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# What processes of change are elaborated during an experiential educative counselling based on the patient centred care (PCC) model with type 2 diabetes patients in general practice ?

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## Context

- Educative counselling have to favour processes of change needed for the improvement of clinical criteria in type 2 diabetes patients. Their efficacy is identical to those of oral antidiabetics on intermediate criteria (1% decrease in HBA1c) but not on morbi-mortality.
- Research question: Which processes of change are built during an educational approach based on a patient centred approach in type 2 diabetes patients in General Practice?

## Method

- Qualitative phenomenological research with transtheorical model of change (Prochaska) triangulation
- Educational patient centred approach including, after a purposive sampling, ten type 2 diabetic patients
- Intervention : active listening and understanding of patients' perspectives (lived experience, beliefs, expectation, preference) + explanation on diabetes + adapted hygieno-dietetic counselling with an objective of common ground.
- Main outcome measures assessed at 3 months : quantitative (weight and HBA1c) and qualitative (satisfaction, achievement of objectives)
- Analysis of processes of change from patients' verbatims (NVivo 9)

## Résultats

**TYPE 2 DIABETES PATIENTS**

| Patient | Age | Change | Satisfaction | Hba1c initial | Hba1c final | Weight initial | Weight final |
|---|---|---|---|---|---|---|---|
| Mr D | 60 | 2 | + | 8.1 | 6.5 | 107 | 103 |
| Mrs E | 75 | 2 | + | 8.8 | 7.5 | 92 | 90 |
| Mrs F | 73 | 2 | + | 6.7 | 6.7 | 77 | 75 |
| Mr G | 56 | 2 | + | 6.7 | 6.7 | 82 | 79.5 |
| Mrs H | 53 | 2 | + | 14.1 | 11.9 | 70 | 72 |
| Mr I | 59 | 2 | + | 10.2 | 8 | 89 | 81.5 |
| Mrs B | 77 | 1 | + | 6.8 | 6.6 | 103 | 102 |
| Mrs J | 55 | 1 | + | 9.6 | 8 | 76.1 | 76 |
| Mr A | 57 | 0 | + | 7.5 | 8.2 | 113.5 | 113 |
| Mr C | 74 | 0 | - | 6.9 | 7.3 | 87 | 89 |

**Experiential Cognitivo-Emotional Processes: Consciousness Raising - Risk Sensitized**

| | |
|---|---|
| Becoming conscious by a **reflexive trigger** | *"Awareness, was the first step… Dr X (his Doctor), had told me about it, but I was overwhelmed… I told to myself: "well, one lives with it, so!"… I think that now I try more, now that I have had this trigger during our appointment".* (Mr D) |
| A trigger predetermined by an **intention** and an **experience lived** like unpainful and with favourable results | *"In fact, I had decided to do it… It has in some way launched it. It was not so hard. I've lost more than 8 kg according to my scale."* (Mr I) |
| **Gaining knowledge** | *"You have given good explanation… You know your subject well."* (Mrs E) |

**Experiential Cognitivo-Emotional Processes : Dramatic relief- Environmental Reevaluation**

| | |
|---|---|
| **Emotional relief,** self-questioning, gaining awareness of the severity, of the necessity to get involved. | *"In the beginning, I didn't listen… I was preoccupied by other things… You arrived when I began to ask myself questions...It opened my eyes… I began to see diabetes like something severe anymore. So, in order not to make it severe, I have to involve myself"* (Mr D) |
| **Relieving** his wife by avoiding "bashes" | *" perhaps were we bashing a bit too much… And my wife can't cope with it any more because of her back, due to her illness"* (Mr I) |

**Experiential Cognitivo-Emotional Processes : Self Reevaluation-Self Liberation-Looking for a meaning**

| | |
|---|---|
| **Enhance** "taking care of oneself" which becomes a belief, a conviction | *"For me, it's not so severe, as long as you take care, that's the essential: avoiding sugar, running a bit, getting fit."* (Mr G) |
| **Understanding** the destroying part of eating and **depreciating the problematic behaviour** | *" Before, I ate like a pig… I let it be. It's useless, It's only destroying."* (Mr G) |
| **Feeling the relationship and speaking like liberating** and meaningful | *" Useful questions… questions doing well… questions wakening up because one has a tendency to sleep in… The fact of talking to me, to ask questions, to see things at their right place, what."* (Mr G) |

**Processes of Behavioural Change : Stimulus control-Counter Conditioning**

| | |
|---|---|
| **Self-control** by reminders like "take care" and strategies to avoid grazing | *"It reminded me that for certain things I had to be very cautious… So for example at dinner, I skipped the desert"* (Mrs H) |
| **Substituting** quality for quantity | *"I try just to enjoy tasting a dish, without doing what I did before, which was gluttony."* (Mr D) |
| **Avoiding** friends and restaurants, with all the more a financial benefit | *"Now, I'm gonna save money, because I'm less eating in restaurants… You've to know that with the band we are, we take an appetizer, wine, digestives and all the rest."* (Mr D) |
| Creating malefic believes | *"In my head, now I tell to myself: "when you eat sugar, you poison yourself" and that's new…"* (Mrs H) |

**Processes of Behavioural Change : Helping Relationship-Reinforcement Management-Self Efficacy**

**Looking for a relationship and therapeutic alliance.**
*"With a professional who leads back to the right track… explains… triggers the take care… coach"* (Mme H) who provides "*booster shots*", "*warning shots*" about dangers and risks, (Mr D), helps to "*stay on the road... stay awake, call to order… asks questions*, enables "*to feel reassured*", who gives the "*power to cure*" (Mr G)

**Making live successful experiences leading to a feeling of self efficacy, supports more efforts and reinforces change.**
*« I used what you told me… It's true that when you loose 6 kg, when you walk a bit… it improves quite a lot of things… in my last analysis, I had an HbA1c of 6.5. Whereas I had 8.4, and that's all that which gives me satisfaction."* (Mr D)

## Discussion - Conclusion : What does a PCC educative counselling allow?

- To stimulate patients' reflexivity , self-evaluation and decisional balance
- To highlight and support experiential cognitivo-emotional (Consciousness raising, dramatic relief, environmental reevaluation, self reevaluation, self liberation) and behavioural (Helping relationships, stimulus control, counter-conditioning, reinforcement management) processes of change
- To promote strategies reinforcing the feeling of self-efficacy by lived-experiences

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