



# Diabetes education

Chaudhary Muhamamd Juniad Nazar<sup>1\*</sup>, Micheal Mauton Bojerenu<sup>2</sup>

The key to better diabetes management is the self-management diabetes education (1-3). The patients themselves are responsible for the day to day control of diabetes (2). A good initial education helps to better self-management of diabetes (2). Diabetes education plays a great role in controlling blood glycaemic level, and avoiding long-term diabetic complications (1). Diabetes UK advocates that all people with diabetes, whether recently diagnosed or those with pre-existing diabetes should receive the structured education and support to enable them to manage their own diabetes (1). Various diabetes education courses are now available in the United Kingdom, including DAFNE, DESMOND and X-PERT (1). These diabetes courses are designed to make the diabetic patients to manage their illness effectively. According to Diabetes.co.uk, DESMOND is a National Health Service (NHS) organization and was established in 2002-2003. DESMOND is the abbreviation for Diabetes Education and Self-Management for On-going and Newly Diagnosed. DESMOND provides 6 hours planned group education over two half days, which are no more than 2 weeks interval. The group consists of 6-10 newly diagnosed patients of type 2 diabetes. DAFNE stands for Dose Adjustment For Normal Eating. DAFNE is an educational course for managing insulin user's type 1 diabetes (1). It is a 5-day training course with a follow up session 8 weeks after the end of course. The aim of the course is to provide to the diabetics various required skills to estimate the carbohydrates in each meal and to inject the right dose of insulin (1). Diabetes X-PERT programme has been devised for type 2 diabetic patients (<http://www.diabetes.co.uk>, 2011). Burnley, Pendle and Rossendale PCT developed diabetes X-PERT programme. This programme was also developed for Urdu speaking south Asian community (1). Several biomedical and psychological results were found diabetes X-PERT programme for type 2 diabetic patients, including improvement of blood glucose control and life quality, reduction of blood total cholesterol and HbA1c level, risks of hypoglycaemia conditions, body weight and

## ■ Implication for health policy/practice/research/medical education

The key of better diabetes management is the self-management diabetes education. Various diabetes education courses are now available in the United Kingdom, including DAFNE, DESMOND and X-PERT. These diabetes courses are designed to make the diabetic patients to manage their illness effectively.

■ **Keywords:** Diabetic patient, Diabetic management, Diabetic programme

mass index and increased knowledge of diabetic self-management. Nevertheless, most high-quality clinical trials are required to characterise diabetic self-management programme with minimum complications and maintenance of favourable results forever (4,5).

## Authors' contribution

CMJN wrote the primary draft. MMB edited the manuscript. All authors read and sign the paper.

## Conflicts of interest

The authors declared no competing interests.

## Ethical considerations

Ethical issues (including plagiarism, data fabrication, double publication) have been completely observed by the authors.

## Funding/Support

None.

## References

1. Diabetes UK Diabetic ketoacidosis (DKA). <http://www.diabetes.org.uk/MyLife-YoungAdults/Treatment-and-care/Diabetic-ketoacidosis-DKA>. Published 2011.
2. Funnell MM, Anderson RM. Empowerment and self-management of diabetes. *Clin Diabetes*. 2004;22:123-7.
3. Swift PGT. Diabetes education. *Paediatric Diabetes*. 2007;8:103-9.
4. Deakin T. X-PERT structured education programmes improve control in diabetes. *J Diabetes Nurs*. 2012;16:266-72.
5. Jarvis J, Skinner TC, Carey ME, Davies MJ. How can structured self-management patient education improve outcomes in people with type 2 diabetes? *Diabetes Obes Metab*. 2010;12:12-9.

**Please cite this paper as:** Nazar CMJ, Bojerenu MM. Diabetes education. *J Renal Endocrinol*. 2016;2:e02.

**Copyright** © 2016 The Author(s); Published by Nickan Research Institute. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Received: 9 January 2016, Accepted: 27 January 2016, ePublished: 8 February 2016

<sup>1</sup>Department of Internal Medicine of Ealing Hospital, University of Buckingham, Buckingham, UK. <sup>2</sup>Department of Internal Medicine, Sickle Cell Unit, Harvard University Hospital, Washington DC, USA.

\***Corresponding author:** Chaudhary Muhamamd Juniad Nazar, Email; [dr.cmjnazar@live.co.uk](mailto:dr.cmjnazar@live.co.uk)