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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.”

Conceptualising diabetes self-management as an occupation

Bel Youngson
@OTBeIY

COT Annual Conference
29 June 2016
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

Diabetes lived experience

Potential model and theoretical framework for OT and diabetes

OTs with diabetes

Diabetes in light of potential OT role

Occupational therapy values, beliefs and practice

Study 1


Study 2

Study 3

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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

Using MOHO (Kielhofner 2008) to illustrate one aspect of DSM

**Volition**

- Personal causation
  - I will check it when I want to feel good
- Values
  - I have a fear of seeing the readings high
- Interests
  - That's why I do the blood sugars, so I make sure I know what's happening and when it's happening

**Environment**

- Physical
  - I'm not very good at writing them down but nowadays you don't have to, the machine records it all
- Social
  - I can't do this [shopping] because I've got to wait here to get my sugar
- Cultural
  - I wasn't seen as a sort of gold medal patient for asking for a meter, rather as a drain on resources.
- Economic
  - So I sort of havered for a while because the testing strips were so expensive and I really couldn't afford it
- Political
  - Restrictions have been ramped up a lot by the driving people

**Habitation**

- Habits
  - I then became quite regimented about doing my sugars.
- Roles
  - That became the central part of my life, making sure my blood sugar was in that tight range they wanted it to be.

**Performance capacity**

- Physical
  - The trouble is that then they change the machine...
- Cognitive
  - I don't think... a more judgemental approach would have worked at all
- Communication
  - It's just a question of learning how to use the machine and adapting your behaviour accordingly
  - It's taken me nearly 20 years to learn that the key to keeping my diabetes under control is not injecting, it's testing.
DSM in relation to other occupations

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

Core beliefs and values

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

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

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

Youngson (2016)

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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


