



Messages to Reinforce With Your Patients

This section provides messages about foot, eye, and oral health and drug therapy management that you, as a health care provider, can reinforce with people with diabetes. The bullets highlight questions to ask and information to discuss about diabetes-associated risks, the benefits of comprehensive care, the need for regular medical examinations, symptoms to look for, and self-care issues. You can discuss these topics over a series of patient visits. Keep in mind that you need not cover all the material with every patient. Adapt to your patients' specific needs.

Promote the ABCs

Help patients with the important task of managing risk factors for diabetes-related cardiovascular disease. Ask patients about the ABCs (A1C, blood pressure, cholesterol, and smoking cessation) of diabetes:

- **Ask:** “Do you know your ABCs goals and how to reach them?” Recommend working with relevant members of the health care team to determine both long- and short-term goals for each ABC.
- **Advise:** “You can take action to prevent diabetes-related complications.” Inform your patients that poor ABC control can lead to problems in foot, eye, and oral health (as well as other complications such as cardiovascular disease). Explain that screening and team care can prevent complications.
- **Assist:** Give your patients resources to help them make healthy changes. Visit the [PPOD Resource Center](#) for a list of resources.

Patients may be eligible for the benefits of pharmacy, podiatry, optometry, and dentistry (PPOD) health care through [Medicare](#) and [Medicaid](#). Visit these websites to learn more about these programs.

Culturally Competent Care

With the increasing diversity of our nation's population, you are more and more likely to encounter situations that require the delivery of culturally competent care, access to language services, and supportive health care organizations.

When you give culturally competent care, you:

- Can address cultural and language differences that may cause misunderstanding, lack of compliance, or other factors that negatively influence clinical situations.
- Learn to be more aware of your own cultural beliefs and more responsive to those of your patients.
- Can develop greater self-awareness and, over time, change beliefs and attitudes that will translate into better health care.

Effective Communication Approaches for Culturally Competent Care and Health Literacy

Strengthen the provider-patient relationship and enhance care delivery with the following approaches:

- **Acknowledge cultural diversity** and be sensitive to cultural differences that affect the way patients navigate the health care system.
- **Address low health literacy** and bridge knowledge gaps that can prevent patients from adhering to prevention and treatment protocols.
- **Accommodate low English proficiency** and effectively use tools that don't rely on the written or spoken word.

For more information, please visit the [Resource Center](#) in the PPOD Guide.



Promote a Healthy Lifestyle

A healthy lifestyle is key to diabetes control. You may want to talk with your patients about lifestyle choices such as those below. Visit the [Resource Center](#) for a list of relevant resources.

- **Weight.** Advise people with diabetes to aim for a healthy weight. Emphasize the importance of setting realistic goals and manageable steps for weight reduction. Visit [Diabetes HealthSense](#) for many resources, including some on living well and eating healthy.
- **Healthy food choices.** Encourage meal planning that includes a variety of foods and controls portion sizes and snacks. Increasing fiber and limiting refined carbohydrates, salt, and fat will help control blood glucose, blood pressure, and cholesterol. Recommend that patients consult with a dietitian for additional help with meal planning and learning how to make healthy food choices.
- **Physical activity.** Advise people with diabetes that moderate-intensity physical activity (such as brisk walking) can help control the ABCs and prevent complications.
- **Self-management.** Ask people with diabetes to identify their high-priority concerns or goals. Prompt them to plan for challenging situations and set short-term achievable goals. Compliment them on any steps taken toward these goals. Give them resources that can support them in making lifestyle changes and coping with stress and negative emotions. Visit [Diabetes HealthSense](#) for resources to facilitate behavior change in your patients. Resources included in Diabetes HealthSense have been reviewed by leading independent experts on psychosocial issues who have specific expertise on how to make and sustain lifestyle changes.
- **Tobacco.** Ask about tobacco use. Encourage people with diabetes to avoid smoking and using smokeless tobacco products. Recommend that they call the FREE tobacco quit line at 1-800-QUIT-NOW. People who use tobacco are at greater risk for stroke; heart, kidney, and eye diseases; nerve damage; and lower-extremity complications. To learn more about tobacco cessation strategies, consult the Centers for Disease Control and Prevention's (CDC) Smoking & Tobacco Use [website](#).

