Embedding Education into Diabetes Practice
Frontiers in Diabetes

Vol. 18

Series Editors

M. Porta Turin
Embedding Education into Diabetes Practice

Volume Editors

M. Porta  Turin
V. Miselli  Scandiano
M. Trento  Turin
V. Jörgens  Düsseldorf

29 figures, 2 in color, and 21 tables, 2005
Contents

VII Preface

1 Therapeutic Patient Education: From Classroom to Life. Embedding Education and Thoughts about Darwin
Assal, J.-P. (Geneva)

13 The Struggle for Life. Past, Present and Future of Diabetes Education in Europe
Jörgens, V. (Düsseldorf)

23 Methodology and Therapeutic Education
Miselli, V.; Accorsi, P. (Scandiano)

40 The Diabetes Education Study Group of the EASD and Its Activities to Improve the Education of People with Diabetes
Maldonato, A. (Rome)

51 Integration of Diabetes Education in Type 2 Diabetes Care
Rutten, G. (Utrecht)

62 Group Education for Type 2 Diabetes. The Minneapolis Experience
Franz, M.J. (Minneapolis, Minn.)

70 Structured Treatment and Teaching Programmes for Patients with Diabetes mellitus and Hypertension in Germany
Gruesser, M.; Jörgens, V. (Düsseldorf)

83 Impact of Education on the Quality of Diabetes Care in Germany
Müller, U.A.; Sämann, A.; Kloos, C. (Jena); Schiel, R. (Heringsdorf)
97 Learning, Health Behavior and Quality of Life Modifications over 5 Years in People with Type 2 Diabetes Managed by Group Care
Trento, M.; Passera, P.; Borgo, E.; Bajardi, M.; Cavallo, F.; Porta, M. (Turin)

108 Rationale, Design and Preliminary Results of ROMEO (Rethink Organization to Improve Education and Outcomes).
A Randomized Controlled Multicenter Trial of Group Care in the Management of Type 2 Diabetes
Porta, M.; Trento, M. (Turin)

117 A Cost Effectiveness Analysis of Group Care in Type 2 and Type 1 Diabetes
Bondonio, P.; Trento, M.; Porta, M. (Turin)

132 Evidence-Based Patient Education in Diabetes and Beyond – Application to Other Chronic Diseases. From Obedience Training to Informed Decision Making
Mühlhauser, I. (Hamburg)

147 Author Index

148 Subject Index
Patient education has long been the Cinderella of diabetes care, often considered non-scientific, non-evidence-based, non-standardized: in two words, almost non-serious. Until recently, there may have been a number of good reasons for thinking so, basically because the evidence gathered on the results of education was very limited or anecdotal and that which was available did not always support its efficacy in terms of favorable patient outcome. The situation has evolved over the past few years, though. Randomized controlled clinical trials of old and new approaches have been completed and, most importantly, outcomes have been re-defined not only in terms of clinical results but also of patient-oriented indicators such as quality of life and the ability to cope with living with a chronic disease.

This volume collects manuscripts based upon the proceedings of a Postgraduate Course of the European Association for the Study of Diabetes, held in Turin in spring 2004. On that occasion, some of the best-known researchers in the field shared and discussed their experience with a captive audience of very involved parties. The initial chapters cover the rationale, history, methodologies and some of the international initiatives that contributed to making education an integral part of modern diabetes care. They are followed by updated reports of results of clinical trials and/or practical experiences carried out in North America, the Netherlands, Germany and Italy. Descriptions are given of the methods used in general practice and hospital settings to train patients on, among others, nutrition, self-care and how to prevent the occurrence of complications. Studies on the economic impact of patient education have so far been conspicuously missing and the volume includes a cost-efficacy
analysis of the Group Care approach developed in Italy. The last chapter takes a look into the future, describing how similar principles can be embedded successfully in the care of people suffering from chronic diseases other than diabetes.

What emerges is clearly that many old caveats may no longer be justified. Patient education, or clinical pedagogy, is becoming a discipline in its own right. It requires trained personnel to plan and run it, with precious little space left for improvisation. Operators should remember that they are not addressing children or medical students (both of which often receive the same treatment), but grown-ups. Adults should not be spoken down to, as they want to be shown why they are being taught what and need to be actively involved in the learning process. Once the patronizing has been got rid of, the results can be obtained and measured, just as for any other form of clinical intervention.

Cinderella has come of age and the prince is now looking for a matching shoe. Let’s see how the story unfolds.

Massimo Porta