香港糖尿科護士協會
AHKDN Newsletter Issue 6 Oct., 2011
AHKDN web-site: http://www.ahkdn.com E-mail address: newsletter.ahkdn@hotmail.com

通訊顧問：徐業成醫生 出版部主管：劉秀蓮 編輯組：鍾巧儀、關綺媚、梁逸思、蘇德宜、余舜華

編者的話

近年來，糖尿病的管理已由過往醫療團隊主導方式，擴展至加入「朋輩支援」的層面，即利用朋輩的影響力來提升患者對糖尿病的自我照顧之信心和能力。關顧領袖和被關顧者(病患者)，會透過各類型的聯繫方法，例如：電話、電郵或小組活動等來加強溝通、互相支持和分享，藉此可幫助到提供多方面的支援及鼓勵，以加強行為改善的信心。

今期香港糖尿科護士協會通訊的主題為「朋輩關懷」，在此，我們很高興邀請了專科護士、病人領袖和被關顧者撰寫文章，分享有關心得和心聲。希望藉此帶出一個正面訊息，除醫護人員外，病患者也可成為朋輩關顧領袖，一同為糖尿病護理作出貢獻。

Peer Support Programme in Diabetes: The PLATINUM

Au Kayin, Shimen
Diabetes Nurse Specialist,
RHTSK

『我認為糖尿科姑娘該是一位糖尿病患者！』甲有感而發地說。
『難道要死過翻生的才可當醫生嗎？』乙為我解圍而道。

"I believe that only a nurse with diabetes could be a diabetes nurse!"I heard a patient's say-so a decade ago. Although we have many evidence-based approaches to provide diabetes education; no matter how much understanding the psychological response of the patient we have; most of us are really lacking in the life experience of living with diabetes; which of course, we do not wish to have.

Chronic diseases are the leading cause of death and disability worldwide. Diabetes Mellitus (DM) is a chronic disease which requires patients to take responsibility for their own care and make health decision in their daily living. Current approaches to disease self-management education, even when organized in team approach, physician and other health professionals do not have time or resources to provide sufficient support for patient during routine clinic visits.
Although case management interventions by face-to face contact with a diabetes educator between medical visits can be effective, these programs are often labor- and resource- intensive. Moreover, self-management support often needs to be provided on a regular and long-term basis to sustain the gains made from the more intensive training. In light of the growing epidemic and health care costs of DM, disease management approach that incorporates peer support may be a promising way to help provide such support to patients with diabetes.

The WHO Consultation in 2007

Peer support within the healthcare context is defined as "the provision of emotional, appraisal, and informational assistance by a created social network member who processes experiential knowledge of a specific behavior or stressor and similar characteristics as the target population, to address a health-related issue of a potentially or actually stressed focal person(1)." People with common illness can share knowledge and similar life experience in a less hierarchical and more reciprocal relationship

compared to that between patients and health care professionals, which better promote mastery of self-care behaviors and improves disease outcomes.

A World Health Organization consultation on peer support programmes in diabetes was convened in 2007 with the aim to address the evidence on effectiveness, determinants of success, cost effectiveness, different settings, and the evaluation framework of peer support interventions. Health care experts from various disciplines concluded that whilst peer support is considered to have enormous potential for making self-management an effective component of chronic care, issues regarding methods of organization, types of programme and their integration with other clinical and outreach services remain to be addressed (2). Peer support links people living with diabetes, to share knowledge and experience that others, including many health workers, do not have.

Train-the-trainer program for people with diabetes

Health professionals, especially diabetes educators, have been training patients on the understanding and self-caring of diabetes. However, with the emerging concept and preliminary evidence of success in the role of "peer advisors" in diabetes to lead self-care courses for other fellow patients, a train-the-trainer program to develop "expert patients" is essential (3,4). On top of factual knowledge on diabetes, context of this programme needs to cover include communication and empowerment skill, basic knowledge on psychology, stress management, social support, empowerment, healthy lifestyle including diet and physical activity.

The PLATINUM in 2009

"If the average person with diabetes spends as many as six hours a year in a doctor's office, that still leaves 8,760 hours"on your own". That's where peer support comes in."
~Professor Edwin B. Fisher, Global Director, Peers for progress

With the support from the Asia Diabetes Foundation, the Chinese University of Hong Kong, and the Peers for Progress (a program of the American Academy of Family Physicians Foundation is to accelerate the availability of best practices in peer support around the world), a training programme "Peer Leaders Accelerated Training INitiative to Unleash Potential of Mentorship (PLATINUM)" was conducted from February to August in 2009 to people with diabetes on peer support and empowerment. A feasibility study on this train-the-trainer course was carried out to assess the improvement of their glycaemic parameters, knowledge on diabetes and level of self- efficacy.

