, and prescription instructions. This empowers them to actively participate in their healthcare decisions.

Goal Setting and Action Plans:

- Help individuals set realistic and achievable goals related to their diabetes management. Creating action plans for specific aspects, such as weight management or medication adherence, fosters a sense of control and accomplishment.

Technology Integration:

- Introduce and educate individuals on the use of technology tools for diabetes management, such as continuous glucose monitors (CGMs), insulin pumps, and diabetes management apps. Training sessions can help them leverage these tools effectively.

Family Involvement:

- Encourage family members to participate in learning opportunities. This not only provides support but also helps create a supportive environment at home.

Regular Health Check-ups:

- Stress the importance of regular health check-ups and monitoring key health indicators. Understanding the significance of routine healthcare visits reinforces the proactive management of diabetes.

Cultural Competency:

- Recognize and address cultural factors that may impact diabetes management. Tailor educational materials and programs to be culturally sensitive and relevant.

Continuous Learning Opportunities:

- Emphasize that learning is an ongoing process. New research and developments in diabetes management continually emerge, and individuals should stay informed about advancements in treatment and self-care practices.

Survey Questions

Survey Questions for diabetic needs

Disease Management:

- How confident do you feel in managing your diabetes on a day-to-day basis?
- What specific challenges do you face in adhering to your diabetes management plan?

Access to Healthcare:

- Have you encountered any barriers to accessing diabetes care, including medication and medical supplies?
- How satisfied are you with the support and guidance provided by healthcare professionals for your diabetes management?

Educational Needs:

- What topics related to diabetes management are you interested in learning more about?
- How would you prefer to receive diabetes education and information (e.g., workshops, online resources, support groups)?

Technology Use:

- Do you use any technology tools, such as glucose monitors or diabetes management apps, to assist in your daily management?
- What challenges or concerns do you have regarding the use of technology in diabetes management?

Psychosocial Impact:

- How does living with diabetes impact your mental health and well-being?
- What strategies do you employ to cope with the emotional aspects of diabetes?

Financial Strain:

- To what extent does the cost of diabetes medications and supplies affect your ability to manage your condition effectively?
- Have you ever had to make choices between diabetes-related expenses and other essential needs?

Community Support:

- Are you involved in any diabetes support groups or communities?
- How important do you find peer support in managing your diabetes?

Case Examples

Case Example - Financial Challenges:

- A 45-year-old individual with diabetes is struggling to afford insulin due to financial constraints. They share their experience of rationing insulin doses and the impact on their health.

Case Example - Technology Adoption:

- A 30-year-old individual successfully incorporates continuous glucose monitoring into their diabetes management routine, highlighting the positive impact on blood sugar control and overall quality of life.

Case Example - Cultural Considerations:

- A 60-year-old individual discusses how cultural beliefs and practices influence their approach to diabetes management and the importance of culturally sensitive healthcare.

Case Example - Mental Health:

- A 35-year-old person with diabetes shares their journey of dealing with diabetes-related stress and anxiety, emphasizing the need for mental health support in diabetes care.

Case Example - Pediatric Diabetes:

- Parents of a child with diabetes discuss the unique challenges they face, including balancing the child's needs with school activities and the importance of a collaborative approach with the child's school.

Case Example - Access to Healthcare:

- An individual in a rural area describes the difficulties in accessing specialized diabetes care and the impact on their ability to manage the condition effectively.

Case Example - Elderly Population:

- An elderly person living alone shares their experiences with diabetes self-care, emphasizing the need for practical support and regular check-ins from healthcare providers.

Surveys and case examples should be designed to capture a broad spectrum of experiences and needs within the diabetes community. The insights gained from

such data can inform targeted interventions and policies aimed at improving the overall well-being of individuals living with diabetes.



Building adults'
self-esteem and
self-confidence
while
encouraging
positive group
atmospheres

Building adults' self-esteem and self-confidence while encouraging positive group atmospheres.

