How to ensure a type 2 diabetes diagnosis is made promptly

Poor access to screening and support mean people with learning disabilities are less likely to receive good care and risk complications.

People with learning disabilities are more likely than the general population to develop type 2 diabetes, but are less likely to receive appropriate care. A variety of factors may play into this health inequality, including low levels of physical activity among people with learning disabilities, poor diets and antipsychotic medication.

Among the key factors, especially when it comes to timely diagnosis and appropriate treatment, are education, healthcare access and perceived difficulties with self-management – factors nurses are ideally placed to tackle.

Access to screening
Type 2 diabetes is generally diagnosed later in individuals with learning disabilities. People with learning disabilities don’t necessarily have access to screening, or to health knowledge about type 2 diabetes, says professor in diabetes care at Birmingham City University School of Nursing and Midwifery Anne Phillips, who previously worked as a diabetes specialist nurse.

Diabetes specialist nurse Cathy Beresford says people with learning disabilities may lack the support they need to attend a health check-up or a GP appointment.

Ms Beresford, a PhD student at Bournemouth University who has conducted research into supporting people with learning disabilities and diabetes, says some individuals may also find it challenging to communicate that they are experiencing certain symptoms.

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indicative of type 2 diabetes, such as lack of energy, blurred vision and frequent urination.

A delay in diagnosis can lead to more severe health complications.

**Help navigate concerns**

National diabetes audit data suggest that individuals with a learning disability and type 2 diabetes may be less likely to receive appropriate diabetes care, including regular check-ups, blood glucose monitoring and medication management.

This lack of appropriate care can lead to poor blood glucose control and an increased risk of diabetes-related complications, as well as poorer health outcomes.

To help ensure service users are diagnosed in a timely manner, learning disability nurses can support individuals to have routine check-ups and appointments, ‘helping them to navigate concerns, barriers, and access issues’, says Ms Beresford. And they can work with practice and community nurses and other healthcare professionals to support individuals to obtain a diagnosis, she says.

A challenge for any nurse when supporting patients is that they may feel confident in certain specialist areas but less so in others, she says. ‘A diabetes nurse may feel less confident in how to support someone with learning disabilities. And a learning disability nurse may feel uncertain about supporting individuals with diabetes.’

Nurses can educate themselves through online learning and study days to understand more about diabetes, the risk factors, and early signs and symptoms, says Ms Beresford.

Working together, nurses can share their knowledge. Dr Phillips says: ‘Learning disability nurses may need to reach out to their local primary care service and make links with practice nurses who specialise in diabetes. And practice nurses may also learn from them, and increase their knowledge.’

**Good quality indicators**

What good diabetes care should look like is outlined by Diabetes UK’s 15 good quality indicators.

Ulster University professor of intellectual disability research Laurence Taggart says research shows that for many people with intellectual disabilities and diabetes, the 15 Diabetes UK quality indicators for good diabetes management are being only partially met.

Professor Taggart says people with intellectual disabilities are less likely to receive appropriate care for their type 2 diabetes because ‘they may not be offered structured education and support to manage their condition, or education programmes may not be tailored to the needs of service users’.

Ms Beresford says services may not be appropriately set up to meet the needs of those with learning disabilities. ‘Service structures can be disempowering to individuals who have additional needs.’

Dr Phillips says people with learning disabilities and type 2 diabetes ‘should be receiving the same care as those without a learning disability, but with reasonable adjustments in place’.

**Medication reviews**

There should also be regular health and medication reviews, she says. However, how reliably this happens may depend on such factors as where the individual is living and the consistency of their care, says Dr Phillips. People with learning disabilities have a legal right to reasonable adjustments when accessing healthcare. In diabetes care this could include having
access to screening, health and medication reviews, says Dr Phillips.
Reasonable adjustments can involve sharing information with service users using videos, easy-read leaflets, pictures and diagrams. Ms Beresford says: ‘It’s often about building a relationship with that person, and working out the best way to communicate with them.’

**Sensory therapy**
It can mean ensuring service users are able to attend longer appointments and with a family member, carer or support worker, or having a home visit, she says.

‘They may not be offered structured education and support to manage their condition, or education programmes may not be tailored to the needs of service users’

Laurence Taggart, professor of intellectual disability research at Ulster University

Another example of a person-centred approach might be taking time to consider how the person feels about aspects of treatment, such as having blood taken. Dr Phillips says needles ‘might be traumatic for them, so you could use sensory therapy, for instance, to try to keep them calm and relaxed’.

Professor Taggart says nurses need to listen to the person’s story in relation to what they understand about diabetes. ‘For example, do they understand how they got diabetes? ‘And if they have misconceptions, nurses can gently empower them to have a clearer understanding of what diabetes is, and how to manage it,’ he says.

Nurses can offer support to adults with intellectual disabilities with lifestyle issues such as weight management, promoting physical activity, quitting smoking, managing their blood pressure, cholesterol, body mass index and medicines adherence, says Professor Taggart.

**DESMOND-ID trials will lead to healthier lifestyle choices**

A face-to-face and virtual programme called DESMOND that helps people to self-manage long-term conditions should be offered to anyone diagnosed with type 2 diabetes and their family or carers, say guidelines from the National Institute for Health and Care Excellence.

But it may not be suited to the needs, literacy skills and comprehension of people with intellectual disabilities, says Ulster University professor of intellectual disability research Laurence Taggart.

**Education programme**
Professor Taggart and colleagues have developed an education programme for adults with intellectual disabilities called DESMOND-ID, which is designed to support them to manage their diabetes. The programme is approximately two hours per week for nine weeks, followed by two booster sessions at one and three months. The adult with intellectual disability and their carer, partner or advocate are encouraged to attend together where appropriate.

After a successful feasibility study, Professor Taggart and colleagues began conducting a larger four-year research study to find out if the DESMOND-ID programme brings about health benefits for adults with intellectual disabilities who have type 2 diabetes.

Researchers are conducting a randomised controlled trial called My Diabetes and Me Study – DESMOND-ID, recruiting 450 adults with intellectual disabilities who have type 2 diabetes, from Northern Ireland, Scotland and England.

Participants’ blood glucose (HbA1c) will be measured when they are recruited and twice more later in the study. Researchers will then compare the results for the people allocated to the DESMOND-ID education programme and those in the control group. They will also compare blood pressure, cholesterol, weight, and health and well-being measures.