The PLATINUM is a 32-hour programme in four workshops, led by health care experts in nutrition, physical activity, psychology and communication skills to ensure the adequacy of knowledge and skills of these mentors. The goal is not only to provide disease-specific content, but also to use interactive exercises to build self-efficacy and other skills that help participants better manage their chronic conditions and live actively, to be competent to fulfill the four key functions of peer support (5):

- Assistance in applying disease management or prevention plans in daily life (e.g. reinforce positive changes in health related behaviors, goal setting, skill building, practice and rehearsal of behaviors, trouble-shooting, problem solving)
- Emotional and social support (e.g. provide empathetic listening, encourage use of skills, dealing with day to day stressor, and simply being available to talk with people troubled by negative emotions)
- Linkage to clinical care (e.g. maintain frequent contacts, liaison to clinical care, patient activation to communicate and assert themselves to obtain regular and quality care)
- Ongoing support (e.g. proactive, flexible, as-needed / on-demand, extended over time to provide support to the person with diabetes and their carers on an individual basis)

Key skill in identifying peer leaders

Peer leaders are invited by health care professionals, selected by the following characteristics: good understanding of diabetes and generic problem living with diabetes, good communication skill, be empathetic and competent listener with non-judgmental attitude, willing to accept training program / assessment / regulations, desire to serve, plenty of time to be a volunteer, ability to convey thoughts and ideas and to provide thoughtful response.

Selecting the PLATUNUM Peer Leaders

Peers leaders either have diabetes or are affected by diabetes (e.g. parents of a child with diabetes) who fulfill the following inclusion criteria: Chinese people with Type 2 diabetes, 18-75 years of age, good glycaemic control (HbA1c <7.5%) and remain stable in past one year, fluent in Cantonese, willing to complete the structured training curriculum to prepare themselves as peer leaders to provide support and advice to their peers in a one-to-one basis via telecommunication.

Results: The Study Group

A total of 74 participants from 13 hospitals or clinics across the 7 clusters who had good glycaemic control were invited to join the workshops. Metabolic parameters of fasting plasma glucose (FPG), glycated hemoglobin (A1c), cholesterol (total and LDL-C), blood pressure (BP) and cognitive psycho-behavioral assessment with Diabetes Empowerment Scale (DES), General Health Questionnaire (GHQ12), Depression Anxiety and Stress Scale (DASS21), Summary of Diabetes Self Care Activities (SDSCA), Patient Health Questionnaire (PHQ-9) and health outcome (EQ5D) were documented at baseline (M0) and after the training program at month-6 (M6).

Of the 74 patients (23 men and 51 women), 59 (79.7%) completed the training with 33 agreed to become peer leaders (mentor) while the other 26 declined (non-mentor). The mean (SD) age was 55.6 (11.6) with median (range) 59 (18-75) years old. Their changes in parameters at M0 and M6 were respectively: FPG, 8.2 ± 2.7 to 7.0 ± 2.1 mmol/L (p=0.033); total cholesterol, 4.7 ± 0.9 to 4.3 ± 1.0 mmol/L (p=0.010); LDL-C, 2.6 ± 0.8 to 2.4 ± 0.9 mmol/L (p=0.041). Overall speaking, there was no change on the cognitive scores. However, the mentors had better DES score at M6 (4.13 ± 0.27 vs. 3.97 ± 1.50, p=0.048), better GHQ score at M0 and M6 (M0: 0.27 ± 0.63 vs. 1.18 ± 2.11, p=0.005; 0.23 ± 0.68 vs. 1.72 ± 2.67, p=0.012) and higher EQ5D self -scores (M0: 84.6 ± 7.7 vs. 74.5 ± 14.2, p=0.001; M6: 88.1 ± 8.9 vs. 76.1 ± 15.2, p=0.001) as compared to non-mentors after adjusting for age and gender. Those agreed to become peer leaders after the PLATINUM have better DES, GHQ and EQ5D scores as compared to those who declined.

