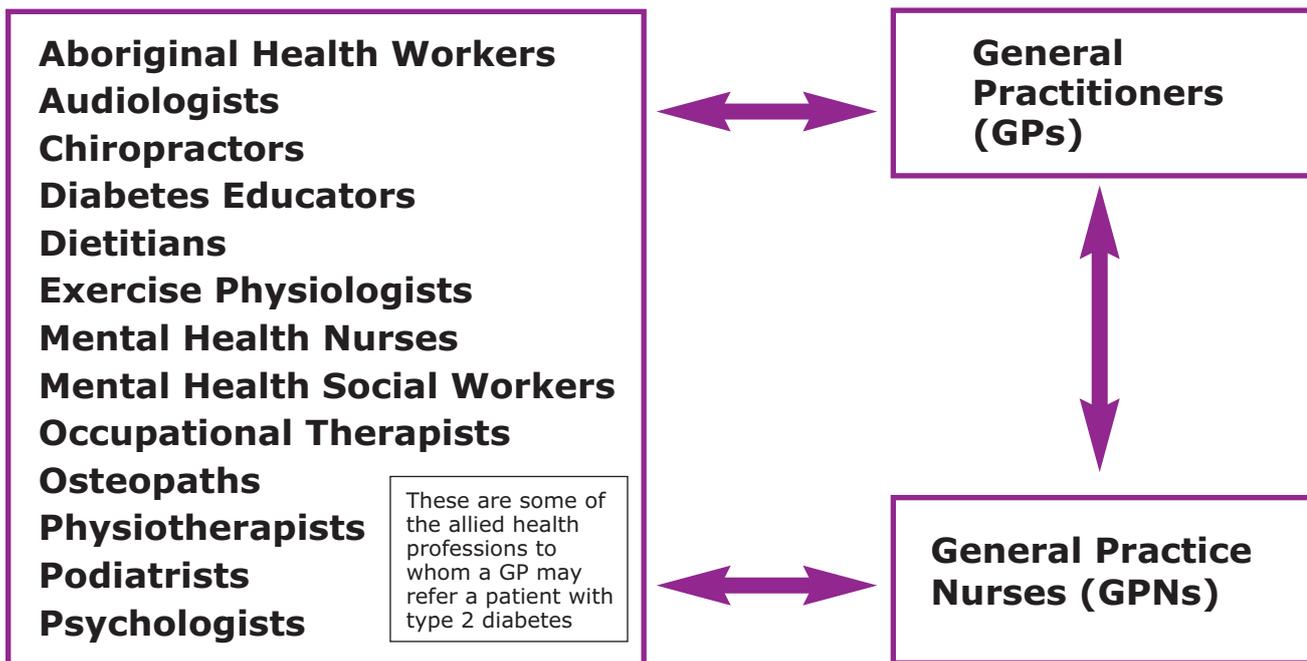


# Patient –Type 2 Diabetes



## Aboriginal health workers

### ■ Trigger points for a general practitioner referral to an Aboriginal health worker

- The patient is of Aboriginal descent
- May have communication difficulties in understanding the nature of the disease, its symptoms and treatment
- The patient may have cultural sensitivities of which the healthcare team need to be aware

### ■ Trigger points for an Aboriginal health worker referral to a general practitioner

- The patient is not responding to medical treatment
- The patient may not be adhering to the treatment program
- Symptoms are worsening
- Comorbidity may be suspected

### Potential treatment by an Aboriginal health worker

- Act as interpreters to ensure the healthcare professionals are clear about the patient's symptoms, medical and personal history
- Ensure that the patient has a good understanding of the diagnosis, treatment and health care advice
- Monitor the patient in between medical appointments
- Keep progress notes to be stored in the patient's file and on a database for access by other healthcare professionals
- Specialise in areas such as diabetes, mental health and eye and ear health

## Audiologists

### ■ Trigger points for a general practitioner referral to an audiologist

- New or recent diagnosis
- Observed difficulty understanding conversation
- Reported onset of hearing loss
- Reported onset of tinnitus

### ■ Trigger points for an audiologist referral to a general practitioner

- Deterioration of symptoms
- Identified symptoms for medical management or referral to Ear-Nose-Throat specialist

### Potential treatment by an audiologist

- Audiological assessment to determine any sensorineural hearing loss and any communication needs
- Rehabilitation program to address communication strategies and fitting and effective use of appropriate hearing devices and listening technology
- Tinnitus assessment and counselling
- Family and carer support to better manage communication needs

