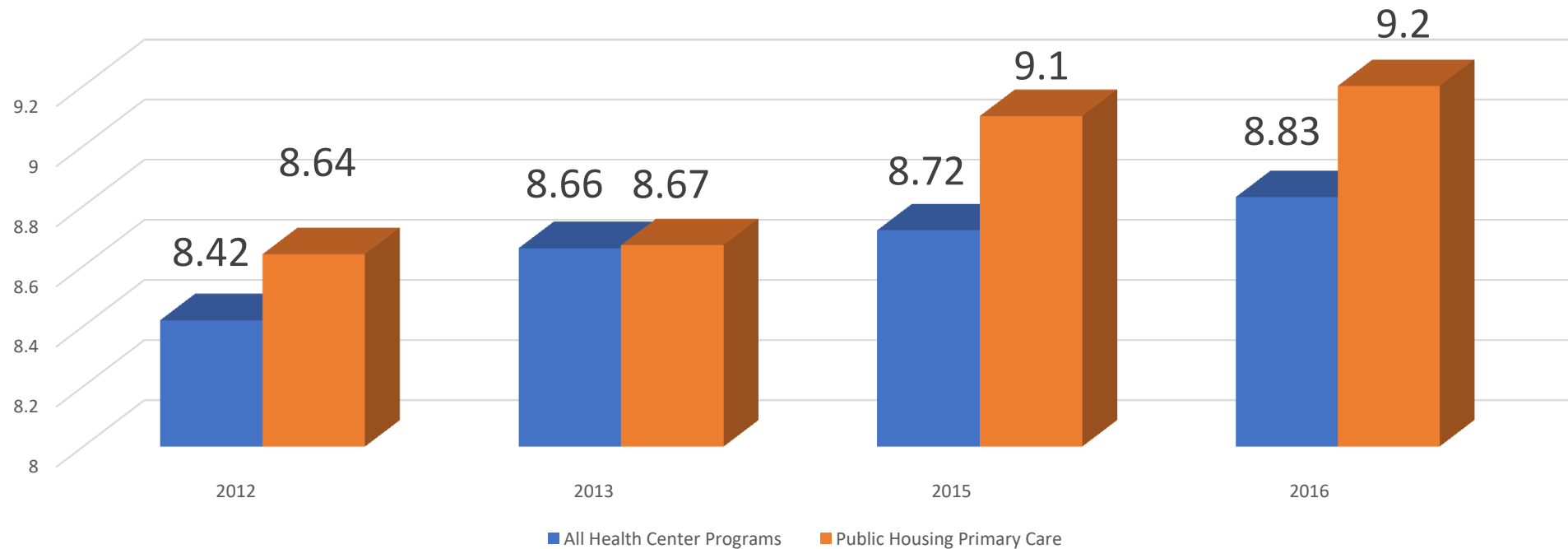


Nonadherence and Behavioral Interventions in Diabetes

National Center for
Health in Public Housing
Clinical Quality Working
Group

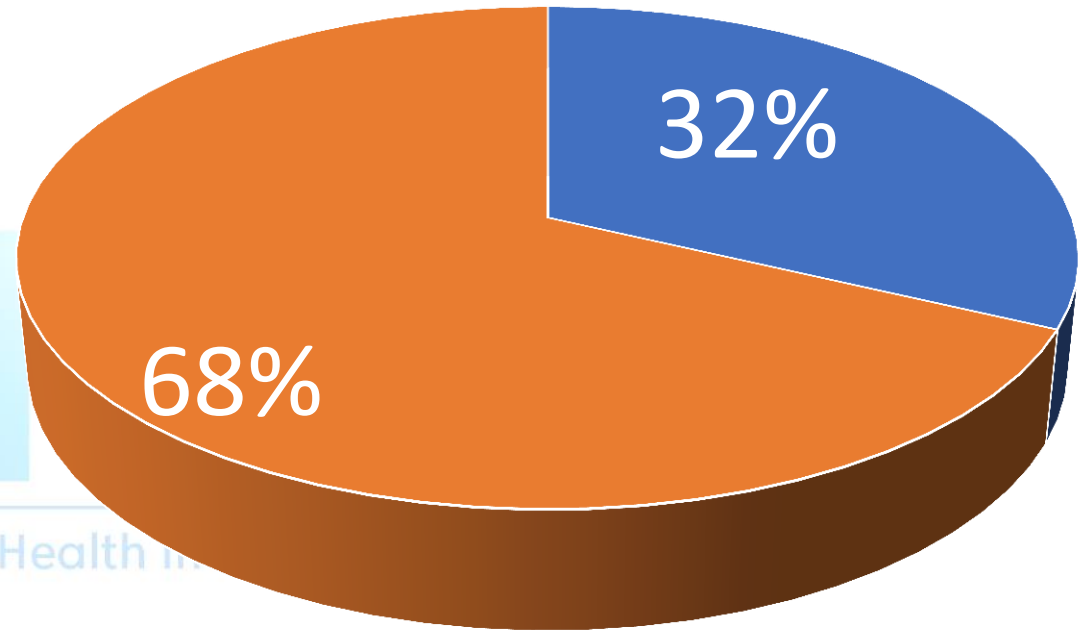
Diabetes in PHPC Settings

Percentage of Patients with Diabetes served by PHPCs



HbA1c > 9 in PHPC Settings

Percentage of Patients with Uncontrolled Diabetes in PHPC Settings



■ HbA1c > 9 ■ HbA1c < 9

Barriers to Successful Management of Diabetes

- Clinical limitations
- Clinical inertia
- Underutilization of team support
- Treatment nonadherence:
 - * psychosocial
 - * environmental
 - * interpersonal
 - * socioeconomic
 - * treatment-related



Modifiable Risk Factors



Obesity



Diet



Physical
activity



Stress



Smoking



Alcohol



Sleep



Related
conditions:
High
cholesterol,
hypertension



Factor Contributing to Medication Nonadherence

- Side effects
- Too many medications
- Forgetfulness
- Cost of medication
- Denial of disease severity
- Absence of disease symptoms
- Low health literacy
- Mistrust of/poor communication with clinician
- Mental illness
- Lifestyle

Programs to Address Modifiable Risk Factors



COMMUNITY-LEVEL
INTERVENTIONS



PROVIDER-ORIENTED
INTERVENTIONS



FAMILY-SPECIFIC
INTERVENTIONS



EDUCATIONAL
INTERVENTIONS

Nonadherence: Domains of Issues



SELF-CARE ISSUES



EMOTIONAL ISSUES:
DISTRESS, DEPRESSION

Behavior Change Interventions



GOAL SETTING



MOTIVATIONAL
INTERVIEWING



PROBLEM-SOLVING



COPING SKILLS



ENVIRONMENTAL
CHANGE



USE OF INCENTIVES
REWARDS



SOCIAL SUPPORT.

Emotional Support - All clinicians should be able to:

Identify

Identify patients who are suffering from diabetes-related distress

Apply

Apply effective treatments to relieve diabetes-related distress

Identify

Identify patients who are suffering from psychiatric disorders

Refer

Refer patients for specialized mental health care when appropriate