Our Building self-esteem and self-confidence is crucial for individuals living with diabetes as they navigate the challenges of managing their condition. This chapter focuses on strategies to empower adults with diabetes to cultivate a positive self-image and confidence in their ability to effectively manage their health. Additionally, fostering a supportive and inclusive group atmosphere can enhance motivation, resilience, and overall well-being among individuals with diabetes. By creating a nurturing environment where individuals feel valued, respected, and supported, we can promote collaboration, peer support, and collective empowerment in the journey towards better health outcomes.

The following guidelines can be successful for this topic:

Foster a Positive and Inclusive Environment:

Create a safe and welcoming space where individuals feel comfortable expressing themselves and sharing their experiences. Emphasize mutual respect, empathy, and acceptance to cultivate a supportive group atmosphere.

Example: Organize regular support group meetings where individuals with diabetes can openly discuss their challenges, share success stories, and offer encouragement to one another in a non-judgmental environment.

Celebrate Achievements and Progress:

Recognize and celebrate the achievements, no matter how small, of individuals within the group. Encourage participants to acknowledge their progress and successes in managing their diabetes, reinforcing positive behaviors and attitudes.

Example: Host monthly recognition ceremonies where individuals are acknowledged for reaching milestones in their diabetes management journey, such as achieving target blood sugar levels, adopting healthier lifestyle habits, or overcoming specific challenges.

Promote Peer Support and Collaboration:

Encourage peer support and collaboration among group members, fostering a sense of camaraderie and shared purpose. Provide opportunities for individuals to exchange tips, strategies, and encouragement, enhancing social connectedness and mutual empowerment.

Example: Establish buddy systems within the group, pairing individuals with similar experiences and goals to provide ongoing support, accountability, and encouragement to one another between group meetings.

Offer Constructive Feedback and Encouragement:

Provide constructive feedback and encouragement to individuals as they navigate challenges and setbacks. Focus on strengths, resilience, and growth opportunities, empowering individuals to overcome obstacles and build confidence in their abilities.

Example: Conduct role-playing exercises where individuals practice assertiveness, problem-solving, and effective communication skills, receiving feedback and encouragement from peers and facilitators.

Incorporate Mindfulness and Relaxation Techniques:

Integrate mindfulness and relaxation techniques into group activities to promote stress reduction and emotional well-being. Encourage participants to practice self-care and self-compassion, fostering a sense of inner peace and resilience in the face of adversity.

Example: Lead guided meditation sessions during group meetings, focusing on mindfulness techniques such as deep breathing, body scanning, and visualization to promote relaxation and emotional balance among participants.

Encourage Goal Setting and Action Planning:

Support individuals in setting realistic and achievable goals related to diabetes management and self-improvement. Guide them in developing action plans with specific steps and timelines, empowering them to take proactive steps towards their goals.

Example: Facilitate goal-setting workshops where individuals identify their priorities, values, and aspirations related to diabetes management, and develop SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals with concrete action steps and accountability measures.

Facilitate Open Communication and Active Listening:

Foster open communication and active listening within the group, ensuring that all voices are heard and valued. Encourage individuals to express their thoughts, feelings, and concerns openly, while promoting empathetic listening and validation from peers.

Example: Implement structured communication exercises, such as reflective listening pairs or group discussions using talking circles, to enhance active listening skills and promote meaningful dialogue and connection among group members.

Moreover, individual work is important for every diabetic person. Specifically:

Support in building a positive self-image:

- Encourage individuals to engage in positive self-talk and affirmations to combat negative self-perceptions associated with their diabetes management journey.
- Offer individual psychological sessions with licensed psychologists to address specific challenges and enhance coping strategies tailored to the individual's needs.

Mentorship and coaching:

- Provide mentorship opportunities where individuals receive guidance and support from peers or mentors to set and achieve realistic goals related to their diabetes management.
- Empower individuals to celebrate small victories and progress, fostering a sense of accomplishment and motivation to continue their journey towards better health.