## Chiropractors

### ■ Trigger points for a general practitioner referral to a chiropractor

- When a patient presents with type 2 diabetes or at risk of developing it
- When a patient needs advice and/or treatment for assistance with mobility, balance or pain management
- Present history of joint receptors inhibition/fixation and/or degeneration requiring modulation
- Spinal pain, injury, dysfunction, degeneration, coordination/balance
- Poor spinal mechanics; poor posture, spinal motion restriction
- Musculoskeletal effects of diabetes, including muscle cramps, complex regional pain syndrome, calcific tendonitis, diabetic stiff hand, neuropathic arthropathy, carpal tunnel syndrome, frozen shoulder, tendosynovitis and Dupuytren's contracture
- Need for management of balance and mobility to assist in capacity to exercise

### ■ Trigger points for a chiropractor referral to a general practitioner

- Weight change for possible modification of insulin
- Development of clinical depression associated with chronic illness
- Signs and symptoms of poor management of blood glucose levels
- Signs and symptoms of progression and worsening of diabetes such as neurological, vascular and ocular symptoms, poor wound healing
- Intermittent reassessment of overall case picture such as blood pressure, blood testing, vision testing etc

### Potential treatment by a chiropractor

- Management of musculoskeletal effects of diabetes
- Spinal assessment and controlled treatment/facilitation/exercise
- Assist patients with general health and well-being education, particularly diet, exercise and techniques to alleviate pain and increase mobility
- Neurological and mechanical stimulation of somatovisceral reflexes affecting the spinal pathways and pancreatic function where indicated
- Increase physiological function for symptom improvement, quality of life and assist tissue regeneration repair as much as possible in the declining diabetic
- Monitor blood pressure, health status and provide lifestyle advice
- Maximisation of functional capacity to help maintain activity levels

## Diabetes Educators

### ■ Trigger points for a general practitioner referral to a diabetes educator

- Newly diagnosed with type 2 and type 1 diabetes
- Starting or changing diabetes medicines and insulin therapy
- Not achieving glycaemic targets or desired clinical goals
- To gain more self-management knowledge, skills or confidence
- In gestational diabetes and diabetes in pregnancy
- After experiencing severe or recurrent hypoglycaemia and following hospitalisation for diabetes
- As part of an annual cycle of review
- Following hospitalisation for acute diabetes complications
- Following diagnosis of chronic diabetes complications

### ■ Trigger points for a diabetes educator referral to a general practitioner

- Changes to blood glucose patterns
- When unable to be managed by existing medicines, management and/or treatment methods
- Not achieving treatment targets for BP, lipids and glycaemic control
- When complication screening is indicated

### Potential treatment by a diabetes educator

- Integration of clinical assessment and care, self-management education, skills training and information to support and motivate to:
  - Make appropriate food choices
  - Incorporate physical activity into daily life
  - Use medicines safely and effectively
  - Monitor, interpret and adjust self-management in accordance with blood glucose

## Dietitians

### ■ Trigger points for a general practitioner referral to a dietitian

- New diagnosis of patient with type 2 diabetes
- Patient previously diagnosed but needing ongoing dietary intervention
- Change in medical therapy such as addition of insulin
- Significant weight change
- Poor understanding of impact of diet on their condition.

### ■ Trigger points for a dietitian referral to a general practitioner

- Poor control of the condition (e.g. poor glycaemic, lipid and blood pressure control requiring medical intervention)
- Patient unable to be managed by existing medication and/or existing treatment methods

### Potential treatment by a dietitian

- Medical nutrition therapy, including:
  - Assessment of medical, lifestyle and psychosocial issues and detailed dietary history
  - Tailored dietary advice and goal setting
  - Dietary advice for glycaemic, lipid and blood pressure control
  - Weight management advice
  - Food/meal planning (eating patterns, serve sizes, foods to avoid/limit)
  - Provision of health information and resources

## Exercise physiologists

### ■ Trigger points for a general practitioner referral to an exercise physiologist

- Initial diagnosis of impaired fasting glucose, impaired glucose tolerance, prevention of 'at risk' groups
- Poor self-management of diabetes

### ■ Trigger points for an exercise physiologist referral to a general practitioner

- Poor control of glucose levels, lipids or blood pressure
- Poor maintenance of physical activity
- Comorbidity (e.g. uncontrolled ischaemia, persistent joint pain, poor wound healing)