Tips for Busy Health Care Providers: Making the Time to Deliver Team Care Messages

- Don't give every message at one appointment.
- Customize and prioritize messages according to the patient's needs.
- Establish a blueprint of messages over a period of client appointments.
- Provide the patient with a written reminder of key messages discussed at each appointment.
- Use teach-back and close the loop.
- Document what is accomplished at each appointment and the patient's response.
- Share NDEP materials such as [Diabetes Numbers At-a-Glance 2012](#) and [4 Steps to Manage Your Diabetes for Life](#). Include key messages in office newsletters.
- Refer patients to a diabetes self-management education program in your community.
- Establish a referral resource database in the community.

Explain the Risks of Disease and the Benefits of Care

People with diabetes make daily decisions that affect their diabetes control. Cornerstones of diabetes self-management include meal planning, incorporating physical activity, managing medications as prescribed, and self-monitoring blood glucose. Routine self-care behaviors also affect diabetes complications prevention.

With each patient encounter, you have an opportunity to remind patients of the risks of developing diabetes-related complications and the benefits of foot, eye, and oral health care as well as drug therapy management. Ask about annual screening exams as well as routine self-care behaviors. Assess symptoms that warrant urgent referral. [Table 1](#) below contains an integrated overview of messages to discuss with patients in all PPOD areas.



Discussion Point Checklist

This checklist outlines messages about foot, eye, and oral health and about drug therapy management that health care providers should discuss with people who have diabetes.

Health care providers in these four disciplines are well positioned to deliver these overarching prevention messages, communicate the need for metabolic control, and encourage multidisciplinary team diabetes control.

Promote the ABCs

- Reinforce with patients that controlling the ABCs can prevent complications and reduce the risk of stroke and heart attack.
- Ask, “Do you know your ABCs goals and how to reach them?”
- Explain that poor ABCs control can also lead to problems in foot, eye, and oral health.

Ask About Health Examinations and Management

- Foot exams
- Eye exams
- Oral health exams
- Drug therapy management
- ABCs monitoring and control

Promote a Healthy Lifestyle

- Weight control
- Healthy food choices
- Daily physical activity
- Support of diabetes self-management
- Coping with diabetes
- Tobacco cessation: call 1-800-QUIT-NOW for help



Support Self-care Behaviors

- Daily foot care
- Eye care
- Daily oral care: brush and floss
- Monthly oral self-exam
- Selection and use of a blood glucose monitor as needed
- Knowledge of your ABCs goals and how to reach them
- Use of medications as prescribed

Assess PPOD Symptoms That Require Referral

- [Foot symptoms](#)
- [Eye symptoms](#)
- [Oral symptoms](#)
- [Medication-related symptoms](#)

Foot Health

Ask people with diabetes if they know how diabetes affects their feet. Explain that diabetes raises the risk of foot ulcers, which can lead to amputation, and that proper foot care reduces their risk. Topics you can discuss include:

- **Foot exams:**
 - » Ask people with diabetes if they have had a comprehensive foot examination in the past year that included elements such as vibration perception; sensory exam with a monofilament; footwear assessment; and examination of the skin, nails, joints, and muscles.
 - » Recommend a comprehensive annual foot exam by a podiatric physician and a foot inspection (visual foot check) at every primary care provider visit.



▪ **Daily foot care:**

- » Ask about daily foot care. People with diabetes may develop neuropathy and may not notice injuries, as they may not feel pain. Advise all people with diabetes to take the following steps:
 - Examine feet daily, both by looking and touching. Look for cuts, bruises, puncture wounds, corns or calluses, swelling, areas of redness, or pus. Seek podiatric medical advice right away for any of these symptoms. These may be early warnings signs of serious injury leading to amputation.
 - Clean feet (both skin and nails) daily and dry the spaces between the toes gently. Check the insides of shoes for objects before putting them on.
 - Never walk barefoot, not even indoors or at the beach. Protect feet from hot and cold.
- Wear appropriate footwear, such as athletic or walking shoes that fit well and cover the feet (i.e., NOT sandals) to protect the feet since sensation may be decreased. Think about what you will be doing that day and use common sense to choose shoes that will protect your feet.
- Avoid shoes with pointed toes. Don't buy shoes with too flat a sole or high heels because they don't allow for even distribution of foot pressure. Look for styles that have soft insoles. Choose shoes made of leather or canvas to allow circulation of air. Avoid plastic or other materials. Features such as laces, buckles, or Velcro® make it easier to adjust the shoe.

