Diabetes management requires follow up care. Patient’s needs keep on changing. Their condition usually deteriorates and treatment regimes have to be intensified. Management of Type 2 Diabetes is mostly performed in Primary care and only a few patients need to be referred to Specialized care.

The development of a Diabetes specialist nurse (DSN) to attend patients with either poor metabolic control (HbA1c > 8%) or whose treatment needs to be reviewed, has proved to be a useful tool for patients (lowering of HbA1c, preventing hypoglycaemic events). It speeds up follow up visits and avoids patients’ referrals to endocrinology consultants.

The effective management of diabetes care is based on adherence to the appropriate diet, regular exercise, pharmacological therapy when needed, being diabetes education the treatment cornerstone. Nurses are the healthcare professionals who typically deliver diabetes education. Time limitations in on-going visits and also nurses lack of specific training in dealing with the more complex diabetes patients, prevent them from providing patients with the care they need.

Our Primary care centre has a population of 28548. The nursing team consist of 12 nurses with an assigned population of around 2000 patients each. Prevalence of Type 2 DM in primary care is 6% in our region. It raises to 8.44% between ages 45 to 64. We have 1418 diabetic patients, 92.94% of them being Type 2 DM. 67.14% of them have an acceptable metabolic control (HbA1c<8%). 32.86% have poor control. We might expect 216 complex diabetic patients to be attended by the DSN. She attends patients according to their individual needs with the aim of optimizing self management.

The development of a DSN in primary care provides a more comprehensive management of the patient with diabetes. Patient care and diabetes education are intensified, patient’ satisfaction improved, metabolic control optimized (lowering of HbA1c), and hypoglycaemic events secondary to pharmacological treatment are reduced.

Empowering diabetic patients towards self management.
Telephone monitoring.
Availability and accessibility.
DSN enhances diabetes education and optimizes treatment, so patient referrals to Secondary care are reduced.