

Self-management of type 2 diabetes? Yes!

In response to “Self-management of type 2 diabetes: A good idea—or not?” (*J Fam Pract.* 2013;62:244-248), our answer is a resounding Yes! In this article, the authors concluded that the evidence supporting referral to diabetes self-management programs is limited. However, evidence shows that participation in diabetes self-management education—which the authors conflated with self-monitoring of blood glucose (SMBG)—creates lasting improvement in clinical measures,¹ reduced costs,² and patient satisfaction.³

Monitoring is but one aspect of the self-management education and care that people with diabetes must engage in to optimize their health and wellness. The American Association of Diabetes Educators recommends that patients be educated in 7 self-care topics, including healthy eating, physical activity, medications, monitoring, problem solving, reducing risks of complications, and the psychosocial aspects of living with diabetes.⁴

We recommend the following:

■ **Adopting a team approach** to diabetes management, in which physicians actively engage with diabetes educators and others in the community, such as psychologists, coaches, and exercise specialists, as well as the patient’s family members and peers.

■ **Reinforcing an informed and activated patient** with self-management education and support as the cornerstone.

■ **Reviewing SMBG data with the patient** and using it to modify the treatment plan and help him or her implement it.

■ **Referring patients to programs** that are in compliance with the National Standards for Diabetes Self-Management Education and Support and accredited by the American Association of Diabetes Educators (AADE) or recognized by the American Diabetes Association (ADA).⁵

People with diabetes deserve to be supported in their efforts to learn not only how

to self-manage their diabetes, but also to be team players, engaged with their health care team and the full range of other resources.

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Take family medicine in a new direction

Dr. Krebs’ letter, “Too little training in acute care” (*J Fam Pract.* 2013;62:598), left me wondering what skills family physicians would like to sharpen (but hadn’t been able to) in their residency programs. I realize that family medicine is so vast that no residency can be strong in every area of practice. But if FPs can deliver pediatric care, practice internal medicine, and provide obstetrical and gynecologic care on par with physicians trained in their respective specialties, why should our thirst for additional knowledge and training be curtailed?

The American Board of Family Medicine (ABFM) should initiate board-certified one- to 2-year fellowships in various fields, such as intensive care, infectious disease, ob-gyn, and endocrinology. It is time for the leaders of the ABFM to take family medicine in a new direction. Unfortunately, I do not see this happening.

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