

## Living Without the Gift of Pain:

# A Peer-led Educational Program for Preventing Diabetic Foot Ulcers

“God’s greatest gift to mankind is pain. Insensitive feet have lost the warning signal that ordinarily brings a person to their doctor.” – Paul Brand MD, orthopedic surgeon<sup>1</sup>

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### Introduction

**D**iabetic foot ulcers represent a significant medical and financial burden to the healthcare system. It is estimated that 15–20% of people with diabetes will develop a foot ulcer during their lifetime.<sup>2</sup> Additionally, foot complications account for longer hospital stays than any other complication of diabetes.<sup>2</sup> Furthermore, diabetes is the most common cause of non-traumatic lower-limb amputation, occurring in approximately 20% of people with diabetic foot ulcers.<sup>3</sup>

### Neuropathy and foot ulcers

Approximately 40–50% of people who have had diabetes for 10 years or more are affected by sensorimotor polyneuropathy.<sup>4</sup> This condition causes decreased sensation, and is associated with an increased risk for complications such as diabetic foot ulcers and lower-limb amputation.<sup>5</sup>

### Foot ulcers and educational programs

Education for people with diabetes regarding proper foot care, especially for those who are at high risk, may help prevent diabetic foot ulcers and amputations.<sup>6</sup>

Education has been shown to improve people’s foot care knowledge and behaviours, although more research is required to determine whether these improvements are sustained over the long term. In addition, the best type of educational format – with respect to effectiveness and sustainability – has yet to be determined in this high-risk group.<sup>7</sup>

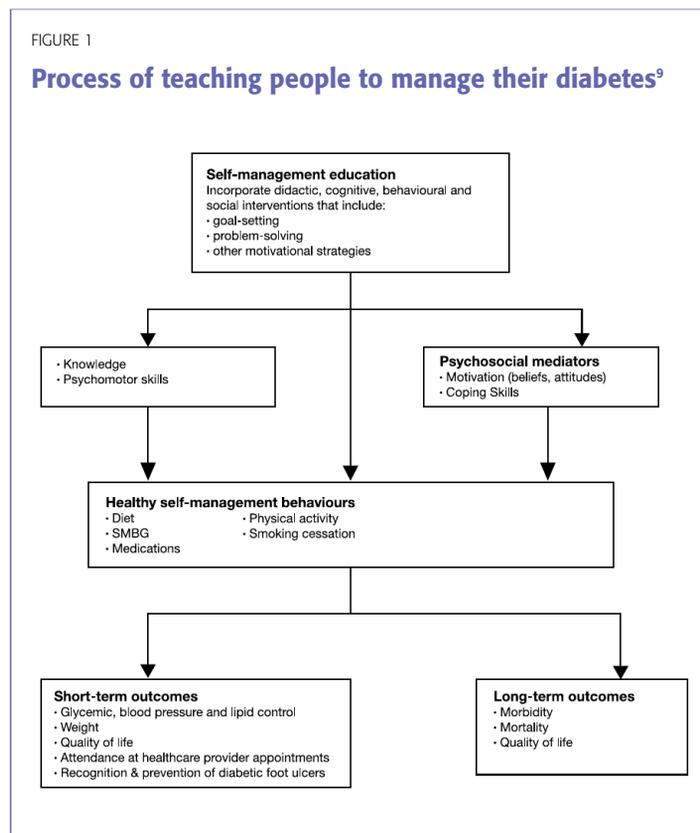
### Self-management education and diabetes

There is a growing utilization of self-management education in chronic diseases in general and in diabetes specifically.<sup>8</sup> The aim of self-management education is to increase individuals’ self-confidence and foster their motivation to control their disease.

Empowerment is an essential cornerstone of the self-management educational model, as it allows participants to feel accepted

FIGURE 1

### Process of teaching people to manage their diabetes<sup>9</sup>



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and explore further aspects of their disease management. In addition, self-management facilitates the active involvement of all parties (e.g. patients and healthcare professionals) in the education process.

Educational approaches that increase individuals' participation and collaboration in decision-making regarding their care have been shown to be more effective when face-to-face delivery, cognitive reframing teaching methods and practical application of the teaching lessons are involved. Figure 1 shows the steps involved in teaching people to self-manage their diabetes.<sup>9</sup> Recognition and prevention of diabetic foot ulcers, as well as amputation prevention, are also important self-management issues.

Support systems that include family members and caregivers in self-management educational interventions have been found to be beneficial in improving patients' diabetes-related knowledge, as well as their ability to cope with the disease.<sup>10,11</sup> Moreover, self-management education programs led by peer leaders and supported by health professionals foster self-care for people with chronic conditions such as diabetes. Indeed, these programs have demonstrated short-term improvements in patients' confidence to manage their chronic condition.<sup>10</sup>

Lay peer educators can enrich the delivery and depth of the self-management education by sharing their personal journeys and commitment to change with participants. They are able to empower and motivate participants because there are no boundaries between them (as there sometimes are between clinicians and patients) and they can relate to each other's stories and experiences. Peer-led programs are also an economical intervention that can provide a valuable link between people with diabetes and healthcare professionals in the healthcare delivery system (Figure 2).<sup>10-12</sup>

According to a recent World Health Organization report, several randomized controlled trials have demonstrated improved glycemic control, quality of life and self-efficacy among patients with diabetes who take part in peer-led educational programs. Peer-led, face-to-face self-management programs have also demonstrated short-term improvements in participants' self-rated health, cognitive symptoms and diabetes self-management. Even so, more research is needed to determine the optimal program settings and types – specifically, how peer-support programs can be integrated into clinical and outreach services over the long term.<sup>11,13</sup>

