

Changing self-care behaviors for patients with Diabetes Mellitus Type II

Introduction:

- Greater than 23.4 million people are affected by diabetes mellitus type II.
- Challenges are blindness, kidney failure, amputation, and cardiac disease.
- Need to discover educational method for inspire patients with diabetes for healthy behaviors to manage their hemoglobin A1C HgBA1c 7.0, or below (the measure of good control). Poorly managed diabetes mellitus is a threat to life

Purpose:

The purpose of this systematic review: to identify the best available evidence-based information utilizing loss-frame messaging to promote change in self-care for patients with type II diabetes. Loss-frame messages: a convincing strategy either to underscore benefits or rewards from compliance with the message advocacy (the gain-frame), or to emphasize the costs and punishments associated with noncompliance (loss-frame).

Methods:

Formal systematic review of existing studies: A self-contained research project that explores a clearly specified question.

Derived from a practice problem, using existing studies. Inclusion criteria: studies with adult patients with diabetes type II, use of loss-frame messaging.

Research Question

The guiding practice-focused question is: What is the evidence from literature regarding how loss-frame messaging improves the hemoglobin A1C level of individuals with diabetes mellitus type II?

Results:

No articles investigated the use of loss-frame messaging in patients with diabetes mellitus and the lowering hemoglobin A1C levels. Two research articles utilized loss and gain-framed messages as an education approach.

No studies presented improved knowledge on diabetes management of Hemoglobin A1C levels using loss-frame messages.

Loss-frame and gain-frame messaging improved health behavior in foot care education, while gain-frame continued to improve over 3-6 months.

Paragas (2019) found gain-framed information more persuasive for disease prevention behaviors.

Summary:

Both loss-and-gain-frame approaches changed health behavior about prevention of foot problems for 3-6 months, but gain-frame approaches had longer lasting effects on behavior change.

Conclusions/Further Study:

No studies examined the use of loss-frame messaging as an educational intervention to improve the hemoglobin A1C level of patients with diabetes. Results reviewed were insufficient to draw conclusions to change patient education. Further research is needed to test the use of loss-frame messaging as a teaching modality to lower patient hemoglobin A1C level.