Skills Development:

- Offer individualized skill-building sessions to enhance communication, conflict resolution, and emotional intelligence, catering to the unique challenges and interactions individuals face in their personal relationships.
- Focus on strengths and talents through personalized workshops and training programs, promoting self-awareness and competence in navigating social interactions and challenges.

Emotional Intelligence development:

- Facilitate individual sessions to develop emotional intelligence skills, including recognizing and managing emotions effectively in personal and social contexts.
- Provide opportunities for individuals to practice empathy, understanding, and constructive responses to others' emotions, fostering healthier relationships and communication dynamics.

Conflict resolution skills development:

- Offer personalized sessions to analyze and address specific conflict situations, empowering individuals to approach conflicts with a problem-solving mindset and assertive communication.
- Provide guidance on negotiating mutually beneficial solutions and setting healthy boundaries in personal and professional relationships.

Relationship building:

- Promote networking opportunities and social activities tailored to individuals' interests and preferences, facilitating the development of meaningful connections and a sense of community.
- Offer support and guidance in building and maintaining healthy personal relationships, emphasizing communication, mutual respect, and boundaries.

Implementing these guidelines and examples, social workers and healthcare professionals can create a supportive and empowering environment where individuals with diabetes can build their self-esteem, confidence, and resilience, while fostering positive group dynamics and mutual support.

Developings adults' ability to manage personal and social relationships

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Working with people with diabetes to enhance their personal and social relationships involves a holistic approach that addresses both the physical and emotional aspects of their well-being: Effective management of personal and social relationships is essential for individuals living with diabetes to navigate the emotional, psychological, and practical challenges associated with their condition. This chapter focuses on strategies to empower adults with diabetes to cultivate healthy and supportive relationships, both within their personal networks and broader social circles. By enhancing communication skills, fostering empathy and understanding, and promoting self-advocacy, individuals can build stronger connections with their loved ones, healthcare providers, and community resources, ultimately enhancing their overall well-being and diabetes management.

Guidelines:

Enhance Communication Skills:

Provide individuals with tools and techniques to improve their communication skills, including active listening, assertiveness, and effective expression of needs and concerns. Encourage open and honest communication within personal relationships, promoting mutual understanding and support.

Example: Conduct communication workshops where individuals practice active listening, assertive communication, and conflict resolution skills through role-playing scenarios with peers and facilitators.

Foster Empathy and Understanding:

Promote empathy and understanding among individuals with diabetes and their loved ones, healthcare providers, and community members. Encourage perspective-taking and active engagement in others' experiences, fostering deeper connections and mutual support.

Example: Organize empathy-building activities, such as storytelling circles or empathy mapping exercises, where individuals share personal experiences and perspectives to foster empathy and understanding among group members.

Address Emotional Needs and Challenges:

Offer support and resources to help individuals navigate the emotional challenges associated with diabetes, including stress, anxiety, depression, and fear of judgment or rejection. Provide opportunities for individuals to express their feelings and concerns in a safe and supportive environment.

Example: Facilitate support groups or counseling sessions specifically focused on addressing the emotional impact of diabetes on personal relationships, providing a space for individuals to process their emotions and receive validation and support from peers.

Promote Self-Advocacy and Assertiveness:

Empower individuals with diabetes to advocate for their own needs and preferences in personal and social relationships, healthcare settings, and community interactions. Provide skills training in assertiveness, self-assertion, and negotiation, enabling individuals to assert their rights and preferences with confidence and clarity.

Example: Offer workshops on self-advocacy and assertiveness training, where individuals learn strategies for effectively communicating their needs, setting boundaries, and asserting their rights in personal and professional relationships.

Strengthen Support Networks:

Encourage individuals to cultivate supportive networks of family, friends, peers, and community resources to provide emotional, practical, and social support. Facilitate opportunities for social connection, peer support, and shared experiences among individuals with diabetes, fostering a sense of belonging and solidarity.

Example: Organize social events, peer support groups, or online forums where individuals with diabetes can connect with others who share similar experiences and challenges, fostering a sense of community and mutual support.

Family Involvement:

Emphasize the importance of engaging family members in the management of diabetes to create a robust support network. Educate family members about the condition, its implications, and ways they can offer assistance and support.