For more information, see:

[*Feet Can Last a Lifetime: A Health Care Provider's Guide to Preventing Diabetes Foot Problems*](#)

[*Diabetes and You: Healthy Feet Matter!*](#)

[*Take Care of Your Feet for a Lifetime*](#)

Eye Health

Advise people with diabetes about the risk of diabetic retinopathy, a leading cause of blindness in adults and one that may be prevented or delayed by careful control of blood glucose. People with diabetes also may be at greater risk for eye problems such as cataracts and glaucoma. Ocular symptoms associated with diabetes include fluctuation in visual acuity, double vision, dry eye, recurrent lid infections (blepharitis), and changes in color vision. Relevant topics you can discuss with people who have diabetes include:

- **Eye exams:**

- » Ask when the person with diabetes last had a dilated eye exam by an optometrist or ophthalmologist. Reinforce the need for regular eye exams to prevent or delay the onset of blindness due to diabetic retinopathy. Most people with diabetes should have a dilated eye exam annually. The person will need examinations more frequently if retinopathy exists or is progressing. But some studies show every 2 years is fine for others. Also, fundus photography may aid in the diagnosis of diabetic eye disease.

A person with diabetes can have 20/20 vision even if he or she has sight-threatening diabetic retinopathy. The quality of the vision alone does not determine whether diabetic retinopathy is present or progressing. Diabetic retinopathy often progresses without pain or vision loss until it is very advanced. The best way to be certain that no diabetic retinopathy exists or that diabetic retinopathy is not progressing is to have a dilated eye exam by an optometrist or ophthalmologist.

- **Eye care.** Advise people with diabetes to:

- » Report eye symptoms to their health care provider.
- » Maintain a current prescription for eyeglasses, contact lenses, or low-vision aids.

- **Eye symptoms:**

- » Ask about eye symptoms and their frequency and duration.
- » Encourage people with diabetes to alert their health care provider if they experience any changes in their eyes or vision, such as sudden onset of blurriness, spots forming, or persistent redness or pain.
- » Refer the patient at once to an optometrist or ophthalmologist if he or she reports a sudden change in vision.

For more information, see [*Diabetes and You: Healthy Eyes Matter!*](#)



Oral Health

Explain to people with diabetes the two-way relationship between blood glucose (glycemic) levels and periodontal (gum) disease. Healthy gums help keep blood glucose on target, while good glycemic levels may help keep teeth and gums healthy. Relevant topics you can discuss with people with diabetes include:

- **Oral health exams.** Ask the date of the patient's last dental/oral health exam. Stress the importance of oral health exams at least once a year and the importance of preventive care delivered by a dental hygienist or dentist to prevent oral disease. Inform denture wearers that oral health exams once a year are necessary, even if wearers don't have teeth, to screen for oral cancer, fungal infections, or other lesions.
- **Oral symptoms.** Ask about oral health symptoms that may indicate infection, such as sore, swollen, or bleeding gums; aching or sensitive teeth; bad taste or bad breath; loose teeth or a change in tooth position; or mouth ulcers. Oral infections can progress quickly and lead to serious complications. Refer a patient with these symptoms immediately for prompt treatment.



For more information, see [*Diabetes and You: Healthy Teeth Matter!*](#)

Medication Therapy Management

Pharmacists can play a key role in general diabetes education. Recommend that your patients with diabetes talk with their pharmacist about how to benefit most from their medications. Pharmacists can review medications with patients to ensure that they take medications as prescribed and understand the risks of using over-the-counter (OTC) medications. They can also monitor any possible drug interactions. Patients respond well to the idea of getting help to take medications safely.