The strength of evidence varies across peer-led educational programs; at this time, no peer-led diabetes foot care program has been developed that specifically

*“Peer leaders are charged with rolling out the program in the community. I believe that the ripples created so far will create waves of awareness and reduce lower-limb and foot complications.”*

– Axel Rohrmann BSc Pod Med;  
PEP Talk healthcare practitioner and workshop leader

focuses on the prevention of foot complications and diabetic foot ulcers. Still, the success of peer-led programs is attributed to the leadership from and support of a person who has experienced the challenges of living with a similar condition, in this case diabetic neuropathy and its complications.<sup>10,11</sup>

### Our commitment to preventing diabetic foot ulcers

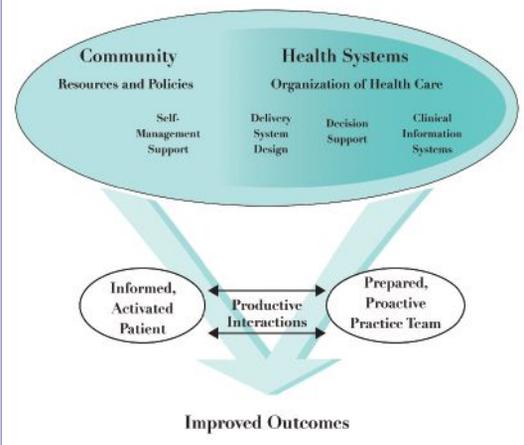
The CAWC is committed to reducing the number of diabetes-related foot ulcers and other potential neuropathic foot complications that can lead to lower-limb amputation. In 2010, the CAWC, in partnership with the Public Health Agency of Canada, launched the *Diabetes, Healthy Feet and You* interactive educational program and website for persons living with diabetes.

In Phase 1 of the program, a variety of self-management educational tools were developed in collaboration with people with diabetes, with the aim of motivating people living with the disease to prevent diabetic foot ulcers. Some of the educational materials developed through this program have been translated into 17 languages. For more information, visit <http://www.cawc.net/diabetesandhealthyfeet>.

Phase 2 of the Diabetes, Healthy Feet and You initiative involves a series of peer-led self-management workshops that will empower people with diabetes to

FIGURE 2

### The chronic care model<sup>13</sup>



*“Neuropathy is like no other health indicator.*

*There is no pain or discomfort. It is the absence of symptoms. That means our body’s early-warning signals are useless. We have to think and not feel!”*

– Douglas Cowling; person with diabetes living with neuropathy

understand and apply proper daily foot care practices. The overarching goal of the program is to train community leaders from each province and territory to facilitate community-based workshops in partnership with health-care professionals, thereby empowering people living with diabetes to “discover and use their own innate abilities to gain mastery of their diabetes” and foot care.<sup>14</sup>



PEP Talk participants proudly display their certificates of learning.

*PEP (Peer Education Program) Talk: Diabetes, Healthy Feet and You* consists of workshops that are co-led by volunteer peer leaders who are living with diabetes and neuropathy and volunteer healthcare professionals committed to improving the lives of people with diabetes. The self-management program incorporates multiple educational strategies, including social activities, interactive presentations, goal setting, problem solving, group activities and other motivational strategies that empower and motivate participants to adopt an approach to preventative foot care.<sup>9</sup>

*PEP Talk: Diabetes, Healthy Feet and You* encourages people with diabetes and their family members to attend a self-management educational workshop. The program’s aim is to influence positive behaviour change in participants by increasing their knowledge of the risk factors for foot ulcers. Peers leaders can also offer individuals the support and resources needed to prevent and treat foot ulcers, and link them to available community resources with the same focus.

Educational programs that help people with diabetes to recognize and manage foot complications in a timely fashion are the cornerstone of preventing diabetic foot ulcers and amputations.<sup>6,15</sup> The challenge is that

education alone may not always result in the necessary behaviour changes, particularly when people with diabetes may already have a loss of protective sensation. The *PEP Talk* program offers support to people with diabetes who are living without “the gift of pain.” Peer leaders can share their experiences with the aim of educating other people with diabetes about: the hidden dangers of living with a lack of protective sensation; the risk of forming ulcerations; and the risk of potential ulcer complications that can lead to amputation. Program participants are more likely to reflect on the information that is shared in the program because they can truly say that the peer leader has walked in their shoes.

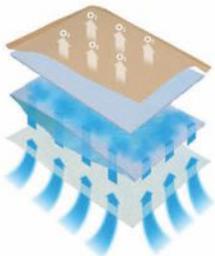
For more information on the *PEP Talk* program specifically, or diabetic foot health in general, visit [www.diabetespeptalk.ca](http://www.diabetespeptalk.ca). ☺

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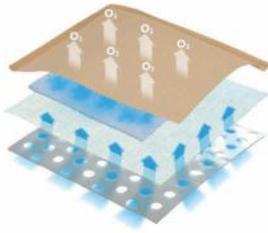
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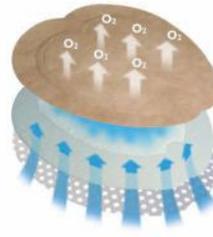
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<b>Eclipse Adherent®</b>	15cm x 15cm	CR3863	10
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