Example: Conduct family education sessions where individuals with diabetes and their families learn about diabetes management together. Provide practical tips on how family members can contribute, such as meal planning, exercise encouragement, and emotional support.

Provide Education and Resources:

Offer education and resources to help individuals and their loved ones understand the unique challenges and needs associated with diabetes. Provide information on diabetes management, lifestyle modifications, and available support services, empowering individuals to make informed decisions and access appropriate resources.

Example: Develop educational materials or workshops on diabetes and its impact on personal relationships, covering topics such as communication strategies, coping mechanisms, and mutual support techniques for individuals and their loved ones.

Encourage Collaboration with Healthcare Providers:

Foster collaboration and partnership between individuals with diabetes and their healthcare providers in managing their condition. Encourage individuals to actively participate in their healthcare decisions, ask questions, and seek clarification on treatment options and recommendations.

Example: Facilitate joint appointments or shared decision-making sessions between individuals with diabetes and their healthcare providers, where they can discuss treatment goals, preferences, and concerns collaboratively.

It is evident that every individual is unique, so a personalized approach considering their specific needs and preferences is essential. Working collaboratively with healthcare professionals, psychologists, and support networks can contribute to a comprehensive and effective approach to improving personal and social relationships for people with diabetes.

Creating learning opportunities for people with diabetes to develop new skills

Creating learning opportunities for people with diabetes to develop new skills

Empowering individuals with diabetes to acquire new skills and knowledge is essential for effective self-management and overall well-being. This chapter focuses on designing diverse learning opportunities tailored to the specific needs and preferences of individuals with diabetes. Providing education, practical training, and support across various domains, we aim to equip participants with the skills and confidence necessary to navigate the complexities of diabetes management successfully. From nutrition education and exercise programs to technology workshops and community initiatives, our approach emphasizes holistic skill development to promote long-term health outcomes and enhance quality of life.

Guidelines:

Tailor Education to Individual Needs:

Recognize the diverse learning preferences and needs of individuals with diabetes, and tailor educational initiatives accordingly. Offer a variety of learning formats, including workshops, classes, webinars, and interactive materials, to accommodate different learning styles and preferences.

Example: Conduct a survey or needs assessment among participants to identify their preferred learning formats and topics of interest. Use this feedback to design customized educational programs that meet the specific needs of the community.

Promote Practical Skills Development:

Emphasize hands-on, practical training to empower individuals with diabetes to apply newfound knowledge and skills in real-life situations. Offer opportunities for experiential learning, such as cooking classes, exercise programs, and gardening workshops, to reinforce key concepts and promote behavior change.

Example: Organize cooking classes where participants learn how to prepare healthy, diabetic-friendly meals using fresh ingredients and practical cooking techniques. Encourage active participation and experimentation to build confidence in meal planning and preparation.

Foster Collaboration and Peer Support:

Create opportunities for collaboration and peer support to enhance learning outcomes and foster a sense of community among participants. Facilitate group activities, support sessions, and peer mentoring programs where individuals can share experiences, exchange ideas, and support one another in their diabetes management journey.

Example: Establish a peer mentoring program where individuals with diabetes who have successfully managed their condition mentor and support others who are newly diagnosed or struggling with self-management. Encourage peer-to-peer sharing of strategies, tips, and encouragement for navigating challenges and achieving goals.

Integrate Technology for Enhanced Learning:

Leverage technology to enhance learning experiences and engagement among participants. Offer workshops and training sessions on the use of mobile apps, glucose monitoring devices, and other digital tools for diabetes management. Provide hands-on guidance and support to help individuals navigate and utilize these technologies effectively.

Example: Host a workshop on diabetes management apps where participants learn how to track blood sugar levels, monitor medication adherence, and set personalized health goals using smartphone applications. Provide step-by-step guidance and troubleshooting support to ensure participants feel confident using the technology.