The Control Group

A total of 60 patients with good glycaemic control (39 men and 21 women) were recruited as the control group. The mean (SD) age was 56.5 (0.9) years old. In the control group, patients remain similar in diet, exercise, self- monitoring, drug compliance, foot care before and after this study. When comparing with the study group, the PLATINUM participants had higher diet score (p=0.012), higher exercise score (p=0.023), higher foot care score (p=0.001) than the control group at the end of the PLATINUM Study.

Conclusion

Peer leaders are individuals who have coped successfully and can serve as positive role models. Trained peer leaders provide emotional support, education and skills training to those they serve, and coordinate care with the healthcare providers. They play a unique role that complement and support clinical care. These roles are carried out during face-to-face contact, telephone ongoing follow-up and linkage to community resources. They are a more informal, flexible means to discuss their own experiences, to listen and address patients' concerns and fears, to seek quality improvement and to promote peer support as a routine part of health care system in disease self-management and in prevention of Diabetes Mellitus.

References:

1 Dennis CL: Peer support within a health care context: a concept analysis. Int J Nurs Stud 40:321-332, 2003.World Health Organisation: Peer support programmes in diabetes 2007.
2 Baksi AK, Al-Mrayat M, Hogan D, Thomas Z, Whittingstall E, Wilson P: Training programme for peer
3 advisors in diabetes: are they the expert patients in diabetes? Pract Diab Int 22:119-124, 2005.
4 Anderson RM, Funnell MM, Bulter PM, Arnold MS, Fitzgerald JT, Feste CC: Patient empowerment. Results of a randomized controlled trial. Diabetes Care 1995; 18(7): 943-9.
5 Peers For Progress. www.peersforprogress.org

Acknowledgement

Ms Rebecca Wong, Prince of Wales Hospital
Ms Eva Kan, Alice Ho Miu Ling Nethersole Hospital
Ms Harriet Chung, YCK Diabetes Assessment Center, CUHK
Mr Lancelot Mui, Centre for Epidemiology & Biostatistics, CUHK
Dr Wing Yee So, Prince of Wales Hospital,
Dr Gary Ko, Alice Ho Miu Ling Nethersole Hospital
Prof. Joseph Lau, School of Public Health, CUHK
Prof. Juliana Chan, Department of Medicine and Therapeutics, CUHK
Ms Sarita Chan, Princess Margaret Hospital
Ms Grace Lin, Northern District Hospital
Ms Tracy Lau, Pamela Youde Nethersole Eastern Hospital
Ms Winnie Cheng, Queen Elizabeth Hospital
Ms Carmen Wong, Tung Wah Eastern Hospital
Ms Maisy Mok, United Christian Hospital
Ms Lee Ka Pik, Queen Mary Hospital
Ms Eva Li, Diabetes Hong Kong
Ms Wong Suk Chi, Ruttonjee & Tang Shiu Kin Hospitals
Ms Tam Wai Lin, Ruttonjee & Tang Shiu Kin Hospitals
Dr Jenny Leung, Ruttonjee & Tang Shiu Kin Hospitals

糖尿病朋儕關顧計劃
PEARL
糖尿病領袖的心得

陳國雄

自從2009年2月完成了4個全日制課程後，同年12月14日，開始進行關顧慰問，我的組員共有十人。

糖尿病朋儕關顧項目預計為期一年，我必須認識各位組員，並主動致電關顧慰問。 主要是温馨提示、日常飲食習慣、血糖指數、運動量、按時覆診，還有否記得依時服藥等。

記憶中，和組員初次見面時，大家相互自我介紹，初步認識後，便開始致電關顧慰問。

初時，在電話交談中，組員給我的感覺是冷淡的，這可能是因為大家不相熟。
但經過一段日子，由於我每次都記下跟他們的對話內容，令他們覺得我清楚了解他們。後來，他們開始信任我，願意跟我分享及交流。

組員中，有位女士是家庭主婦，非常勞心勞力，閒時的運動就是行山。另一位較積極的組員也是家庭主婦，經常參與糖尿科「避豐糖會」的活動。其他幾位男士經過一段時間，大家在傾談中開始有閒話家常的感覺，並可以傾訴心事。也有一位組員患了腸癌，化療期間積極面對所有疾病，我亦經常勉勵他走過復康之路。最後有位組員，對自己的健康完全漠不關心。在接觸他的過程中，他給我的感覺像是積壓了很多怨氣，我勸他繼續覆診以免加深病情。除了電話接觸外，我們亦會在茶聚時見面，亦曾一起到菜田讓組員參與田園治療健康行，反應相當不錯。

