

Diabetes Management and Self-Care Education for Hospitalized Patients With Cancer

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Managing diabetes can be a daunting task for patients with cancer. Empowerment-based diabetes education and motivational interviewing are complementary approaches. Oncology nurses may feel unprepared to teach patients and their families about self-care for diabetes, but they provide individualized information on symptom management of cancer throughout hospitalization and at discharge. The essential self-care issues include food, exercise, medication, blood glucose monitoring, prevention, recognition and treatment of hypoglycemia and hyperglycemia, and when and how to get additional medical and educational support. This patient-centered model of diabetes education differs from the older “compliance” model that covers many universal rules for all patients, which are predetermined by the nurse. Informing nurses about their role in care of patients with cancer and diabetes is critical.

The incidence of diabetes in the United States continues to rise, with 23.6 million Americans (8% of the population) affected (Centers for Disease Control and Prevention [CDC], 2007). Healthy People 2010 (2000a) has two major goals: increase quality and years of healthy life and eliminate health disparities. The priority focus regarding diabetes is reducing the economic burden and improving quality of life for all people who have or are at risk for diabetes (Healthy People 2010, 2000b). The treatment of diabetes and its accompanying complications are costly, \$100 billion annually in the United States and continuing to rise (Garber et al., 2004). Diabetes affects 8%–18% of patients with cancer and can negatively influence the outcomes of treatment (Psarakis, 2006; Singer, 2007). The American Cancer Society ([ACS], 2008) estimates that 1.4 million new cases of cancer will be diagnosed in 2008, and 112,000–252,000 also will have or develop diabetes, making it a significant comorbid condition. Peripheral neuropathies in people with diabetes coupled with chemotherapeutic agents can result in increased toxicities, morbidities, and the potential for treatment discontinuation (Visovsky, Meyer, Roller, & Poppas, 2008).

Many patients with cancer have diabetes, usually type 2 or pre-diabetes, at the time of diagnosis and require dual management of the two conditions (Psarakis, 2006). In addition, several chemotherapeutic regimens such as CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) and combinations of steroids can lead to hyperglycemia (Oyer,

At a Glance

- ◆ Empowerment-based education and motivational interviewing are complementary approaches to diabetes patient education that have affected glycemic control.
- ◆ Knowledge about cancer and diabetes is essential in the delivery of individualized plans of care.
- ◆ Oncology nurses provide patients and families with skills and resources necessary to manage their cancer symptoms and to perform self-care of diabetes.

Shah, & Bettenhausen, 2006). Studies have indicated that 38% of all hospitalized patients have documented hyperglycemia, and patients with new hyperglycemia have increased length of hospital stays and higher mortality (Umpierrez et al., 2002).

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