### Potential treatment by an exercise physiologist

- Exercise prescription: individualised exercise prescription with an optimal dose for diabetes and cardiovascular benefit. Exercise prescription would be balanced with the patients' goals, readiness to change, knowledge, skills and access to resources and may be conducted in the home, gym or EP clinic
- Education: about diabetes management, cardiovascular risk factors, weight control
- Assessment: may include- goals, exercise history, anthropometry, blood pressure, blood profiles, fitness, strength, power, balance, mobility and may include specific assessments for work or activities of daily living
- Physical activity advice: encouraging incidental and leisure-time activity, active transport and reducing sedentary behaviours
- Self-management support: health education, planning, monitoring, follow up, behavioural counselling and relapse prevention
- Referral: matching patients to appropriate community based physical activity options with consideration of their age, interests, transport, functional capacity and cultural orientation

## Mental health nurses

### ■ Trigger points for a general practitioner referral to a mental health nurse

- New or recent diagnosis of patient with type 2 diabetes
- Patient has difficulty adjusting to the diagnosis
- Patient develops risk factors for the development of a mental disorder
- Patient has depression and/or anxiety, either pre-existing or in association with the physical condition
- Patient has a pre-existing mental disorder
- Mental state is such that ongoing monitoring is required

### ■ Trigger points for a mental health nurse referral to a general practitioner

- Deterioration in physical health
- Significant deterioration in mental health requiring referral to a psychiatrist
- Regular medical review

### Potential treatment by a mental health nurse

- A holistic assessment identifying all factors impacting on the person's physical and mental health
- Provision of counselling and support to assist patient to adjust to lifestyle changes
- Assist the family to accept and understand the diagnosis by providing support, education and information where necessary
- Monitoring mental state as it relates to treatment acceptance/adherence, with a background foundational knowledge of the biological sciences
- Evidence-based psychological strategies

## Mental health social workers

### ■ Trigger points for a general practitioner referral to a mental health social worker

- New or recent diagnosis of patient with type 2 diabetes
- Difficulty in adjusting to diagnosis
- Low mood, elevated levels of anxiety and/or previous history of mental health condition
- Changes in social or occupational functioning
- Poor adherence to self-management strategies

### ■ Trigger points for a mental health social worker referral to a general practitioner

- Worsening of physical health and functioning
- Increasing symptom severity
- Ongoing poor chronic self-management which could have adverse consequences for health
- Regular medical review

### Potential treatment by a mental health social worker

- Provide a biopsychosocial assessment that would assist the referring general practitioner to identify all the factors affecting the patient
- Provide education to ensure understanding of short/long term consequences
- Support individuals to establish and maintain lifestyle goals to bring about required changes
- Evidence-based treatment for psychological disorders including motivational interviewing, cognitive behaviour therapy and relaxation strategies
- Provide support, education and/or identification of other appropriate resources to assist the patient and their families

## Occupational therapists

### ■ Trigger points for a general practitioner referral to an occupational therapist

- Patient not coping with everyday activities of daily living (self-care, toileting, bathing, feeding, shopping, socialising)
- Difficulty in transfers (e.g. struggle to get out of chair)
- Difficulty in reaching perineum (e.g. regular urinary tract infections)
- Difficulty in reaching extremities (e.g. tying their shoe laces)
- Difficulty with mobility (e.g. your patient walks very close to you)

### ■ Trigger points for an occupational therapist referral to a general practitioner

- Comorbidity (depression, other acute conditions)
- Failure to progress
- Wounds that do not heal
- Poor compliance to medication regime
- Life crises (sudden change in life circumstances – such as death of partner, family member or pet)

### Potential treatment by an occupational therapist

- Pressure care
- Independence in activities of daily living (dressing, toileting, bathing)
- Environmental modification (correcting the height of chairs, tables, beds, toilets, kitchen benches, trolleys)
- Adaptive equipment prescription (chairs, wheelchairs, reaching aids, etc)
- Work simplification and energy conservation (structuring tasks, jobs and routines to make them easier)

## Osteopaths

### ■ Trigger points for a general practitioner referral to an osteopath

- When a patient needs advice and/or treatment to for assistance with mobility, balance, pain management
- When patients present with type 2 diabetes or at risk of developing it
- Present history or increasing signs of mobility reduction
- Increase in joint or back pain leading to reduced mobility

### ■ Trigger points for an osteopath referral to a general practitioner

- Identifying and referring at risk patients who present with diabetic symptoms, or problems relating to type 2 diabetes that require medical attention
- Weight changes for possible modification of insulin
- Identify poor compliance and poor adherence to self-management
- Signs and symptoms of progression and worsening of diabetes such as neurological, vascular and ocular symptoms
- Identify and monitor poor wound healing

