

The Impact of Person-Centered Care Model on Elderly Diabetic Patients

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Abstract: This paper explores the impact of the person-centered care model on elderly diabetic patients. It begins by introducing the significance of diabetes management in the elderly population and the concept of person-centered care. Then, it elaborates on the specific components and implementation methods of this care model in the context of elderly diabetes care. Through a review of relevant literature and empirical studies, it analyzes the effects of person-centered care on various aspects such as glycemic control, quality of life, psychological well-being, and self-management ability of elderly diabetic patients. The paper also discusses the challenges and limitations in applying this care model and proposes future directions for improvement and research, aiming to provide a reference for better care of elderly diabetic patients and improvement of their health outcomes.

Keywords: Person-centered care; Elderly diabetic patients; Glycemic control; Quality of life; Self-management

1 Introduction

Diabetes is a chronic metabolic disease that poses a significant burden on the health of the elderly population. With the aging of the population, the number of elderly diabetic patients is increasing continuously. Effective management of diabetes in the elderly is crucial to prevent and control complications and improve their quality of life. The person-centered care model, which emphasizes respect for the individual's values, preferences, and needs, has emerged as a promising approach in the care of elderly diabetic patients. This paper aims to investigate the impact of this care model on elderly diabetic patients.

2 Concept of Person-Centered Care

Person-centered care is a holistic approach that focuses on the individual as a whole rather than just the disease. It recognizes the uniqueness of each patient and aims to provide care that is tailored to their specific circumstances and preferences. In the context of elderly diabetes care, this means taking into account the patient's physical, mental, social, and emotional aspects, as well as their living environment and lifestyle. It emphasizes the importance of communication and collaboration between the healthcare provider and the patient, enabling the patient to actively participate in decision-making about their own care.

3 Components and Implementation of Person-Centered Care for Elderly Diabetic Patients

3.1 Comprehensive Assessment

3.1.1 Medical History and Physical Examination

A detailed medical history, including the duration of diabetes, previous treatment regimens, and presence of comorbidities, is essential. A thorough physical examination, including assessment of vital signs, body mass index, and examination of relevant organs such as the eyes, kidneys, and feet, helps to understand the patient's overall health status.

For example, in assessing an elderly diabetic patient, the healthcare provider needs to know if the patient has any history of hypertension, heart disease, or neuropathy, as these comorbidities can affect the treatment plan and prognosis.

3.1.2 Functional Assessment

Evaluation of the patient's functional abilities, such as mobility, self-care ability, and cognitive function, is crucial. This helps to determine the level of support the patient may need in managing their diabetes. For instance, if a patient has limited mobility, it may affect their ability to exercise regularly, and alternative forms of physical activity may need to be considered.

Cognitive function assessment is also important as it can influence the patient's ability to understand and follow the diabetes management plan. If a patient has mild cognitive impairment, simpler instructions and more frequent reminders may be necessary.

3.1.3 Psychosocial Assessment

Assessing the patient's psychological state, including stress, anxiety, and depression, is vital as these can have a significant impact on diabetes management. Social support systems, such as family support and community resources, are also evaluated.

An elderly patient who lives alone and lacks social support may face difficulties in adhering to the diet and medication regimen.

Understanding these psychosocial factors allows the healthcare team to provide appropriate support and interventions.

3.2 Individualized Care Plan

3.2.1 Goal Setting

In collaboration with the patient, set realistic and achievable goals for glycemic control, blood pressure, lipid levels, and other relevant parameters. These goals should take into account the patient's overall health status, life expectancy, and personal preferences.

For a frail elderly patient with multiple comorbidities, a more lenient glycemic target may be appropriate to avoid the risk of hypoglycemia, while a relatively healthier elderly patient may aim for tighter glycemic control.

3.2.2 Treatment Plan

Develop an individualized treatment plan that includes diet, exercise, medication, and self-monitoring of blood glucose. The diet plan should consider the patient's dietary preferences and cultural background, providing practical and sustainable dietary recommendations.

For example, if a patient is accustomed to a certain type of diet, the dietitian can work with the patient to modify it to meet the requirements of diabetes management rather than imposing a completely new diet. The exercise plan should be tailored to the patient's physical abilities, and appropriate types and intensities of exercise are recommended. Medication regimens are adjusted based on the patient's response and any potential side effects.

3.2.3 Education and Training

Provide patient-centered diabetes education, covering topics such as the nature of diabetes, treatment options, self-care skills, and prevention of complications. The education should be delivered in a way that is understandable and accessible to the elderly patient, using simple language, visual aids, and hands-on demonstrations.

