

Introduction to Behavioral Aspects of Diabetes Mellitus

In planning the International Diabetes Federation Satellite Conferences, the representatives from the American Diabetes Association's Council on Education and the newly formed Council on Psychology and Behavioral Medicine recognized a unique opportunity to unite diabetes education and behavioral topics. The councils developed a symposium with topics that spanned from research to practice and bridged a gap between education and behavioral medicine. In reflecting on the symposium presentations and the subsequent articles prepared for this series in *Diabetes Care*, the advantages of bringing these disciplines together is even more evident.

With the increasing emphasis on the team approach to diabetes care, educators and behavioral scientists, along with other team members, frequently find themselves working closely to meet the complex needs of the person with diabetes. All team members need to keep abreast of current information in their respective fields and other areas of diabetes management to provide a state-of-the-art comprehensive care plan. Because education is now recognized as an integral component of diabetes care, behavioral scientists need to be apprised of diabetes management expectations and educational barriers to appreciate the demands placed on their patients. Those in the field of behavioral medicine also serve as a resource in the measurement of educational outcomes. Current trends in diabetes education need to be reviewed for behavioral scientists to assume this role. Likewise, as diabetes educators develop teaching strategies for their patients and serve as diabetes education resources to behavioral scientists, a good understanding of psychosocial

needs and current interventions is imperative.

This series of papers, according to Dr. Jacobson in his introduction, can be grouped into three areas: methodological presentations, psychosocial effects of diabetes, and intervention studies. In reviewing "hot topics" in psychosocial areas and interventions, like stress and diabetes (Surwitt et al.), depression and diabetes (Lustman et al.), cognitive functioning (Deary), and hypoglycemia awareness training (Cox et al.), the need to provide current, relevant information to both disciplines is met.

The diabetes management problems discussed in this series bridge the gap between behavioral scientists and educators by stressing the fact that many of these issues require the attention of both disciplines. For example, both Perri and Wing report that a multifaceted program including strict diet control and exercise are needed for long-term weight management. Rodin et al. discuss the frequency of eating disorders in young women with IDDM, and the probability that many eating disorders remain undetected. To effectively treat these concerns, the combined, cooperative efforts of those in behavioral medicine and those who provide nutrition education are necessary.

The articles in this series also reaffirm the need to continue investigation of the behavioral aspects that relate to diabetes educational outcomes. With regard to the current issues in third-party reimbursement for education, the benefits of diabetes education have been under close scrutiny. Although many reports have shown the benefits of diabetes education, oftentimes programs do not achieve favorable results.

Anderson (1) and Rubin, Peyrot, and Saudek (2), in their defense of the benefits of diabetes education, have noted the need to consider other areas of patient education when assessing educational outcomes, e.g., social behaviors, adherence, emotional factors, disease characteristics, and recognition that patient education alone cannot provide positive behaviors in the patient. Glasgow and Johnson, in their articles, add support to this philosophy. Their reviews address the need for examination of other social, environmental, and process factors and their interactive involvement in determining the outcomes of diabetes education. Along with identifying these issues that need inclusion in future research, their articles, along with Bradley's, Rubin's, and Peyrot's, provide valuable recommendations and direction for studies in psychosocial interventions and diabetes education.

In summary, the papers from the *Behavioral Aspects of Diabetes Mellitus* have been collected to provide valuable up-to-date information to those interested in the psychosocial and educational components of diabetes care. Hopefully, the symposium and articles have sparked an interest for continued interaction between educators and behavioral scientists. Continued cooperative efforts can only lead to improvement in clinical care and advancement in research in these developing fields.

Linda M. Siminerio, RN, MS, CDE
Cochair representing the
Council on Education

References

1. Anderson R: Assessing value of diabetes patient education. (Letter). *Diabetes Care* 9:553, 1986
2. Rubin R, Peyrot M, Saudek C: Effect of diabetes education on self-care, metabolic control, and emotional well-being. *Diabetes Care* 12:673-79, 1989