最後令我感到非常鼓舞的是大會安排了拍攝一個半小時的星期日檔案「糖尿同路人」，令到全港市民加深了對糖尿病的認知，甚至海外如美國、內地、新加坡等地方的人都致電讚賞節目內容有正面教育意義，勉勵病人加強改善。

總括我的感受，我們可以從教育著手，加強市民對疾病的認識和護理，最重要是互相影響生命，活得更精彩。

最後，祝願各位糖尿病病友身體健康，出入平安。

糖尿病朋儕關顧計劃
PEARL
組員心得

賀慧貞

人到老年體質較過去差，特別是手術後，身體會忽然軟弱無力，又忽然會心悸出汗或是手腳震顫。我時感不適要求診，有一次，醫生告訴我已患有糖尿病，這使我非常不快。

初時，我以為只要節制飲食便可以把糖尿病控制好，所以我沒有按時服藥。怎料日子久了，醫生告訴我病情變差了，要增加我服藥的劑量及見糖尿科姑娘。經過糖尿科姑娘的講解，我才知道糖尿病的嚴重性，而且控制血糖必須要按時服藥及配合適當飲食。另外，避免食高糖、高脂肪的食物及控制體重，也很重要。

後來，糖尿科護士邀請我加入「糖尿病朋儕關顧計劃」，並被選為被慰者的組員，因此我認識了小組組長陳先生。陳先生為人風趣幽默，他時常致電慰問我，情真意切，實在令我暖在心頭，並不孤單。

我會提醒自己不可胡亂飲食，希望血糖指數可漸漸變得正常。再次感謝「糖尿病朋儕關顧計劃」及陳先生的鼓勵和支持，謝謝！

Professional Promote

Conference/Seminar	Date	Web-site
International Diabetes Federation 2011 World diabetes congress; Dubai	4-8 December 2011	http://www.idf.org/worlddiabetescongress
5th International Conference on Advanced Technologies & Treatment for Diabetes; Barcelona Spain	8-11 February 2012	http://www.kenes.com/attd
72nd Scientific Sessions of American Diabetes Association (ADA); Philadelphia PA	8-12 June 2012	http://www.diabetes.org
Activity	Date	Web-site
糖尿健步行(香港糖尿聯會)	6th November 2011	http://www.diabetes-hk.org
健康長跑2012(香港糖尿聯會)	8th January 2012	http://www.diabetes-hk.org
Journal Article/web-site (New Approach on Diabetes Education)		
1. Gillis, M.R. (2010). A place for oral health in diabetes management, Journal of Canadian Dental Association, 76:a24 http://www.jcda.ca/uploads/pdf/a24.pdf 2. Peer Support in Diabetes Management http://www.who.int/diabetes/publications/Diabetes_final_13_6.pdf		

AHKDN Chat Corner

Web of AHKDN

New outlook of AHKDN webpage had been launched on Jun 2011. You are cordially invited to acess through the same URL address www.ahkdn.com

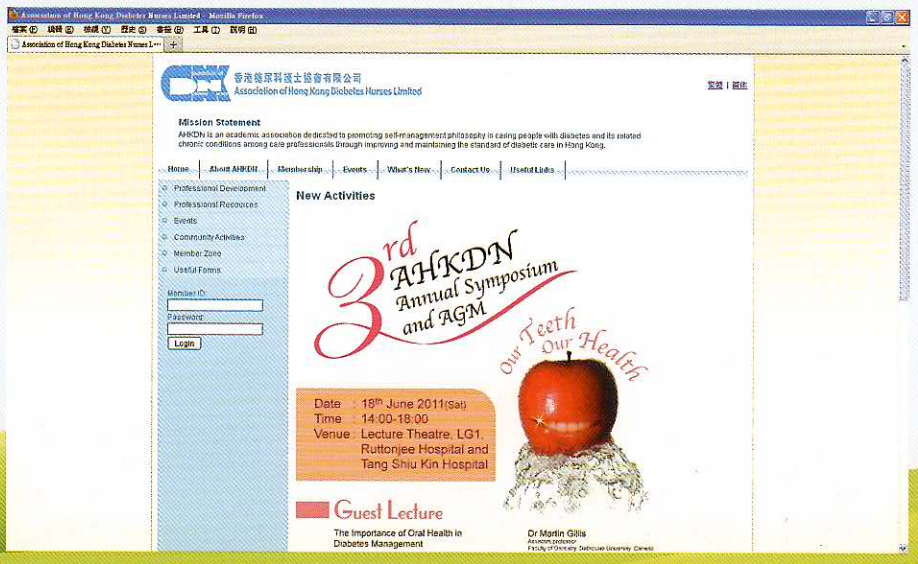
Some functions or information are restricted for members only. You can simply access by entering your log in ID and password in the member zone. New members will recieive their corresponding log in ID and password via e-mail. For security purpose, you are highly recommended to change your passwords by entering into the member zone.