Regular Medication Review

Advise people with diabetes that regular medication reviews; adjusting the medication regimen as needed; and screening for interactions and side effects from medications, OTC medications, herbal products, and supplements can help them get the most from their drug therapy.

Promote effective medication therapy management and review by discussing the following with your patients:

- Ask people with diabetes if they take their medication exactly as prescribed.
- Remind patients of the importance of taking their medications as prescribed, even if they are feeling well. Most diabetes medicines are made to prevent a patient's sugar from going high, not to treat it when it is already high.
- Advise patients to talk with their pharmacist if they are unable to follow the medication plan prescribed or if they cannot afford their medication.
- Remind people with diabetes to seek advice from their pharmacist before taking any OTC medications, herbal products, or other supplements.
- Ask about medication use at every visit.
- Ask people with diabetes to alert all health care providers to any changes in symptoms, medical conditions, medications, doses, supplements, or lifestyle. Refer individuals to a pharmacist or primary care provider, as indicated, for evaluation.
- Refer people with diabetes to a pharmacist or diabetes educator for help in choosing an appropriate blood glucose meter, learning how to use it, and understanding the results to check how medications are working. Many pharmacists can also give information about the various pharmaceutical companies' patient assistance programs.

For more information, see [*Diabetes and You: All Medicines Matter!*](#)





Know the ABCs¹

A for the A1C test. The A1C test shows you what your blood glucose has been over the last 3 months. The A1C goal for many, but not all, people with diabetes is below 7%. High blood glucose levels over time can harm your heart and blood vessels, kidneys, feet, and eyes.

B for blood pressure. The goal for most people with diabetes is less than 140/80mm/hg. Hypertension can harm your eyes, kidneys, and heart and may cause a stroke.

C for cholesterol. Cholesterol can build up and clog your blood vessels.

S for smoking cessation. Don't smoke. People who use tobacco are at greater risk for stroke; heart, kidney, and eye diseases; nerve damage; and lower-extremity complications.

Promote ABC Monitoring and Personal ABCs

Ask your patients with diabetes when they last had their ABC levels checked and if they know the results of these tests.

Ask patients with diabetes if they know what they need to do to manage their ABCs.

Advise about the ABC goals: A1C <7% for many people (but must be individualized), blood pressure <140/80mmHg for most people (but must be individualized).

Evidence for targeting specific levels of low density (LDL) cholesterol is lacking. In people with diabetes over age 40, moderate to high intensity statin therapy reduces cardiovascular risk regardless of the baseline LDL. See [*Guiding Principles for Diabetes Care*](#).

Even small improvements in elevated A1C levels can be helpful. For instance, every percentage point drop in A1C blood test results (e.g., from 8% to 7%) can reduce the risk of eye, kidney, and nerve diseases by 40%.²

Tables 1 and 2 give a snapshot of the issues commonly associated with diabetes in each PPOD area.

Table 1. Common Health Issues Related to Diabetes

Diabetes-related Foot Conditions	Diabetes-related Eye Conditions	Diabetes-related Oral Health Conditions	Diabetes Drug Management Issues
Neuropathy such as pain or numbness	Retinopathy	Periodontal disease	Improper drug choice
Vasculopathy	Double vision	Oral candidiasis (thrush)	Underdosage
Dermatological conditions	Vision fluctuation	Xerostomia (dry mouth)	Overdosage
Musculoskeletal problems	Cataracts, glaucoma	Burning mouth	Adverse drug reactions
Foot ulcers	Macular edema		Drug interactions
	Diplopia		Undertreatment
	Cranial nerve palsy		
	Keratitis sicca		



