Advocating for Occupational Therapy’s Role in Diabetes Management

Milwaukee VA Medical Center
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Objectives

- Overview
- Advocacy project
- Case study
Overview

- Type II diabetes results when the body cannot use insulin properly.
- Triggered by lifestyle factors
- Accounts for approximately 95% of all cases.
Medical Management

- When diabetes can no longer be managed by diet and exercise alone, individuals will begin insulin therapy.

- Type of insulin therapy depends greatly on the individual
  - Typically 2-4 insulin injections per day
  - Recommend at least 2 blood glucose readings per day
What Does This Require of a Client?

- Maintain an organized schedule
- Adjust the dosage
- Prepare and administer insulin
- Log and track blood glucose readings
Co-morbid Complications

- Hypoglycemia/hyperglycemia
- Hypertension
- Stroke
- Cardiovascular disease
- Low vision
- Kidney disease
- Peripheral vascular disease
- Peripheral neuropathy
- Psychosocial complications
Advocacy Project
Key Research

- An interdisciplinary team approach is preferred.
- Diabetes self-management education improves healthcare outcomes.
- There are seven imperative self-care behaviors required for self-management.
Seven Self Care Behaviors

1. Healthy eating
2. Being active
3. Monitoring
4. Taking medications
5. Problem solving
6. Healthy coping
7. Reducing risks
Phase 1: Needs Assessment

Informal therapist interview

- Rarely addressed diabetes related concerns
- Uncertainty regarding OT role in diabetes care
- Interest in expanding role
Review of Facility Resources

- Full time certified diabetes nurse educator (CDE RN)
- Extensive educational materials
- Lifestyle groups
Meeting with CDE RN

Self management concerns:

- Low vision
- Decreased sensation
- Difficulty performing foot care routine
## Summary of Needs Assessment

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<thead>
<tr>
<th>Strengths</th>
<th>Barriers</th>
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<tr>
<td>• Onsite access to interdisciplinary care</td>
<td>• Lack of understanding regarding OT’s role</td>
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<td>• Resources available to veterans free of charge</td>
<td>• Lack of appropriate educational handouts</td>
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<tr>
<td>• Full time CDE RN</td>
<td>• Difficulty with specific self cares</td>
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Phase Two: Education and Advocacy

- Adaptive equipment
- Activity analysis
- Sample daily routine
- Review of OT lifestyle groups
- Review of interventions to address decreased strength, dexterity, and sensation
Phase Three: Resource Development

- Lack of information about OT services in the DSME course.
- Foot care handouts were not designed for individuals with physical barriers to completing a foot care routine.
Phase Four: Solicit Feedback

Informal interview:

- OT practitioners
- The certified diabetes nurse educator
- Veterans
Case Study: Mr. H

- 63 y/o male with a history of type 2 diabetes, hypertension, peripheral neuropathy, alcoholism, tobacco abuse, and depression.
- Presented to the emergency department with a diabetic ulcer on his right foot.
- The wound was cleaned/dressed and Mr. H was sent home with instructions to closely monitor the wound and contact his physician should it worsen.
Case Study: Mr. H

- One month later, Mr. H presented the ED with complaints of worsening pain and odor from the wound. He was diagnosed with wet gangrene.
- He also had a small ulcer on his left foot.
- Mr. H was admitted to the hospital for a course of IV antibiotics and monitoring.
- Within 24 hours of admission, Mr. H underwent a below the ankle amputation of his right foot due to spreading infection.
Case Study: Mr. H

Traditional team:
- Physician
- Diabetes nurse educator
- Dietician
- PT
- Psychologist

New members:
- OT
- Recreational therapist
Traditional Team

<table>
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<tr>
<th>Member</th>
<th>Role</th>
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<tr>
<td>Physician</td>
<td>Medical management of diabetic ulcers, pain, and insulin</td>
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<td>Diabetes nurse educator</td>
<td>Reviewed blood sugar monitoring, insulin injections, and how to manage high/low blood sugar</td>
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<td>Dietician</td>
<td>Consultation session to review basic dietary guidelines and the importance of eating regular, balanced meals</td>
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<td>PT</td>
<td>Therapeutic exercises, home exercise program, wheelchair fitting, specialized shoe for left foot</td>
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<td>Psychologist</td>
<td>Addressed negative feelings and found constructive outlets for emotions</td>
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Additional Members

**Occupational therapy:**
- Examined daily routine
- Developed schedule
- Provided adaptive equipment
- Created visual reminder for medication management
- Referral to lifestyle group.

**Recreation therapy:**
- Explored hobbies
- Set goals for community reintegration upon discharge
Lessons Learned

- OT practitioners are a valuable member of the interdisciplinary team.
- It is imperative that practitioners continue to clarify and advocate for their role on the interdisciplinary team to improve outcomes for clients and further the profession.
- Advocating for your profession allows you to learn more about other professions.
- Advocacy can feel like a full time job.
Thank you

- Sarah Foidel, OTR/L- Capstone advisor
- Rachel Schutz, OTR/L- Community advisor
Questions?
References


Image Credits

1. https://www.google.com/search?q=insulin+syringes&source=lnms&tbm=isch&sa=X&ved=0ahUKEwi4hMSX-bTOAhVJzmMKHYKRB4oQ_AUICScC&biw=1202&bih=699#imgrc=r6GzVv4QXoEdM%3A