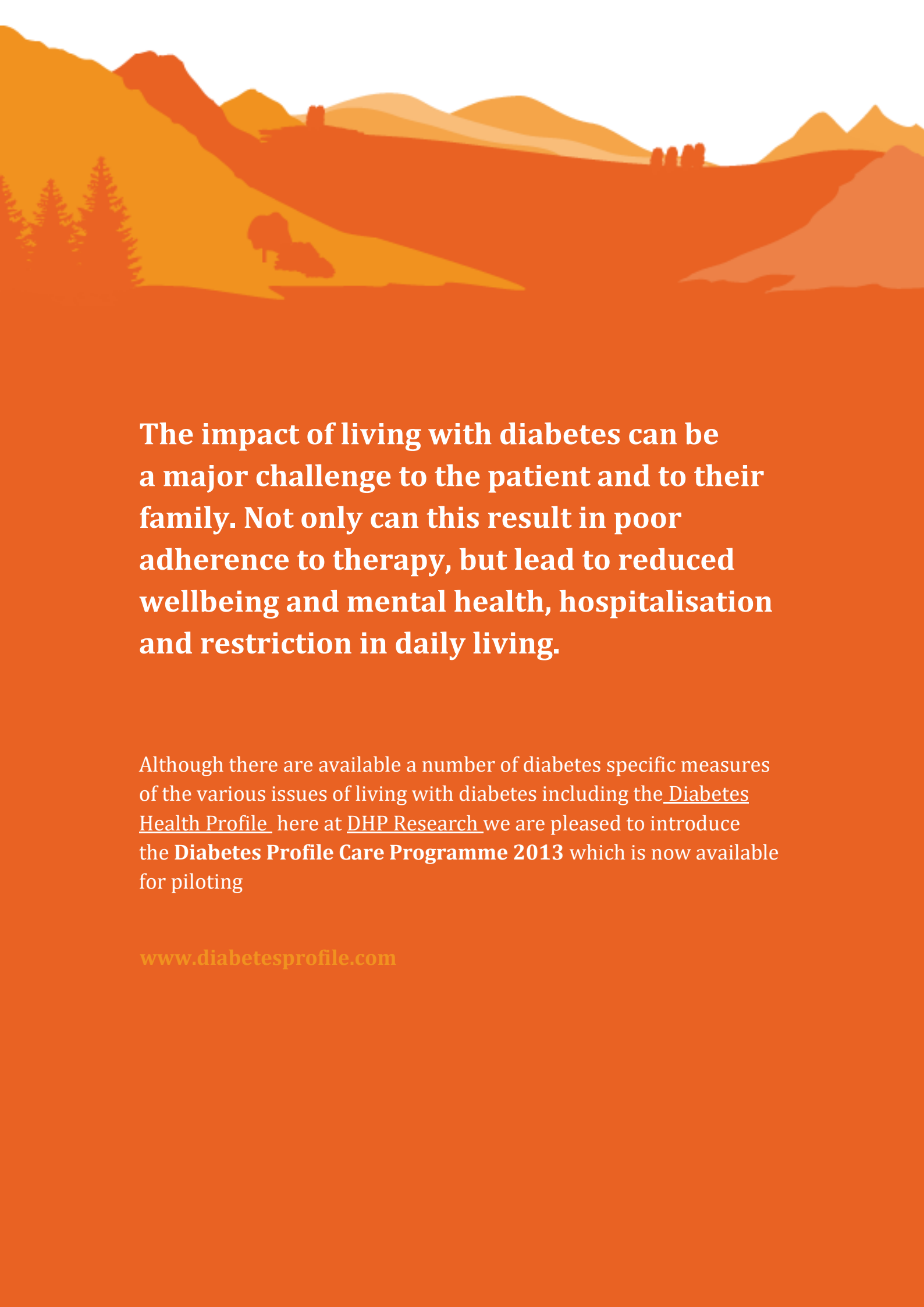




# Diabetes Profile Care Programme

Helping you understand how patients feel, think and behave





**The impact of living with diabetes can be a major challenge to the patient and to their family. Not only can this result in poor adherence to therapy, but lead to reduced wellbeing and mental health, hospitalisation and restriction in daily living.**

Although there are available a number of diabetes specific measures of the various issues of living with diabetes including the [Diabetes Health Profile](#) here at [DHP Research](#) we are pleased to introduce the **Diabetes Profile Care Programme 2013** which is now available for piloting

[www.diabetesprofile.com](http://www.diabetesprofile.com)

# What is the DHP – Diabetes Profile Care Programme 2013?

The DHP Diabetes Profile Care Programme is a patient completed integrated assessment combining segmentation analytics to help care providers implement tailor made interventions that meet the emotional and behavioural needs and priorities of people with Type 1 and Type 2 diabetes. It consists of 7 sections comprising:

 **Personal information**

e.g. age sex, diabetes type, duration, diagnosis etc.