Table 2. PPOD-related Symptoms of Diabetes

Comprehensive Foot Examination to Identify the High-risk Foot	Comprehensive Eye Examination	Comprehensive Oral Examination	Strategies for Managing Drug Therapy
Loss of protective sensation	Visual acuity	Teeth and restorations	Use of medications
Skin and nail condition	Visual fields	Periodontal health	Monitoring of treatment
Absent pedal pulses	Pupillary reaction	Intraoral lesions, infections, or masses	Self-treatment and OTC medications
Foot deformity	Intraocular pressure	Adequate saliva flow	Selection and use of a blood glucose meter
History of foot ulcers	Cranial nerves	Properly fitting prosthetics	Cost control
Prior amputation	Slit-lamp exam	Oral function	Coordination of care
Redness	Dilated retinal exam	Assessing home care, oral hygiene instruction	
Edema	Retinal imaging		

Self-management Support

As a health care provider, you know that ongoing self-management support is important in helping people achieve health goals. You play an integral part in helping your patient acquire the behavioral skills needed to make decisions about diabetes management in daily life.

Help patients develop self-efficacy (i.e., confidence in one's ability to perform a task successfully) by encouraging them to:

- Set realistic goals.
- Proactively identify barriers to reach self-identified goals.
- Identify an accomplishable action he or she would like to take in changing a behavior (e.g., walking 10 minutes a day before dinner, starting tomorrow)—without telling or advising the individual what to do.
- Troubleshoot missed appointments. For example, schedule annual appointments around another significant annual event such as a birthday or anniversary.
- Establish routines around daily activities such as dental hygiene, foot care, or blood glucose testing.
- Help patients learn about healthy coping skills. Diabetes can affect people physically and emotionally. Living with it every day can make people feel discouraged, stressed, or even depressed.

Find resources to help your patients set goals at [Diabetes HealthSense](#).

Find resources to help your patients cope with diabetes at [Healthy Coping](#).

Patient Self-management Tasks

At each visit, you and your patient need to consider how to execute the following patient self-management tasks:

- Taking care of diabetes and its complications.
- Incorporating behavioral strategies into daily life activities.
- Coping with emotions, including future concerns.



Additional NDEP Resources

[*Guiding Principles for Diabetes Care: For Health Care Professionals*](#)

This evidence-based booklet outlines important patient-centered principles of diabetes care, helping health care professionals identify people with prediabetes and undiagnosed diabetes for treatment aimed at preventing long-term complications.

NDEP Team Care Information

[*Redesigning the Health Care Team: Diabetes Prevention and Lifelong Management*](#)

Find out more about implementing multidisciplinary team care for people with diabetes in all clinical settings and how to reduce the human and economic toll of diabetes through a continuous, proactive, planned, patient-centered, and population-based approach to care.

[*Practice Transformation for Physicians and Health Care Teams*](#)

This Practice Transformation site, formerly called Better Diabetes Care, is designed to help physicians, health care professionals, and health care administrators across the country who want to change the system of health care delivery around diabetes. NDEP believes that practice change is essential to provide the type of evidence-based care recommended by the Patient-Centered Medical Home (PCMH) model to effectively manage diabetes, prevent its serious complications, and delay or prevent type 2 diabetes. The PCMH incorporates dimensions of patient-centered care presented by the Institute of Medicine and the Chronic Care Model. This site is organized according to those dimensions.

[*Diabetes HealthSense*](#)

Diabetes HealthSense provides easy access to resources to help your patients live well and meet their goals—whether they have diabetes or are at risk for the disease. This site offers tools, strategies, and programs that can help patients make lifestyle and behavior changes.

Small Steps. Big Rewards. Your GAME PLAN to Prevent Type 2 Diabetes, Health Care Provider Toolkit

This resource contains a decision pathway for diabetes prevention, including proven strategies to counsel and motivate patients, an office poster, and print-ready patient education materials. The toolkit is based on the lifestyle modification strategies used in the Diabetes Prevention Program (DPP), sponsored by the National Institutes of Health. All of the DPP resources are available online at <http://www.bsc.gwu.edu/dpp/manuals.htmlvdoc>.



References

1. American Diabetes Association. Standards of medical care in diabetes - 2013. *Diabetes Care* 2013; 36 Suppl 1:S11-66.
2. CDC. [National diabetes fact sheet: National estimates and general information on diabetes and prediabetes in the United States, 2011](#). Atlanta, GA: U.S. Department of Health and Human Services; 2011.