



**NDC3**  
**NORTH DAKOTA**  
Community Clinical Collaborative

## Living Well with Diabetes

### What is it?

Known in literature as the “Diabetes Self-Management Program (DSMP).” The class is group-based and participatory, led by two trained peer leaders over six weekly sessions. Living Well with Diabetes was developed at Stanford in partnership with diabetes patients, diabetes nurse educators, nutritionists, and a diabetologist. Participants receive a book on healthy living, and the program covers all areas of the American Association of Diabetes Education Standards including an overview of self-management of diabetes, nutrition/healthy eating, preventing low blood glucose, preventing complications, exercise, stress management, relaxation techniques, monitoring blood glucose, depression, positive thinking, communication, medications, working with health care professionals, sick days, skin and foot care, and future plans. Areas not covered during this program are the physical process of glucose monitoring, discussion of patient-specific medications, and insulin injection. Participants use action-planning, brainstorming, and problem-solving to identify and pursue goals for health.

### Who is it for?

Any adult (age>18) with Type II diabetes (note patients with Type I diabetes are better suited for Living Well with Chronic Conditions). Living Well with Diabetes is especially valuable in older adults, patients with comorbid chronic conditions, individuals with rising health risks, and those who experience loneliness. Excellent for patients with comorbid depression. Not appropriate for individuals who will disrupt group dynamics or for those acutely incapacitated by severe illness or physical limitations.

### What does it do?

Covers the “street smarts” of living with diabetes. Living Well with Diabetes increases participant self-efficacy and improves knowledge and beliefs that contribute to behavior change and improved self-management. Initial large randomized controlled trial (RCT) significantly improved A1C (- 0.4%) and quality of life at 18 months. Follow-up RCT improved depression (PHQ-9), communication with physicians, healthy eating, patient activation, and self-efficacy. More recent translational pre-post study among 1,242 health plan members confirmed A1C benefit of -0.9% in participants with baseline A1C >9%. Benefits were also seen in participants with depression, illness intrusiveness, hypoglycemia symptoms, medication adherence, and proportion receiving recommended tests (e.g. foot exam, eye exam, cholesterol). Should not expect measurable changes until six months post intervention as patients enact life changes.

**> For class information or to register, visit [www.ndc3.org](http://www.ndc3.org)**

## How to Discuss With Patients

Discuss the program with optimism, empathy, and excitement. Patients with diabetes identify with the challenge of carrying out the work of healthcare, changing behaviors, and managing symptoms. Your patients will appreciate that you understand this struggle. They will be excited to learn that this program can help them. When discussing the program, it helps to emphasize that the leaders are peers and that many patients like them find great value in the group classes and experience improvement. Expect your patient to come back with new strategies, goals, and questions. Use this opportunity to tailor your treatment plan and encourage your patient in his/her efforts.