You can understand the overview, belief, objectives and organization chart of AHKDN by simply browsing the "About AHKDN"icon

Newsletter, position statement, guidelines and other useful resources can be retrieved in "Professional resource"icon.

We have uploaded many photos inside the "Events"and "Community Activities"icons. You can recall those memorial moment through these photos.

Hope that this newly designed webpage can delight you and provide useful professional resources for your reference.



Activities Review

1. Three Conversation Map Workshops for Nurse & Dietitian
   Date:
   - 7 May 2011: 21 participants (include deititians)
   - 25 June 2011: 21 participants (include deititians)
   - 3 Sep 2011: 20 participants (including Macau nurses + 2 doctors from HK)







2. 2nd Systemic Health - Expert Panel Workshop" organized by Colgate. Ms Jo Jo Kwan and Ms Law Chin San represented AHKDN to participate a round table discussion focusing on diabetes and dental care.



3. • 3rd AHKDN AGM and symposium “Our Teeth, Our Health” held on 18/06/2011. Dr Martin Gillis, Associate Professor, Faculty of Dentistry, Dalhousie University, Canada & Dr Clive KY Fung, Dental Surgeon, Specialist in Periodontology from Hong Kong were invited as the speakers for the symposium. Totally 69 members attended. All the participants enjoyed the symposium because the content enriched our knowledge in dental care.
   • Symposium “Our Teeth, Our Health” for health professionals held at 20/06/2011 HAHO. Dr Martin Gillis held the lecture again.
   56 doctors, dietitians & nurses attended









4. AHKDN Summer Symposium: by Dr Laurence Hirsch
   - 11/07/2011 Improve Insulin Injection Therapy Vs Art of Glycemic Control"
   - 13/07/2011 "Sharing the evidence for New Injection Technique Guidelines"





5. Exchange program to Taiwan-1st Asia Pacific Congress of Diabetes Education Seminar. 9 members attended the program with fruitful exposure.



6. The symposim of"Understanding Global Standard on Test Frequency and Achieving Diabetic Control with SMBG readings"was jointly organized by Diabetes Hongkong, Johnson & Johnson and AHKDN.





7. Particpated in 中西區健康節 09-10/09/2011 to bring out the message of "Healthy Life"





8. Member gathering : 17/09/2011 Trip to Yuen long & visit "Yakult"



確進糖尿及內分泌專科中心

黃蓮華(高級糖尿病專科護士)

「確進糖尿及內分泌專科中心」(Qualigenics Diabetes Centre) 成立於2002年，是香港中文大學一個創新的項目，以學術界和商界合夥而成的機構，採用了多學科的基礎，以『一站式』 的服務模式(One-Stop Polyclinic)，提供治療、教育、預防和控制疾病，從而以便捷，且價格合理的優質醫療服務，提高市民的生活質素。

確進糖尿病專科中心的核心任務是通過全面的一條龍服務，包括健康檢查、心臟風險評估、糖尿病教育、體重管理，體能訓練和營養教育等，處理有關患有糖尿病，肥胖，內分泌失調及心血管疾病等一般醫療問題。中心內的專業團隊來自不同的專科領域，包括糖尿及內分泌科、心臟科、外科、眼科等。還有糖尿科專科護士、註冊營養師 、物理治療師、註冊體能教練、藥劑師、足部診療師和心理輔導員為病人及其家屬提供整全的服務。

許多病人對團隊成員的功能有一定的認識，但卻可能對專科護士的工作不太了解。其實她們是整個團隊的協調關鍵，除了要提供護理服務和記錄病情，並協助控制病人的血糖情況;還需要成為病人的開導者，教育病人使用護理技術，為病人作出適當的心理輔導，幫助他們處理矛盾、慌張、不安的情緒。

確進糖仁街教育室 (QG Diabetes Avenue)是糖尿科專科護士採用不同形式的健康教育及糖尿病護理方式的大本營 ，目的是促進病人及其家屬對處理慢性疾病和增進健康意識，並以一個協調者的角色提供各種醫療諮詢服務 。





www.qualigenics.com

