

The effect of health educators on diabetes control

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Introduction and background

According to the International Diabetes Federation, in 2021, 537 million people aged 20-79 were living with diabetes.¹ That number is predicted to rise to 643 million by 2030 and 783 million by 2045. Diabetes is already at epidemic proportions, calling for immediate actions and solutions. One of the approaches to solving this problem is the widespread implementation of Diabetes Education (DE). People don't have much knowledge about diabetes, regard the disease lightly, and have little understanding of the relationship between control and complications.² Diabetes educators (DEs) help patients understand their diagnosis and treatment strategies, and empower them to develop effective self-care behaviors.

Methods

This study was focusing on researching the existing data on DE, its effectiveness, implementation strategies and current challenges. An extensive literature research of PubMed and Google Scholar publications was conducted. The relevant publications were thoroughly analyzed to identify the advantages and drawbacks of DE, as well as the challenges it is currently facing.

Results

Our research demonstrates that DE has a strong positive effect on diabetes control and prevention. It was shown that educational interventions may potentially lead to improved glycemic control levels in patients with type 2 diabetes, despite heterogeneity across the studies.³ Another systematic review, conducted in the Middle East and North Africa (MENA) region, demonstrated that patient outcomes significantly improved in at least 60% of all cases with the involvement of Diabetes Educators.⁴ It was also established that self-efficacy was directly affected by health literacy, influencing predicted glycemic control and self-care management skills.⁵

Discussion

Despite the existing research data on the effectiveness of DE, there are many challenges in the way of its widespread implementation. The barriers to participation in diabetes self-management education and support (DSMES) included poor vision and reading problems, inconvenient timings, poor literacy, transportation problems, as well as personal issues such as survival priorities.^{6,7} The problems listed above were of major importance especially in low- to middle-income countries.

Conclusion

According to the published data, diabetes and its complications can be treated or delayed with improving dietary and physical activity behaviors, medication and regular screening for complications. Results from the ongoing diabetes control and complications trial/epidemiology of diabetes interventions and complications (DCCT/EDIC) clearly demonstrate that diabetes education involving behavior change has a lasting positive glucose control impact. The role of

diabetes educators is dynamic and shaped by the environment in which they practice and by developments in research and technology. Disparities and inequities in access, adoption, and optimization of diabetes technology have become increasingly apparent in the covid-19 pandemic, necessitating health educators to embrace new advances and technology. With many of advances in the field, the role of DEs, now renamed diabetes care and education specialists, is bound to grow and be more exciting.

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None.

Conflicts of interest

The author declare that there are no conflicts of interest.

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