

# DAFNE – insulin training for Type 1 diabetes IIOP webinar, April 24th 2024

Dr Cathy Breen, RD, PhD

Dietetic-lead NDP / Clinical Specialist Dietitian in Diabetes and Obesity













## **Living with Type 1 diabetes**

 Monitor your bloods and take insulin to match the hormone that is missing....

"Managing T1D is like juggling while you're riding a unicycle on a busy street full of potholes in the middle of a hurricane. To stay on the unicycle, you have to constantly think about where you are now, where you're headed, and what the road and weather conditions will be like in a couple of hours."

The **b**iabetes Psychologist



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## What can/should we offer?

- Support from a specialist multidisciplinary team (hospital based)
  - Endocrinologist, Diabetes Nurse, Diabetes Dietitian, Advanced Nurse Practitioner, Administrator, Podiatrist, Psychologist....
- Multidose insulin regimens, CGMs and pumps....
- Minimum of 2 consultations per year
  - 3 hours per year (8757 hours remaining....)
- A high-quality structured self-management education programme within 6-12 months of diagnosis
  - e.g. DAFNE (Dose Adjustment for Normal Eating)









#### **Structured Diabetes Education**

## "An essential component of T1 diabetes care" 1,2

Diabetes Care Volume 44, November 2021

2589



The Management of Type 1
Diabetes in Adults. A Consensus
Report by the American Diabetes
Association (ADA) and the
European Association for the
Study of Diabetes (EASD)

Richard I.G. Holt, <sup>1,2</sup> J. Hans DeVries, <sup>3,4</sup> Amy Hess-Fischl, <sup>5</sup> Irl B. Hirsch, <sup>6</sup> M. Sue Kirkman, <sup>7</sup> Tomasz Klupa, <sup>8</sup> Barbara Ludwig, <sup>9</sup> Kirsten Nørgaard, <sup>10,11</sup> Jeremy Pettus, <sup>12</sup> Eric Renard, <sup>13,14</sup> Jay S. Skyler, <sup>15</sup> Frank J. Snoek, <sup>16</sup> Ruth S. Weinstock, <sup>17</sup> and Anne L. Peters <sup>18</sup>

Diabetes Care 2021;44:2589-2625 | https://doi.org/10.2337/dci21-0043

NICE National Institute for



Type 1 diabetes in adults: diagnosis and management

NICE guideline Published: 26 August 2015 Last updated: 17 August 2022

www.nice.org.uk/guidance/ng17







<sup>1</sup>Holt et al (2021) Diabetes Care; <sup>2</sup>NICE (2015)

#### Structured Diabetes Education – what's different?

- Goal: **competence** (what individuals know or are able to do in terms of knowledge, skills and attitudes) and **confidence** (the extent to which individuals can adapt to change, generate new knowledge, and continue to improve their performance)<sup>1</sup>
- Criteria<sup>2,3</sup>:
  - 1. Philosophy: underpinned by a patient-centred philosophy
  - 2. Curriculum: written, aim and objectives, detailed lesson plans.
  - 3. Trained educators: familiar with learning theories, facilitation skills to assist the participants to problem solve and set personal goal, diabetes expertise.
  - 4. Quality Assurance: internal and external
  - 5. Audit







## So what is DAFNE?

- 40 hours of training, facilitated by 2-3 diabetes educators, for a group of 6-8 people with T1DM
- Skills to adjust insulin to flexible lifestyle choices, using algorithms to give a greater sense of personal control
- Use experiential learning and DAFNE principles (skills and guidance) to become activated self-managers
- Support people to make informed decisions
- Peer support

The principal aim is to facilitate autonomy, competency and confidence in the selfmanagement of T1DM by providing skillsbased training in the areas of carbohydrate counting and insulin dose adjustment in a comprehensive range of situations. This includes the development of problemsolving skills that ultimately leads to improvement in biomedical and quality-of-life outcomes in people with type 1 diabetes and eventual improvements in long-term health outcomes







## **Evidence for DAFNE**

#### • RCT data:

HbA1c ♣ 0.9% without an û in severe hypoglycaemia, more dietary freedom with no effect on weight, and improved quality of life

#### Audit data:

 Reduced admissions for DKA and severe hypoglycaemia (n939)<sup>2</sup>

	Before DAFNE training (baseline)			12 months after DAFNE training			Absolute	*Relative risk	P value of the
	Total	Range	Rate	Total	Range	Rate	risk	(95% CI)	differen
Admissions for ketoacidosis	57	0-3	0.07	22	0-3	0.03	-0.04	0.39 (0.23, 0.65)	<0.001
Nights spent in hospital as a result of ketoacidosis	210	0–17	0.24	67	0-9	0.08	-0.16	0.32 (0.19, 0.54)	<0.00
Admissions for severe hypoglycaemia	30	0-2	0.03	10	0-2	0.01	-0.02	0.33 (0.17, 0.64)	0.00
Nights spent in hospital as a result of hypoglycaemia	80	0-21	0.09	21	0-8	0.02	-0.07	0.32 (0.20, 0.54)	<0.00
Episodes requiring paramedics	167	0-6	0.18	51	0-5	0.05	-0.13	0.30 (0.19, 0.46)	<0.00
Episodes requiring Accident and Emergency department attendance	53	0-5	0.06	20	0-3	0.02	-0.04	0.37 (0.15, 0.90)	0.02
Episodes requiring both paramedics and Accident and Emergency department attendance	52	0-5	0.06	18	0-3	0.02	-0.04	0.34 (0.13, 0.89)	0.02

DAFNE, Dose Adjustment For Normal Eating.