 **Medical history**

e.g. diabetes related health problems, non-diabetes health problems, ability to control diabetes, symptom severity of low blood sugar levels etc.

 **Mental health and well-being**

e.g. general health, inability to pursue daily activities due to diabetes, general and diabetes-related depression etc.

 **DHP-18 - Standardised 18-item screening instrument**

(Diabetes Health Profile) to identify diabetes-specific problems.

Developed to provide three separate domain scores for:

1. *Psychological distress*
2. *Barriers to activity*
3. *Disinhibited eating*

# Information to support appropriate service response

In addition to the assessment includes (1) obtaining additional information in relation to the management of the diabetes and a summary of the patient's identified needs and priorities in the order of their importance to the patient and priority for action and finally, (2) a record of any immediate actions and needs required.

## How does it work?

The assessment can be carried out in a variety of settings including the clinic and patient's home etc. Normally the assessment is carried out by the patient but, the patient can also be helped by a diabetes nurse specialist, other health care professionals or social worker when this is considered appropriate.

**The trigger for action** in identifying the patient's care needs e.g. *further screening evaluation, service referral, implementation of patient support programme, care plan* etc. (see guidelines below) is based on the:

- ❏ level of the patient's response to questions in sections (1) Medical history; (2) Mental health & well-being; (3) DHP-18 domain scores; (4) Individual DHP-18 items
- ❏ Comparison of patient's DHP-18 domains scores with norm reference data and their relationship with clinical variables, including diabetes specific and co-morbid health complications, length of time diagnosed, reporting of hypoglycaemia
- ❏ Contextual information provided by the patient

## In summary the DHP Diabetes Profile Care Programme enables

- ❏ Care providers to offer customised support based on individual patient presentation
- ❏ Monitor outcomes and evaluate effectiveness of patient support programmes and other care interventions
- ❏ Patients to get a clearer understanding of their emotional needs and priorities

- ✎ Patients to be actively involved in the management of their diabetes and improvement of quality of life and well-being
- ✎ Care providers to monitor changes in patient needs and well-being

## Guidance for identifying Patient needs

### Care Need

### Trigger for action

(Further screening evaluation, service referral, implementation of patient support programme, care plan)

#### Medical history

Alcohol consumption	Yes
Weight concerns	Yes
Health problems because of diabetes	Yes
Other health problems	Yes
Activities interfere with diabetes control	Yes
Symptoms of low blood sugar levels	Moderate, severe (needing assistance), severe (needing medical assistance)

#### Mental health & well-being

Prevent leisure interests, hobbies learning activities	Sometimes, often
Feeling down, depressed, hopeless	Sometimes, often
Feeling down, depressed, hopeless due to diabetes	A little, quite a lot, very much, everything
Feel bothered by having little interest in the management and care of your diabetes	Sometimes, often
Feel bothered by having little interest or pleasure in doing things	Sometimes, often

## Diabetes Health Profile (DHP-18)

<b>Psychological distress (PD)</b>	PD Score 50 +1 SD (Standardised score mean 50, SD=10). Benchmarked against age, gender, diabetes type
<b>Barriers to activity (BA)</b>	BA Score 50 +1 SD (Standardised score mean 50, SD=10). Benchmarked against age, gender, diabetes type
<b>Disinhibited eating (DE)</b>	DE Score 50 +1 SD (Standardised score mean 50, SD=10). Benchmarked against age, gender, diabetes type
4.1 Food controls life	Usually, always
4.4 Avoid going out if your sugars are on the low side?	Sometimes, usually, always
4.5 Eat to cheer self up	Usually, always
4.15 Because of diabetes get depressed	Sometimes, often, very often



Clinical Outcomes

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