



Perspectives of Education in Diabetes



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Editorial

Diabetes Mellitus (DM) is a chronic disease that is a public health problem worldwide due to its prevalence, and mortality and complications that arise and consequently the high costs for both the patient, his family, the society and therefore for the state [1]. In accordance with the statement by Joslin E [2-4] when he said "Education is not a part of the treatment of diabetes, it is the treatment" and "The diabetic who knows the most is the one who lives the most" and given that Diabetes education is one of the fundamental pillars to achieve the short and medium term objectives and in virtue that any member of the health team can fulfill this role, it is necessary to give relevance to education in DM as a therapeutic strategy of high value.

The treatment for DM is suggested and applied by a multidisciplinary team specialized in the care of patients with diabetes, this group consists essentially of doctors, nutritionists, nurses, educators, psychologists and podiatrists. The treatment also depends on several components, which have to work in a cohesive way to obtain better results, namely: feeding plan; pharmacological treatment (AO-Insulin); exercise; self-control and education.

The objectives of the treatment are aimed at controlling glycaemia, avoiding and or reducing acute and chronic complications, maintaining the patient asymptomatic, greater adherence to treatment and improving the quality of life through psychosocial well-being. We can then redefine Diabetes as a chronic disease that requires continuous medical attention, support and education of the patient for self-control, in order to prevent acute complications and reduce the risk of long-term complications [5].

In the medical literature, numerous studies [6-12] have shown that therapeutic education significantly influences to achieve better control of Diabetes and thus avoid, prevent or delay complications, evidencing unavoidable benefits not only in metabolic and clinical parameters but also in psychosocial aspects. With the publication of the results of the Diabetes Control and Complications Trial, DCCT [13] and in DM2 the UK Prospective Diabetes Study, UKPDS [14]; in which it is emphasized that intensive therapy required greater focus of the patient in everything related to self-control, it was possible to change the focus in the care of the patient with diabetes, which

went from being specific measurements of both glycemia and blood pressure to the prevention of complications and intensification of treatment with well-defined metabolic objectives and strict compliance.

In this sense, once the patient is diagnosed the multidisciplinary team of health professionals with a perspective in diabetes education, should set goals regarding the normalization of blood glucose levels, knowledge acquisition and effective self-management; in order to achieve this, it must set very well defined objectives in the short and long term. That is why it is imperative that all providers of care in DM must be trained in diabetes education, as an optimal strategy to effectively and efficiently manage the goals of metabolic control, greater adherence and quality of life, the ultimate goal of treatment.

That is why the health professional at any level of care should emphasize the need to use therapeutic education as a crucial tool to provide the person with DM, and the family, knowledge, skills and abilities [15]. Which result in the acquisition of positive behaviors, healthy and satisfactory alternatives for the care of this clinical condition and finally improve the quality of life.

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