\*Negative binomial models with a fixed factor for before vs after DAFNE with a population-averaged exchangeable correlation to allow for clustering on centre were used for data which are counts. These models produce relative risks, 95% CIs and P values.

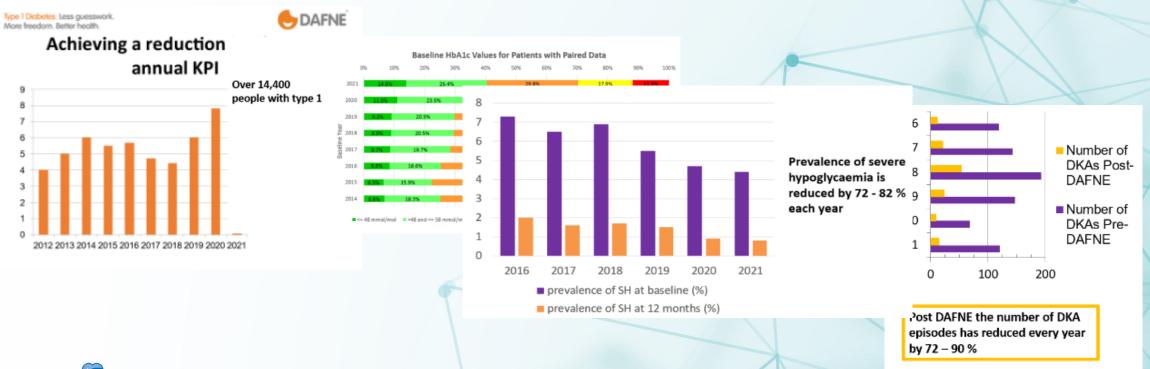






## **Evidence for DAFNE**

- Sustained improvements in HbA1c, treatment satisfaction, weight, anxiety and depression<sup>1,2,3</sup>
- Annual KPIs 2021 (post advent of CGM in UK)<sup>4</sup>









## Other evidence generated re: DAFNE

- Cost effective<sup>1</sup>
  - Cost savings of £93,000 per 100,000 population every year (£48 million nationally in the UK every year).
- Group or 1:1 follow up support is effective<sup>2</sup>
- 5 day, 5 week and pump formats effective<sup>3,4</sup>





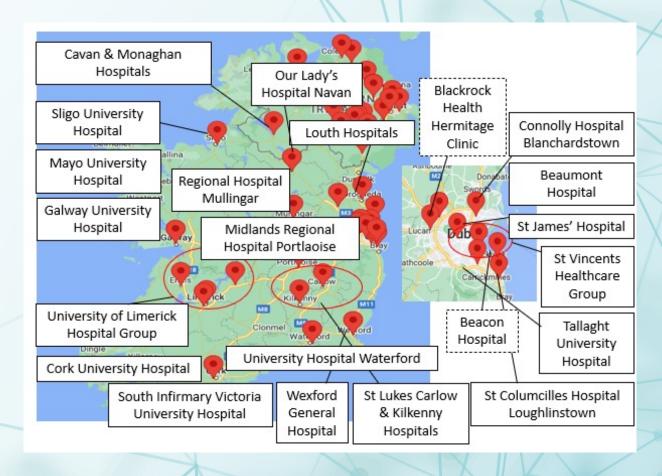


## The course itself

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Educator support (video call) Introduction to the Remote DAFNE course	Light of Learning at home  Checking the basics:  Blood glucose checks Ketone checks Insulin injections What is diabetes Intro / recap on carbohyd counting  Educator support (video call) Questions about Week 1	Getting to target:  • DAFNE BG targets  Skills to adjust insulating algorithms to personal control.  Use experiential lead (skills and guidance) managers.	Managing below target BG:  BG targets why is optimal  in to flexible lifestyle carry and DAFNE prince to become activated  hake informed decision	Managing above target BG:  • Illness management: sick day  plans poort (video call) ons about Week 4 management: s eflection nd action plans Juction to the DAFNE  Juction to Week 5	<ul> <li>Learning at home</li> <li>DAFNE Quiz</li> <li>Educator support (video call)</li> <li>Questions about Week 1 - 5</li> <li>Diary reflection</li> <li>Answers to the DAFNE quiz</li> <li>Goal and action plans for the follow up session in 6 – 8 weeks</li> </ul>
	<ul> <li>Carbohydrate counting practice</li> <li>Keeping a food diary</li> </ul>	<ul> <li>Carbohydrate counting practice</li> <li>Keeping a food diary</li> <li>The DAFNE insulin regimen</li> </ul>		Learning at home  Carbohydrate counting practice  Keeping a DAFNE diary  Ising the DAFNE insulin regimen  Using the stepwise approach	

## The good news: it's available!

- 250% û in availability since 2016¹
- 22 centres: Some getting up and running, others well established
- Many are looking to recruit!
- Please promote it and ask people with Type 1 diabetes to ask their diabetes teams for more information

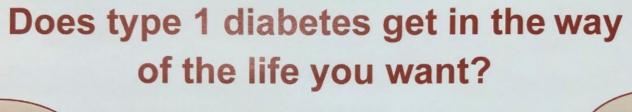








## Promoting DAFNE: "why" not "what"



I want to exercise and feel safe

Ask your diabetes team about DAFNE!

Shift work and diabetes don't mix!

I want diabetes to fit into my life! On a DAFNE course, you will learn how to:

- adjust your insulin for exercise and illness
- · match your insulin to the carbohydrate you want to eat
  - bring your Glucose back into target when needed
  - live life the way you want to live with diabetes

I need my driving licence

I have exams and don't want high sugars!

I worry when I have my grandchildren I want to enjoy my holiday of a lifetime! I want to have a baby!

want to

stop

having

hypos!





