

# Diabetes Self-Management Education (DSME)

is a collaborative process through which people with diabetes gain the knowledge and skills needed to modify lifestyle behaviors and successfully self-manage the disease and its related conditions.

## What are the overall goals of DSME?

The goals are to improve clinical outcomes, health status, and quality of life.

DSME has been shown to be most effective when delivered by a multidisciplinary team with a comprehensive plan of care.<sup>1</sup>

**DSME addresses lifestyle changes:<sup>1</sup>**

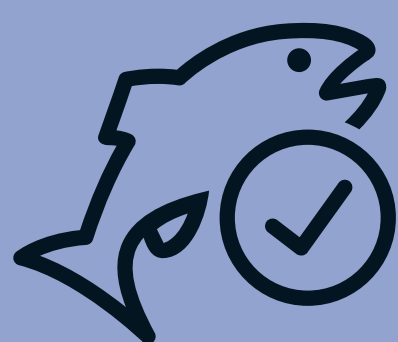
Know the diabetes disease process and treatment options

ADA<sup>6</sup> recommends screening for diabetes type 2:  
**Age 45 & older**  
**Any adult considered overweight or obese (BMI ≥ 25), and having at least one other risk factor<sup>a</sup>**

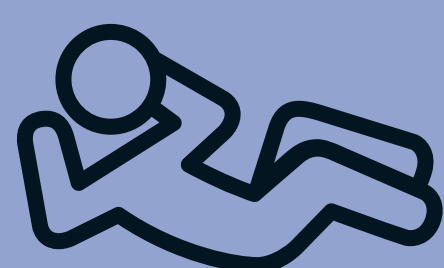
Open to anyone with diabetes (even BEFORE they require medication or insulin) to prevent progression.

USPSTF<sup>7</sup> recommends screening for abnormal glucose:

- age 40 to 70 who are overweight or obese
- A history of gestational diabetes or polycystic ovary syndrome
- A family history of diabetes
- Certain racial/ethnic groups<sup>b</sup>

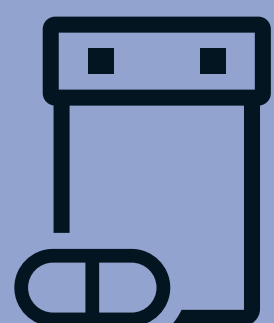


Healthy Eating



Being Physically Active

  
 Patients who do not receive DSME show an increase of major complications.



Taking Medications



Monitoring Blood Glucose

Diabetes is the **7th** leading cause of death in Alabama<sup>4</sup> and in the U.S.<sup>5</sup>

It's estimated that **13.5%** of Alabama adults have been told they have diabetes (excluding gestational).<sup>2</sup>

Problem Solving and Healthy Coping

Reducing Risks of Acute and Chronic Complications

**\$245 Billion**  
 Total costs of diagnosed diabetes in the U.S. in 2012<sup>3</sup>

Medicare covers DSME training when provided by programs accredited by the American Association of Diabetes Educators or recognized by the American Diabetes Association.

Complications of diabetes can include heart disease, stroke, hypertension, blindness, kidney disease, nervous system complications, amputations, dental disease, pregnancy complications, and mental health problems.

DSME helps to improve A1C, blood pressure, LDL cholesterol, increases medication adherence, reduces hospitalizations and reduces long-term cost of diabetes care.

Diagnostic Testing:  
 hemoglobin A1C, fasting plasma glucose, oral glucose tolerance test

**Refer patients to a certified DSME program.**  
**To find a program visit: [www.adph.org/diabetes](http://www.adph.org/diabetes)**  
**or call 1-800-252-1818.**



1. Funnell, M. et al. (2010). National Standards for Diabetes Self-Management Education. Diabetes Care, 33.  
 2. BRFSS. (2016). Crude Rates for Diagnosed Diabetes in 2015.  
 3. American Diabetes Association. (2013). Economic Costs of Diabetes in the U.S. in 2012. Diabetes Care.

4. CDC/NCHS. (2016). Deaths: Final Data for 2014. National Vital Statistics Report, 65(4).  
 5. American Diabetes Association. (2016). Standards of Medical Care in Diabetes. Diabetes Care, 39.  
 6. U.S. Preventive Services Task Force (USPSTF). (2015). Final Recommendation Statement: Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening.

a. Other risk factors: physical inactivity, first-degree relative with diabetes, hypertension, CVD History, women who delivered a baby more than 9lbs or prior to GDM diagnosis  
 b. There is a possible increased risk for certain minority groups even if they have a lower BMI or of a younger age. Also, an individual should be screened earlier if they have at least one of the other characteristics.