

CARING AHEAD



Diabetes Complications

Diabetes is an epidemic in Canada. It causes tremendous suffering to individuals and puts great strain on the health-care system. Reducing its toll is urgently needed: diabetes could affect almost 10 per cent of the population by the end of this decade.¹ Not only is it Canada's seventh most frequent cause of death,² every year thousands of Canadians are admitted to hospital for related conditions, including kidney disease, heart attack, stroke and neuropathy (which often requires feet and legs to be amputated).³

Yet we could prevent many (if not most) of these hospitalizations by managing diabetes before those affected become acutely ill. In *Diabetes: Canada at the Tipping Point*,⁴ the Canadian Diabetes Association estimates that complications from diabetes could be reduced by 60 per cent if we did more to help people manage their disease — that is, if our health-care system did a better job of *caring ahead* for people with diabetes.

Caring ahead is a guiding catchphrase created by CNA to help establish a more organized approach to health care. In business and in life, we all know the value of planning ahead. Anticipating events, considering actions and options, and getting prepared make us much more likely to succeed. But when it comes to health care, we don't do it enough. In advocating for *caring ahead* CNA wants to instil the benefits of planning in the health system so we can solve problems before they become overwhelming.

If we were better at *caring ahead* for diabetes, we could keep thousands of Canadians from being admitted to hospital every year.

It takes a combination of professional and self-care to properly manage diabetes. Professionals must do regular blood-sugar and blood pressure checks and inspect feet and eyes to find the damage diabetes causes. And individuals must change their diets, increase their exercise and do the daily monitoring of symptoms that will alert them to problems with the disease. In addition, most people require considerable education about the changes they must make, and many need ongoing advice and encouragement.

The Canadian Diabetes Association's practice guidelines call for integrated diabetes care, with different professionals working together to offer all these types of care and support.⁵ Research shows that multidisciplinary teams are an effective way to educate and support patients,^{6,7} and that greater involvement by the nurses in those teams leads to better outcomes.⁸

What are some of the ways of *caring ahead* to prevent hospitalizations for diabetes?

1. Governments could fund large-scale programs on diabetes — from increasing physical education in schools to subsidizing healthy food choices for low-income Canadians (who are more likely to suffer from diabetes). Since even a 2 per cent reduction of the number of diabetes cases would reduce direct health-care costs by 9 per cent, the effort is well worth it.
2. Nurses could work with other primary care health professionals to introduce and follow best practice guidelines on diabetes care.

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- ³ Organisation for Economic Co-operation and Development. (2013). *OECD StatExtracts*. Retrieved from http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT
- ⁴ Canadian Diabetes Association. (n.d.). *Diabetes: Canada at the tipping point: Charing a new path*. Retrieved from <http://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/canada-at-the-tipping-point-english.pdf>
- ⁵ Canadian Diabetes Association. (2008). Canadian Diabetes Association 2008 clinical practice guidelines for the prevention and management of diabetes in Canada [Special issue]. *Canadian Journal of Diabetes*, 32(suppl. 1).
- ⁶ Brown, S. A. (1988). Effects of educational interventions in diabetes care: A meta-analysis of findings. *Nursing Research*, 37, pp. 223-230.
- ⁷ Brown, S. A. (1992). Meta-analysis of diabetes patient education research: Variations in intervention effects across studies. *Research in Nursing and Health*, 15, pp. 409-419.
- ⁸ Renders, C. M., Valk, G. D., Griffin, S. J., Wagner, E. H., Eijk Van, J. T., & Assendelft, W. J. (2001). Interventions to improve the management of diabetes in primary care, outpatient and community settings: A systematic review. *Diabetes Care*, 24, pp. 1821-1833.