Understanding the target group

Diabetes in the eyes of doctors and patients

The number of diabetes patients is growing. Consequently, an avalanche of therapy work is rolling towards the treating physicians. The doctor-patient relationship often remains in a counterproductive environment.
everyday change - which is not enough for doctors. For a more constructive cooperation between doctor and patient, it is necessary to find more intersections.

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Type 2 diabetes is a widespread disease that, according to the German Diabetes Society's health report, affected an estimated 8.5 million people in this country in 2021. This means that about every tenth person we meet on our streets has diabetes. In addition, epidemiologists estimate that at least two million people are not known to have the disease.
New cases of diabetes and the resulting prevalence are high in the

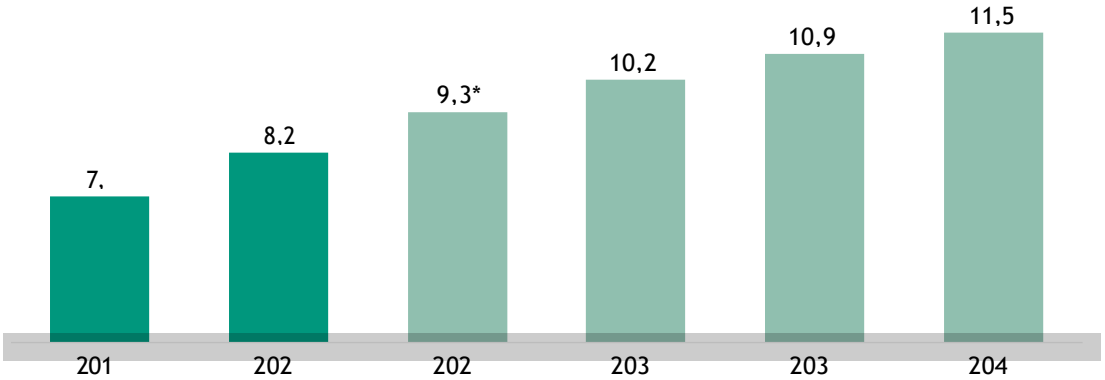
The incidence of diabetes has risen significantly in recent years, with type 2 diabetes (T2D) accounting for well over 90 per cent of all cases.

Development exacerbates the situation in practices

According to estimates from various studies, the diabetes prevalence of 9.7 percent will continue to rise within the next few years. Among insured persons

With increasing age, the
Prevalence increases, with the maximum
in the 75- to 79-year-old age group.
with a share of more than 30 per cent.
percent of those affected. 60
percent of sufferers are overweight,
which is more pronounced in men.
Against the background of the health economic consequences of diabetes with regard to numerous comorbidities, the DDG Health Report 2022, based on data from the SHI, contained a calculation of diabetes preven- tion costs.

NUMBER OF TYPE 2 DIABETICS IN GERMANy (IN MILLIONS) (*forecast)



Source: German Health Report Diabetes 2022, ed. German Diabetes Society / German Diabetes Aid. Compilation: K&A, Graphic: Healthcare Marketing

Dr. Thaddäus Tönnies and Prof. Wolfgang Rathmann from the German Diabetes Centre, Institute for Biometry and Epidemiology, reported on figures of diabetes sufferers and a model calculation in the 'German Health Report Diabetes 2022': "Based on data from the SHI and the age pyramid of the Federal Statistical Office, the prevalence of diabetes in Germany will continue to rise. Assuming a two percent annual decrease in diabetes-related excess mortality and a constant incidence rate, around 11.5 million people would have type 2 diabetes in 2040."

Illustration: K&A, Photos: Doctor: iStock/shironosov, Patient: iStock/AnnaStills, Fridge: iStock/photoschmidt

Communication barriers are the cause of lack of compliance in behavioural changes after diabetes diagnosis

lences. In addition to taking into account a two per cent annual decrease in diabetes mortality, alternative scenarios included health-related tax interventions as a factor. Without additional government intervention on sweet drinks, tobacco and red meat, the number of type 2 diabetics would increase to a total of 11.5 million people, assuming a constant incidence (see figure on the left), which would correspond to an increase of about 30 percent compared to today.

The estimates suggest that this increase will pose an enormous challenge to the treating practices. The higher the number of potential patients, the more likely it is that existing communication barriers between doctor and patient will manifest themselves: the doctors' daily routine will become even more tense due to increasing treatment cases and a further reduction in time budgets, and patients will feel less emotionally met as a result.

