

PERU

In Peru, the Peruvian Diabetes Association (APD) has a diabetes education program that is offered through diabetic clubs. This program is offered in several hospitals in Lima, the capital city, and in hospitals in other regions of the country including Piura, Arequipa, Huancayo, Chiclayo, and Ica. In the department of Lima, the program is under way in the following cities: Villa de El Salvador, San Juan de Lurigancho, La Victoria, and Lince.

There are more than one million diabetic Peruvians in the country, but only 30% of them have access to these diabetic clubs or other associations or organizations that offer diabetes education. Even fewer have the opportunity to be treated by a multidisciplinary team of professionals. Furthermore, recent analyses of the situation regarding risk factors for diabetes and other chronic diseases in Peru have indicated high rates of obesity, deficient metabolic control in people with diabetes, lack of knowledge of self-control strategies, and other obstacles such as negative beliefs about health, all of which explain the growing burden of diabetes and other chronic diseases in this population.

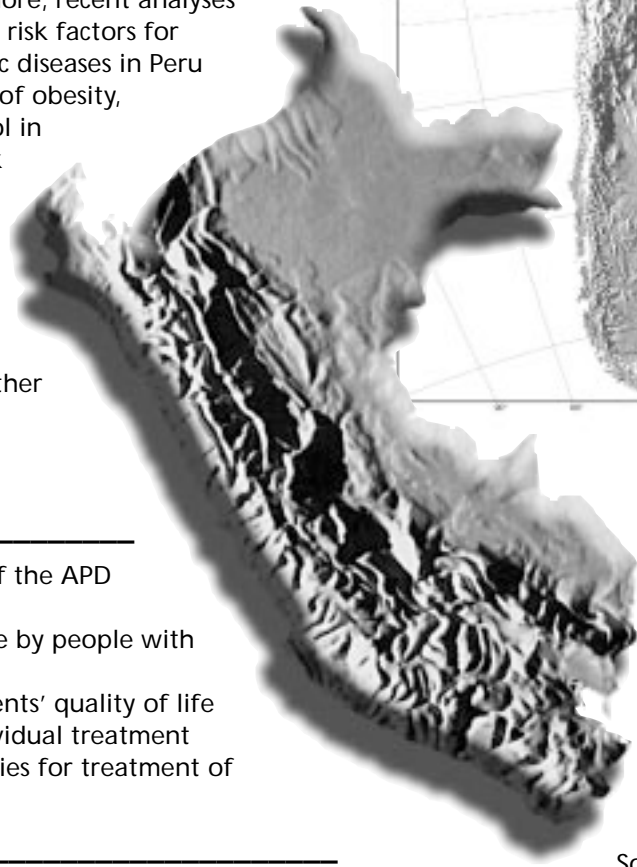
Goals _____

The three general goals of the APD program are as follows:

1. Promotion of self-care by people with diabetes
2. Improvement of patients' quality of life
3. Incorporation of individual treatment goals into the strategies for treatment of people with diabetes

Specific objectives _____

1. Increase participants' level of knowledge about general information on diabetes, innovative treatment strategies, and incorporation of self-care measures to prevent complications.
2. Evaluate each participant's level of knowledge before and after the program.
3. Improve the metabolic control of the participant (blood glucose levels, lipids, body weight, and arterial tension).
4. Introduce self-control skills to participants or strengthen their skills in this area.



Target population _____

The target population consists of people with diabetes and their family members, recruited with the assistance of the Lions Club or through announcements published in the newspaper.

Methodology _____

Some 60 patients normally attend the sessions, along with their family members.

The general program lasts a total of a year and a half. The education program is given in the form of workshops divided into sessions⁽¹³⁾. At each session, the participants (people with diabetes and family members) are divided into three groups.

A team of health professionals consisting of a

13. The workshop is called "Living with Diabetes."

physician, a nutritionist, and a nurse directs each group. A rapporteur or recording secretary is designated in every group; this person is in charge of taking notes during the presentations and group discussions and provides the general group with a summary. Presentations are given at a plenary session with the entire group to promote the exchange of ideas and experiences among the participants. Participants receive educational materials, such as a manual on diabetes, information on the importance of proper foot care, and a card on which personal treatment goals can be noted.

Each participant's level of knowledge, body weight, arterial tension, and hospitalizations for poor metabolic control are evaluated at three different times (at the beginning, at 6 months, and at 9 months⁽¹⁴⁾). This evaluation is used to check the effectiveness of the education program and the needs of the patients⁽¹⁵⁾. This information is later used to adapt the program to meet needs identified in the population.

Content or topics _____

A multidisciplinary professional team is responsible for 10 workshops, dealing with the following five subjects:

1. Treatment
2. Nutrition (caloric intake of food)
3. Exercise
4. Self-control
5. Foot care

Other subjects _____

- Information about the latest results reported by the DCCT (Diabetes Control and Complications Trial) and the UKPDS (United Kingdom Prospective Diabetes Study) concerning effectiveness of intensive treatments.
- The importance of setting personal, concrete, and practical treatment goals.
- Evaluation of metabolic control to prevent the emergence of complications of the disease.
- The rights of the patient.

In addition to the diabetes education workshop, the Peruvian Diabetes Association carries out some activities for the general public aimed at disseminating information on diabetes and increasing the level of awareness in the community. These activities include producing television programs on subjects related to diabetes (gestational diabetes, behavior modification, and lifestyle of patients), celebration of World Diabetes Day, and a national conference for people with diabetes and their family members.

Importance of program activities for the community _____

In many overpopulated cities in Lima and other provinces, primary care physicians still do not recognize the importance of diabetes education for improving patients' metabolic control and quality of life. Accordingly, this education program focuses on educating people with diabetes to make them better-informed consumers of health services. Well-informed patients have the knowledge and skills to ask their professional teams to provide care that meets minimum standards, including laboratory tests and periodic physical examinations (of the feet and eyes). Through the activities and services it offers, the Association intends not only to serve people with diabetes and their family members, but also to prepare health professionals and, as a result, to have both professionals and patients duly trained and up-to-date. It is hoped that these activities will result in a significant reduction in avoidable mortality and morbidity due to poor metabolic control among people with diabetes.

Materials _____

- Fliers
- Bulletin of the Peruvian Diabetes Association

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14. Although HbA1c is considered an important indicator for determining a patient's metabolic control, it is not included because of lack of financing.

15. The results of these evaluations have not yet been published.