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 HbA1c 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 HbA1c 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.