

## Type 2 diabetes: A patient-centred approach

Targeted counselling can address aspects of treatment such as adherence to glucose-lowering medicines, lifestyle recommendations, treatment outcomes and ongoing monitoring. Consider patient needs, abilities and social circumstances when providing advice, recognising that type 2 diabetes management is complex and associated with a range of comorbidities. Approach counselling in a non-judgmental way and build on each episode of care to continue to support self-management of type 2 diabetes.

### Counselling points for patients using glucose-lowering medicines for type 2 diabetes

#### ✓ Benefits of treatment

- ▶ Explain why the medicine(s) was prescribed.
- ▶ Explain the benefits of achieving HbA<sub>1c</sub> targets.
- ▶ Highlight long-term benefits of good glycaemic control, including microvascular outcomes and possibly macrovascular outcomes depending on patient risk factors and the medicine.

#### ✓ Adverse effects

- ▶ Discuss common potential adverse effects of the medicine(s).
- ▶ Ask patients regularly if they are experiencing any adverse effects, and encourage reporting of adverse effects, especially with new medicines.
- ▶ Recommend ways to manage potential adverse effects, eg, gastrointestinal effects, hypoglycaemia and weight changes.

#### ✓ Dose instructions

- ▶ Confirm that the patient knows how to use the medicine.
- ▶ Provide advice on dosage, frequency, whether to take with or without food and any special instructions.
- ▶ Check if the patient has a diabetes management plan and use this to support your discussions.

#### ✓ Adherence

- ▶ Assess for adherence regularly, especially when HbA<sub>1c</sub> targets are not achieved.
- ▶ Tailor your advice based on identified reasons for poor adherence. Note that some groups are at increased risk of poor adherence.
- ▶ Provide recommendations to simplify the regimen where possible.

#### ✓ Regular monitoring

- ▶ Provide advice about regular monitoring to help identify diabetes-related complications.
- ▶ Describe potential complications including CVD risk, kidney disease, peripheral neuropathy and retinopathy.
- ▶ Encourage the patient to keep records of monitoring, eg, by using the [MedicineWise app](#).

#### ✓ Lifestyle advice

- ▶ Recommend appropriate lifestyle modifications to improve glycaemic control and reduce CVD risk.
- ▶ Regularly emphasise the benefits of lifestyle recommendations in the ongoing management of diabetes.
- ▶ Consider previous discussions and patient circumstances when providing advice.

#### ✓ Referral to the multidisciplinary care team

- ▶ Discuss identified poor adherence or adverse effects of concern with the GP.
- ▶ Consider opportunities to refer to other members of the care team, eg, credentialed diabetes educator, practice nurse, exercise physiologist, dietitian, podiatrist and dentist.

#### ✓ Symptom control and adherence

- ▶ Ask about the nature, frequency and severity of the patient's GORD symptoms.
- ▶ Assess adherence to medicines and encourage patients to discuss any concerns they may have.

#### ✓ Written material

- ▶ Provide a Consumer Medicine Information (CMI) leaflet when appropriate.
- ▶ Provide or direct patients to resources to support self-management, eg, NPS MedicineWise and Diabetes Australia resources.