### Potential treatment by an osteopath

- Assist patients with general health and well being education, including basic information on healthy eating and exercise prescription, techniques and treatment to alleviate pain and increase joint ROM and mobility
- Assist and support self managed care e.g. through exercise and healthy eating
- Management of musculoskeletal and neurological complications of diabetes
- Role in management through monitoring vitals e.g. blood pressure etc
- Examine for and monitor neurological involvement and progression examination of cranial and peripheral nerves assessing myotomes, dermatomes, reflexes
- Mobilisation, articulation and manipulation of joints to assist in ensuring mobility, function, ambulation, joint ROM are working correctly, maintaining movement and balance
- Treatment of muscle spasticity, hypertonicity, pain, altered muscle length

## Physiotherapists

### ■ Trigger points for a general practitioner referral to a physiotherapist

- Someone with type 2 diabetes or at risk of developing it

### ■ Trigger points for a physiotherapist referral to a general practitioner

- Identification of problems relating to type 2 diabetes that requires medical attention

### Potential treatment by a physiotherapist

- Develop safe exercise programs for managing or preventing type 2 diabetes. Appropriate exercise can help to balance cholesterol levels, improve insulin regulation, and achieve and maintain a patient's optimal weight
- Help patients to manage the effects of diabetes, including foot disorders (e.g., through teaching correct gait and posture), balance difficulties, musculoskeletal complications (e.g., frozen shoulder, back pain or osteoarthritis), and neurological conditions (e.g., carpal tunnel syndrome and sciatica) through appropriate treatment modalities to help prevent further damage
- Help provide non-pharmacological relief for diabetic neuropathy, oedema and foot ulcers
- Provide assistance to amputees, through pain relief techniques, rehabilitation and effective use of prostheses
- Provide lifestyle modification advice

Adapted by The Melbourne East General Practice Network from the Allied Health Professions Association 'Chronic Disease Management Manual', June 2010

## Podiatrists

### ■ Trigger points for a general practitioner referral to a podiatrist

- Clinical diagnosis or history of peripheral neuropathy (PN), peripheral vascular disease (PVD), foot deformity, foot ulcer
- Patients with diabetes require a minimum of 12 month foot screening of the above factors
- Patients with a diagnosis of any of the above factors need at least three to six monthly podiatric care, according to international consensus

### ■ Trigger points for a podiatrist referral to a general practitioner

- Foot infection requiring antibiotics
- Hyperglycaemia management
- Oral management of painful peripheral neuropathy
- Referral to medical specialist and/or multidisciplinary team
- Referral for more complex imaging unable to be directly referred by podiatrists (e.g. bone scan, MRI etc) and/or pathology

### Potential treatment by a podiatrist

- Assessment, diagnosis and management of foot ulcers, amputation, Charcot joints, PNM, PVD and/or foot deformity
- Ongoing management of any of the above including:
  - Wound dressing
  - Debridement of wounds and calluses/corns
  - Off-loading wounds and/or high plantar pressure areas (e.g. orthotics, casting, wound boots)
  - Biomechanical and gait analysis
  - Footwear advice and prescription
  - Podiatric foot care and diabetes education
  - Monitoring and referral for infection, hyperglycaemia, PVD etc
  - Imaging referrals (e.g. X-Ray or Ultrasound) for possible osteomyelitis etc
  - Coordination and/or correspondence with GP and multidisciplinary diabetic foot team (e.g. podiatrist, physician, surgeon, diabetes educator, dietitian, orthotics/pedorthotist etc)

## Psychologists

### ■ Trigger points for a general practitioner referral to a psychologist

- New or recent diagnosis and indications of difficulty adjusting to diagnosis (e.g. no changes made in behaviour or diet; changes in mood)
- Poor adherence to self-management strategies
- Low mood, elevated levels of anxiety and/or previous history of mental health condition
- Changes in social or occupational functioning
- Poor stress and/or weight management
- Difficulty accepting and integrating changes in self-concept or body image

### ■ Trigger points for a psychologist referral to a general practitioner

- Ongoing poor chronic condition self-management which would have likely adverse consequences for health
- Deteriorations in physical health and functioning (especially related to feet, eyes)
- Extended time between medical reviews
- Increasing symptom severity

### Potential treatment by a psychologist

- Biopsychosocial assessment to precede intervention
- Provide education to ensure accurate knowledge and understanding of diabetes symptoms and short/long term consequences
- Provide blood glucose awareness training
- Assist with adjustment to insulin therapy
- Provide weight and stress management strategies (including relaxation strategies)
- Evidence based treatment for psychological disorders (e.g. mood, anxiety and eating disorders)
- Assertiveness and problem solving training
- Enhancing social support
- Psychosocial support for partners and carers
- Promote adherence to self-management practices such as glucose monitoring, medication, exercise, dietary changes and other self-care such as foot-care