

# Needs & Gaps in Diabetes self management

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## Abstract

“They don’t listen to us!” is the unanimous response of our diabetes counselors when asked the question “What is the single most important barrier to achieving optimal self –management behavior in patients of diabetes?”

No wonder, then, that lack of motivation of patients or perhaps, lack of effective counseling skills of diabetes care providers, are the main gaps faced in improving diabetes management.

The needs and gaps in diabetes self- care management can be classified as:

1. Knowledge gaps/needs
  - a. quantum of knowledge
  - b. quality of knowledge delivery
    - a. pedagogy
    - b. adult learning
3. Resource gaps/needs
  - a. financial
  - b. physical
  - c. human
5. Society gaps/needs
  - a. peer support
  - b. public support
  - c. professional support
7. Motivational gaps/needs

- a. Perceived severity of diabetes

- b. Perceived efficacy of intervention

Many people with diabetes are not aware of their condition, and have not been trained in the skills required for self-management. An even greater number has received suboptimal or inadequate knowledge, from overburdened health care professionals, who are often unable to handle the work load of an increasing number of patients. More often than not, diabetes workers are not trained in the principles of pedagogy and adult learning, and this limits their efficiency as teachers.

Gaps in resources, including financial resources, restrict the ability of people with diabetes to buy supplies such as glucometers and glucosticks, which limits their self-management. Limitations in physical resources, e.g. lack of accessible playgrounds, exercise clubs, diabetes clinics and laboratories are a significant gap in diabetes care.

An equally significant gap or need in human resources, which includes peers, society and professionals willing to support an individual with diabetes.

Improving motivation of all concerned stakeholders, however, by using tools such as motivational interviewing and behavior change counseling, is the major need or gap in present- day diabetes self-management. Enhancing the perceived severity of diabetes and the perceived efficacy of available interventions, amongst the community at large, and patients in particular, will help address the issue of lack of motivation.

Addressing all these gaps and needs will help improve the standards of self-care amongst people with diabetes.

## References

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