Promote Lifelong Learning and Self-Empowerment:

Cultivate a culture of lifelong learning and self-empowerment among individuals with diabetes, encouraging them to take an active role in their ongoing education and skill development. Offer opportunities for continuous learning, skill refinement, and personal growth to support long-term health and well-being.

Example: Develop a series of educational modules or online courses covering advanced topics in diabetes management, self-care, and lifestyle optimization. Encourage participants to engage in self-directed learning and explore areas of interest to deepen their understanding and skills in managing their condition.

Recipe Modification and Adaptation:

Offer sessions on recipe modification and adaptation to help individuals with diabetes make healthier versions of their favorite dishes. Teach participants how to substitute ingredients, reduce added sugars and carbohydrates, and adjust portion sizes to create balanced and diabetes-friendly meals.

Example: Conduct a workshop where participants learn how to modify traditional recipes to make them more suitable for diabetes management. Demonstrate techniques for reducing sugar, fat, and sodium content while enhancing flavor and nutritional value. Provide recipe cards and resources for participants to practice at home.

Meal Planning and Preparation:

Provide guidance on meal planning and preparation to help individuals with diabetes create balanced and nutritious meal plans that support their health goals. Teach participants how to plan meals ahead, make grocery lists, and batch cook to save time and streamline meal preparation.

Example: Facilitate a meal planning workshop where participants learn how to create weekly meal plans that align with their dietary needs and preferences. Discuss strategies for incorporating a variety of food groups, balancing macronutrients, and controlling portion sizes. Encourage participants to set realistic goals and prioritize meal preparation as part of their diabetes management routine.

Nutrition Education and Label Reading:

Integrate nutrition education and label reading into cooking activities to help individuals with diabetes make informed food choices. Teach participants how to interpret food labels, identify hidden sugars and carbohydrates, and navigate the grocery store with confidence.

Example: Combine a cooking demonstration with a nutrition education session where participants learn about the nutritional content of common ingredients and packaged foods. Show examples of label reading and discuss strategies for choosing healthier options while shopping. Empower participants to make educated decisions about their food purchases.

Following these guidelines and examples, social workers and healthcare professionals can create impactful learning opportunities that empower individuals with diabetes to develop new skills, gain knowledge, and enhance their ability to manage their condition effectively. Through a holistic approach to education and skill development, we can support individuals in achieving better

Reducing self-stigma among people with diabetes

Reducing self-stigma among people with diabetes

Stigma and discrimination associated with diabetes can have profound negative effects on the emotional well-being, self-esteem, and quality of life of individuals living with the condition. This chapter focuses on strategies to reduce self-stigma among people with diabetes, empowering them to embrace their condition with self-compassion, resilience, and self-acceptance. Reducing self-stigma is a complex process that requires a combination of education, support, and societal change. It is essential to create an environment that fosters understanding, acceptance, and empowerment for individuals living with diabetes. It could involve fostering a positive self-image, promoting education and awareness, and creating a supportive environment. Reducing the risk of stigmatizing people with diabetes is crucial for fostering a supportive and inclusive environment. Stigmatization can negatively impact individuals with diabetes, affecting their mental and emotional well-being, as well as their ability to manage their condition effectively. Addressing self-stigma and self-restraint is a gradual process, and ongoing support is crucial. Encouraging a holistic approach to diabetes management that includes physical and mental well-being is key to promoting a positive mindset.

The following strategies can be successful in combatting self-stigma among people with diabetes:

Education and Awareness:

Provide comprehensive education to the community, coworkers, and friends about diabetes, its causes, management, and dispel common myths and misconceptions to reduce fear and stigma. Highlight successful stories of individuals who have effectively managed diabetes to inspire others and counter negative stereotypes.

Example: Organize workshops in local communities to educate people about diabetes, featuring guest speakers who share their personal journeys of managing the condition successfully. Distribute informational pamphlets and posters in workplaces and schools to raise awareness and dispel myths about diabetes.

Self-Efficacy Promotion:

Encourage individuals with diabetes to take an active role in their diabetes management by providing tools and resources for self-monitoring and self-care.

