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Program: Diabetes Self-Management Program

History:

The Diabetes Self-Management Program (DSMP) was first developed in Spanish at Stanford University School of Medicine. A study was conducted funded by the National Institutes of Health. After showing successful outcomes, Stanford received a grant from the California HealthCare Foundation for a randomized, controlled study to test the workshop's effectiveness for English-speakers. The study was completed in 2008. Recently a third large study was conducted by Stanford, the National Council on Aging and Anthem.

In 2017 the program was transferred to the Self-Management Resource Center.

Program content meets all standards of the American Diabetes Association and in approximately 25 places the program has been accredited by ADA or AADE and is eligible for Medicare reimbursement. The program does not conflict with existing programs or treatment. There are no recommendations for medical treatment; participants are referred to their physicians or diabetes educators. If the content of the workshop conflicts with instructions they receive elsewhere, they are advised to follow their physician's orders and discuss discrepancies with the physician.

The program is continually updated to meet the current ADA standards and there have been two major updates.

The program is available in English, Spanish, Chinese and a few other languages. It has been adapted for use on the Internet.

Program Description:

The Diabetes Self-Management Program (DSMP) is a workshop given once a week, for six weeks, for two and a half hours per session. Workshops take place in community settings such as senior centers, churches, libraries and hospitals. Physicians, diabetes educators, dietitians, and other health professionals continually reviewed all workshop materials.

There are three core components: action-planning, decision-making, and problem-solving. Subjects covered include: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration; 2)

healthy eating; 3) appropriate exercise for maintaining and improving strength and endurance; 4) appropriate use of medication; 5) working more effectively with health care providers; 6) balancing blood glucose, 7) preparing for sick days, and 8) recognizing and dealing with hypoglycemia. The process by which the program is taught, based on self-efficacy theory, is what makes it effective. Workshops are highly participative, where mutual support and success build the participants' confidence in their ability to manage their diabetes and maintain active and fulfilling lives.

Workshops are facilitated by two highly-trained leaders, one or both of whom are non-health professionals with diabetes themselves. These facilitators are often-times volunteers, and all have attend an intense 24 hour training that includes reviews of the entire workshop content, opportunities to practice teach and working through scenarios of problems that might occur in the workshops. The leaders facilitate the workshop from a highly detailed manual.

Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions*.

Program Outcomes:

Original research (1) shows that six months after the workshop, participants had significant improvements in A1C, depression, symptoms of hypoglycemia, communication with physicians, healthy eating, and reading food labels ($P < .01$).

They also had significant improvements in patient activation and self-efficacy. At 12 months, DSMP intervention participants continued to demonstrate improvements in depression, communication with physicians, healthy eating, patient activation, and self-efficacy ($P < .01$).

In a more recent study, participants demonstrated one-year reduction in A1C, depression, symptoms of hypoglycemia, and an increased adherence to medication receiving recommended laboratory tests. There was also an \$832 reduction in costs compared to matched controls.

Program References:

1. Lorig K, Ritter PL, Villa F, Piette JD. **Spanish diabetes self-management with and without automated telephone reinforcement.** *Diabetes Care*, 2008;31(3):408-14. [View abstract](#)
2. Lorig K, Ritter PL, Villa FJ, Armas J, **Community-based peer-led diabetes self-management: a randomized trial.** *Diabetes Educator*, 35(4):641-651, 2009. [View abstract](#)
3. Turner RM, Ma Q, Lorig K, Greenberg J, DeVries AR. **Evaluation of a diabetes self-management program: Claims analysis on comorbid illnesses, health care utilization, and cost.** *J Med Internet Res*, 20(6), 2018 June. [View article](#)
4. Lorig K, Ritter PL, Turner RM, English K, Laurent DD, Greenberg J. **A diabetes self-management program: 12-month outcome sustainability from a nonreinforced pragmatic trial.** *J Med Internet Res*, 2016 (Dec 15); 18(12):e322. [View article](#)

For further studies see <https://www.selfmanagementresource.com/resources/bibliography/diabetes>

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