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“What time am I getting up, checking my sugars, I can’t go do this because I’ve got to wait here to get my sugar, I’ve got to get my food in the right way”

“What would happen if you did that activity, how would that impact on your diabetes?”

“How is it impacting their occupations, what new occupations do you need to develop in order to support managing this chronic condition in a positive way, in a way that you still feel healthy, that you feel good and that it supports your occupational identity”
Overview

Brief background to research

The occupational forms of diabetes self-management (DSM)

Using the Model of Human Occupation (MOHO) to illustrate one aspect of DSM

DSM in relation to other occupations

A framework for Occupational Therapy practice

Why is this important?

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Brief background to research

- Occupational therapy values, beliefs and practice
- Diabetes lived experience
- Diabetes in light of potential OT role
- Potential model and theoretical framework for OT and diabetes
- OTs with diabetes

Study 1: See Youngson et al (2015)
Study 2:
Study 3:

Youngson (2016)

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The occupational forms of DSM

- Testing blood sugar
  - Equipment
  - Recording
  - Timing / Frequency
  - Driving
  - Impact

- Appointments
  - Frequency
  - Testing / monitoring
  - Information
  - Therapeutic Relationship
  - Scope of intervention

- Medication
  - Timing / frequency
  - Changes to medication
  - Insulin calibration
  - Injecting
  - Equipment changes
  - Planning

- Diet
  - Choices
  - Carbohydrate counting
  - Daily recommendations
  - Food diary
  - Use of apps
  - Over-riding instinct

- Managing other illness
  - Eliminating symptoms
  - Managing sick days
  - Impact of other conditions

- Exercise
  - Planning
  - Calibrating insulin
  - Overcoming reluctance

- Information & Education
  - Diabetes courses
  - Flexibility
  - Complexity
  - Tailoring to individual
  - Timing / frequency

Youngson (2016)
Using MOHO (Kielhofner 2008) to illustrate one aspect of DSM
Impact of occupation on diabetes

Work:
- Challenges
- Stress
- Meal opportunities
- Finding time for appointments
- Travel

Sport & Exercise:
- Improved mood
- Improved blood sugar control
- Insulin calibration

Socialising with friends:
- Food choices
- Gifts of food
- Peer pressure

Looking after family:
- Creating stress
- Putting self last
- Rewarding self with food
- Lack of time to plan
- Competing priorities

Impact of diabetes on occupation

Driving:
- Insurance
- Licence renewal
- Testing

Sport & Exercise:
- Planning
- Safety limits

Food shopping:
- Choice/Exclusion
- Denial

Socialising:
- Food choices
- Feeling nuisance
- Avoidance
- Spoiling others’ pleasure

"If you’re diabetic everything else that you need doing is affected by the fact that you’re diabetic"
A framework for practice

The person
as an occupational being: identity, roles, interests, habits, skills and motivation in context of their own and wider environment.

The challenge
Occupational performance
Occupational deprivation
Occupational dysfunction
Occupational disruption

Transformation through
Occupational adaptation
Occupational balance
Occupational choice
Occupational opportunities

Central philosophy:
Belief in the impact of occupation on health and wellbeing

Identify and assess occupational needs

Analyse & prioritise occupational needs in co-operation with service user

Facilitate occupational performance/engagement

Evaluate, reflect and act on occupational outcomes

In relation to the individual, occupations, the environment:
- Specific occupational challenges of diabetes self management (DSM)
- Impact of diabetes on other occupations
- Priorities and goals

Overcoming barriers to DSM:
- Occupational transformation
- Integration of diabetes with other occupations
- Advocacy & Education
- Psychosocial support
- Promoting healthy lifestyle through occupational participation

Outcomes:
- Improved health and mental wellbeing
- Improved occupational participation
- Improved DSM
- Achieving a balanced lifestyle

The process is underpinned by theory, research, clinical reasoning and the client-therapist relationship

(This framework is adapted from the COT (2014) Learning and Development Standards for Pre-Registration Education, reproduced with permission from the College of Occupational Therapists under the COT open permissions licence v1, 2013, http://www.cot.co.uk/authors-resources/authors-resources).
Why is this important?

Other healthcare perspectives

Occupational therapy scope of practice

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Any questions or comments?

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References