Support setting achievable goals and celebrate progress to boost self-esteem and motivation.

Example: Establish a goal-setting program where participants collaborate with healthcare providers to set realistic goals for managing their diabetes. Provide rewards or incentives for reaching milestones, such as improved blood sugar levels or adherence to medication regimens.

Stereotypes Challenging:

Advocate for accurate and positive portrayals of people with diabetes in the media to counteract stereotypes. Stimulate the use of person-first language and discourage judgmental or blaming language to reduce stigma.

Example: Launch a social media campaign featuring testimonials from individuals with diabetes, highlighting their achievements and contributions to society. Collaborate with local media outlets to publish articles and interviews that challenge stereotypes and promote understanding of diabetes.

Peer Support:

Facilitate or connect individuals with diabetes to support groups or mentorship programs where they can share experiences, receive encouragement, and learn from each other.

Example: Organize monthly support group meetings where individuals with diabetes gather to discuss challenges, share coping strategies, and offer emotional support. Pair newcomers with seasoned members to provide guidance and mentorship in navigating diabetes management.

Counseling and Mental Health Support:

Offer professional psychological counseling and mental health support to address emotional challenges related to self-stigma and self-restraint. Provide inclusive policies and facilities to accommodate the needs of individuals with diabetes.

Example: Partner with local mental health organizations to offer counseling services specifically tailored to individuals with diabetes. Establish designated quiet spaces in healthcare facilities where individuals can seek privacy for emotional support and reflection.

Empowerment through Self-Care:

Emphasize the importance of self-care practices such as regular exercise, balanced diet, and stress management in diabetes management. Encourage individuals to take an active role in their healthcare and decision-making processes.

Example: Organize workshops on stress management techniques, such as mindfulness and meditation, to teach individuals with diabetes how to cope with daily stressors. Provide resources and guidance on incorporating physical activity and healthy eating habits into daily routines.

Open Communication Promotion:

Foster open conversations about diabetes within families, workplaces, and communities to promote understanding and reduce judgment. Provide opportunities for individuals with diabetes to share their experiences and challenges.

Example: Host a community forum where individuals with diabetes, their families, and healthcare professionals come together to discuss common concerns and solutions. Encourage interactive discussions and Q&A sessions to facilitate open communication and mutual support.

Accessible Healthcare:

Advocate for patient-centered care and policies that prevent discrimination against people with diabetes in healthcare settings. Work towards creating a workplace or community culture that supports regular breaks for blood sugar checks and insulin administration.

Example: Collaborate with healthcare providers to implement culturally competent care practices, such as offering multilingual patient education materials and interpreters for non-native speakers. Advocate for workplace policies that accommodate diabetes management needs, such as flexible scheduling and designated break times for medication administration.

Seeking Help Normalization:

Destigmatize mental health services by promoting the idea that seeking help is a positive step towards overall well-being. Encourage a supportive environment among family, friends, and coworkers to reduce external sources of stigma and stress.

Example: Organize community workshops on mental health awareness and destigmatization, featuring guest speakers who share their experiences with seeking help and overcoming stigma. Establish peer support networks where individuals with diabetes can connect with others who have experienced similar challenges and offer mutual encouragement and understanding.

Policy Changes Advocacy:

Advocate for policies that protect individuals with diabetes from discrimination and ensure equal access to opportunities in various settings. Raise awareness about cultural factors influencing perceptions and attitudes toward diabetes to promote cultural competence and sensitivity.

Example: Lobby local policymakers to enact anti-discrimination ordinances that protect individuals with diabetes from unfair treatment in employment, housing, and public accommodations. Partner with advocacy organizations to conduct cultural sensitivity training for healthcare providers and community leaders to promote inclusivity and understanding of diverse perspectives on diabetes.

Implementing these strategies, we can contribute to a more inclusive and supportive environment for individuals with diabetes, reducing the risk of stigmatization and fostering a sense of community and understanding. Reducing self-stigma and self-restraint in people with diabetes is crucial for improving their overall well-being and adherence to necessary lifestyle changes.

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