The patient's autopilot is a hurdle

In contrast to the external image of many doctors that patients are less adherent, which has been proven by market research, type 2 diabetes patients are far less "indifferent" to whether they have diabetes. Psychological studies confirm that patients often leave behind an "impression of self-blame" through their role behaviour in the doctor's office: They are reluctant to give up their favourite health-related misconduct in everyday life. In any case, diabetics have become accustomed to everyday restrictions over the years due to numerous comorbidities.

According to general findings, patients are initially shocked after the diagnosis is announced because they expect additional restrictions. On the other hand, they are hardly afraid. There is little to be read about diabetes as a cause of death.

The aspect is therefore not top-of-mind: diabetes does not initially trigger a fear of death - unlike cancer or dementia. And diabetes is spontaneously less associated with secondary diseases, which are among the main causes of death in Germany in connection with diabetes. Consequently, there is a lack of urgency to accept the new reality as relevant to everyday life and to change one's own behaviour.

- and thus adapt one's own autopilot to the situation.

After a diabetes diagnosis, patients go home to their home environment to deal with the diagnosis and change previous routines in everyday life. However, the autopilot resists: the knowledge about diabetes and the attitude of having to change consumption behaviour in the future often fails even before the fridge is opened: the freshly cooled beer, the delicious cake or the pudding seem more "powerful" in this context. Everyday action is then easier

and less strenuous than consciously making behavioural changes. The change can also be started on the following day. In this way, thoughts of diabetes can easily be postponed via the auto pilot.

Two perspectives meet in practices

This frequent scenario continues. At the latest with the next visit to the doctor, the patient feels guilty: Behavioural changes could not be sufficiently implemented in everyday life, as recommended by the doctor, or as deemed necessary by the patient.

In the context of the practice appointment, many doctors think that patients have still not understood the precarious situation they are in and therefore have to be educated anew each time - which steals their time. However, doctors only see the patient at certain intervals, record progress or regress and evaluate their behaviour from this. The remorse patients feel and the self-reproaches they have to live with are rarely understood in these medical appointments.

The doctor wants to treat the disease diabetes and not the patient's autopilot. On the other hand, type 2 diabetes patients often feel that doctors are not very interested in how they are actually doing in their daily lives, what hurdles they are facing and how they are doing. they have to cope with in everyday life. Doctors want diabetics to follow their therapeutic guidelines and adapt their behaviour to the disease. Backgrounds and possible strategies for a successful integration into the patients' everyday life are hardly shown. From the patients' point of view, medical empathy is rather scarce.

Doctors also find it difficult to see behind the façade of overweight patients who cannot easily give up their few remaining pleasures. From their own perspective, it is easier for doctors to demand behavioural changes and then get angry that the diabetic did not follow the medical advice.

Basically, both want to defy diabetes. Both are aware that diabetes requires a fundamental change in behaviour. However, awareness and attitudes can never be transferred 1:1 to subsequent behaviour. We encounter the so-called attitude-behaviour gap in numerous studies on sustainability, purpose and other social attitudes that are desired but deviate from actual purchasing or social behaviour. This is also the case with diabetes: the insight of a need for behavioural change is conscious at the moment of treatment, but is lost in everyday life if no practicable solutions are found to trick the habitual autopilot in everyday behaviour. Conversely, the lack of

The doctor's lack of awareness of the diabetic's everyday sins, which are pre-programmed on autopilot, prevents cooperation and also behavioural success. In the worst case, doctor and patient are trapped in their own context.

Aim for better relationship dynamics

The authors were able to analyse the often unsatisfactory interaction between doctor and diabetes patient for years in K&A psychodrama studies. The reluctance of the doctor to better understand the patient, but also the patient's lack of knowledge in dealing with his or her own autopilot for a behavioural correction appropriate to diabetes, reinforce a bipolar and little result-oriented communication.

Psychologically, it is difficult for patients to make efforts to break through diabetes-promoting misbehaviour at home and to overcome it sustainably by means of coping strategies. The patient tends to choose the path of least resistance. However, a change in the practitioner's view of the hurdles and temptations of the diabetic's everyday life would contribute to more therapy successes. When doctors mutate into context thinkers in practice, they find emotional access to their patients. In this way, they may help them to develop more efficient strategies for therapy implementation and a sustainable everyday strategy.

The bipolar role behaviour begins

The differences in expectations between doctor and patient regarding the handling of the disease level out and pre-programmed misunderstandings as well as emotional anger (hurt pride of the doctor or perceived anger of the patient) arise. The initially different expectations of the doctor and the patient with regard to dealing with the disease level out and pre-programmed misunderstandings as well as emotional anger (injured pride of the doctor or perceived insult of the diabetic) ideally do not occur. The better the reality of life of diabetes patients in everyday contexts is understood, the better patients can deal with the therapy.

Photo:

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