For example, teaching an elderly patient how to use a glucometer can be done through step-by-step demonstrations and providing written instructions with large fonts. Regular follow-up and reinforcement of education are also important to ensure that the patient retains the knowledge and skills.

4 Impact of Person-Centered Care on Elderly Diabetic Patients

4.1 Glycemic Control

4.1.1 Improved Glycemic Indices

Numerous studies have shown that person-centered care can lead to better glycemic control in elderly diabetic patients. By tailoring the treatment plan to the individual's needs and preferences and providing continuous support and education, patients are more likely to adhere to the diabetes management regimen, resulting in improved blood glucose levels.

For example, a randomized controlled trial comparing person-centered care with traditional care found that patients in the person-centered care group had a significant reduction in hemoglobin A1c levels over a certain period, indicating better long-term glycemic control.

4.1.2 Reduced Glycemic Variability

Person-centered care also helps to reduce glycemic variability, which is associated with an increased risk of hypoglycemia and other complications. By closely monitoring the patient's blood glucose patterns and adjusting the treatment plan accordingly, the frequency and severity of hypoglycemic episodes can be minimized.

For instance, if a patient frequently experiences hypoglycemia in the early morning, the healthcare provider can adjust the dosage or timing of the patient's insulin or oral hypoglycemic medications to prevent such episodes, improving the patient's overall glycemic stability.

4.2 Quality of Life

4.2.1 Enhanced Physical Functioning

Through individualized exercise plans and comprehensive management of comorbidities, person-centered care can improve the physical functioning of elderly diabetic patients. Better glycemic control and reduced complications contribute to increased energy levels, improved mobility, and a better ability to perform daily activities.

For example, an elderly patient who was previously limited in their mobility due to diabetic neuropathy may experience improved nerve function and increased mobility after receiving appropriate person-centered care, including optimized glycemic control and targeted physical therapy.

4.2.2 Improved Psychological Well-being

The emphasis on psychosocial support in person-centered care has a positive impact on the psychological well-being of elderly dia-

betic patients. Reduced stress, anxiety, and depression can enhance the patient's quality of life and their ability to cope with the disease.

For instance, a patient who receives emotional support and counseling as part of the person-centered care model may feel more confident and positive about managing their diabetes, leading to an improved overall quality of life.

4.2.3 Increased Satisfaction with Care

Elderly diabetic patients are more likely to be satisfied with the care they receive when it is person-centered. The respect for their preferences and involvement in decision-making makes them feel valued and in control, leading to higher levels of satisfaction and better adherence to the treatment plan.

A survey of elderly diabetic patients found that those who received person-centered care reported significantly higher satisfaction with the care they received compared to those who received traditional care, which in turn may contribute to better long-term outcomes.

4.3 Self-Management Ability

4.3.1 Improved Knowledge and Skills

Patient-centered education and training provided in the person-centered care model enhance the knowledge and skills of elderly diabetic patients in self-management. They learn about diabetes, its treatment, and how to monitor and manage their blood glucose, diet, and exercise effectively.

For example, after participating in a series of diabetes education sessions as part of the person-centered care program, an elderly patient may be able to accurately measure their blood glucose, make appropriate dietary choices, and engage in regular physical activity, improving their self-management ability.

4.3.2 Increased Self-Efficacy

By actively involving the patient in their own care and providing support and feedback, person-centered care boosts the patient's self-efficacy, that is, their belief in their ability to manage their diabetes. A higher sense of self-efficacy leads to better self-management behaviors and improved outcomes.

For instance, when an elderly patient successfully manages to control their blood glucose through their own efforts with the guidance of person-centered care, their self-efficacy increases, and they are more motivated to continue with the self-management behaviors.

4.3.3 Enhanced Adherence to Treatment

The combination of improved knowledge, skills, and self-efficacy results in increased adherence to the treatment plan, including taking medications regularly, following the diet, and performing self-monitoring of blood glucose. Better adherence leads to better disease control and improved health outcomes.

A study found that elderly diabetic patients in the person-centered care group had significantly higher adherence rates to medications and self-monitoring compared to those in the control group, which was associated with better glycemic control and reduced complications.

5 Conclusion

Person-centered care has shown significant potential in improving the health outcomes and quality of life of elderly diabetic patients. By focusing on the individual's needs, preferences, and values, this care model can lead to better glycemic control, enhanced self-management ability, and improved overall well-being. However, there are challenges and limitations in its implementation, which require efforts from both healthcare providers and the healthcare system. Future research and practice should aim to address these challenges, further optimize the person-centered care model, and promote its widespread application to provide better care for elderly diabetic patients and improve their health and quality of life.

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