

Medication Adherence Insulin And Diabetes

Psychosocial Care for People with Diabetes describes the major psychosocial issues which impact living with and self-management of diabetes and its related diseases, and provides treatment recommendations based on proven interventions and expert opinion. The book is comprehensive and provides the practitioner with guidelines to access and prescribe treatment for psychosocial problems commonly associated with living with diabetes.

"These guidelines provide recommendations on the diagnosis and management of type 2 diabetes and the management of asthma and chronic obstructive pulmonary disease in primary health care in low-resource settings."--Publisher description.

Obesity and type 2 diabetes are increasing worldwide problems. In this book we reviewed factors that contribute to glucose homeostasis and the pathogenesis of Type 2 diabetes. In addition the book addresses current strategies for treatment of Type 2 Diabetes.

This study assessed adherence to three types of basal insulins: neutral protamine Hagedorn (NPH), first and second generation long-acting insulins. This retrospective study used Texas Medicaid claims from 1/1/2014-6/30/2017 for patients 18-63 years, with ≥ 2 basal insulin claims. Patients also had: ≥ 1 claim for an oral hypoglycemic agent (OHA) or a glucagon-like peptide-1 receptor agonist (GLP-1 RA) 6-months pre-index, no claim for premixed insulin or basal insulin different from the index insulin 12-months post-index, and continuous enrollment. The index date was the date of the first basal insulin claim without a claim 6-months prior. Switchers were additionally required to have ≥ 2 pre-index claims for a basal insulin. The dependent variable was 12-month adherence to index insulin, using both mean and dichotomized (0.8 threshold) medication possession ratio (MPR) and adjusted MPR (aMPR). Bivariate and multivariate analyses were conducted. A total of 5,034 patients were included, the majority being between 40-63 years (85.5%) and female (65.9%). While only 28.2% of patients had MPR ≥ 0.8 , 60.0% had aMPR ≥ 0.8 . After controlling for covariates, compared to second generation long-acting insulin, there was a significantly lower odds of adherence (using MPR) to NPH [odds ratio (OR)=0.590, 95% confidence interval (CI)=0.372-0.935] and first generation long-acting insulin (OR=0.762, CI=0.589-0.985), whereas there was no difference in adherence (using aMPR). Other factors independently associated with better adherence irrespective of the measurement used (MPR vs. aMPR) included: older age, pre-index basal insulin use and better OHA adherence, more unique baseline medications, post-index fewer unique OHAs, bolus insulin use, and GLP-1 RA use. Vial delivery was associated with higher odds of adherence only when using MPR ≥ 0.8 . Switchers included 218 patients switching to a longer-acting insulin and 588 switchers within first generation long-acting insulin. Adherence improved significantly after switching except for the aMPR-based adherence in switchers to a longer-acting

insulin. Inconsistent results from MPR and aMPR and a lack of robustness of aMPR to sensitivity analyses suggested reliability issues with the measures. Comparing adherence using aMPR requires similar baseline characteristics at minimum. Future development of a reliable insulin adherence measure is needed. Mobile Health Technologies, also known as mHealth technologies, have emerged, amongst healthcare providers, as the ultimate Technologies-of-Choice for the 21st century in delivering not only transformative change in healthcare delivery, but also critical health information to different communities of practice in integrated healthcare information systems. mHealth technologies nurture seamless platforms and pragmatic tools for managing pertinent health information across the continuum of different healthcare providers. mHealth technologies commonly utilize mobile medical devices, monitoring and wireless devices, and/or telemedicine in healthcare delivery and health research. Today, mHealth technologies provide opportunities to record and monitor conditions of patients with chronic diseases such as asthma, Chronic Obstructive Pulmonary Diseases (COPD) and diabetes mellitus. The intent of this book is to enlighten readers about the theories and applications of mHealth technologies in the healthcare domain.

This is the second edition of the highly successful and award-winning Textbook of Diabetes, a comprehensive and authoritative postgraduate text that has established itself as the leading work in its field. The superb full-colour illustrations and lucid style, which were praised in the first edition, are maintained, and several new chapters have been added.

Patient noncompliance with medical regimens is a major factor in therapeutic failure and is particularly detrimental to clinical trials.

This Handbook fulfils a pressing need within the area of psychological measurement in diabetes research and practice by providing access to material which has either been widely dispersed through the psychological and medical literature or has not previously been published. Journal articles describing the psychometric development of scales have rarely included the scales themselves but this book includes copies of scales and a wealth of additional information from unpublished theses, reports and recent manuscripts. You will find information about the reliability, validity, scoring, norms, and use of the measures in previous research presented in one volume. The Handbook is designed to help researchers and clinicians:

- To select scales suitable for their purposes
- To administer and score the scales correctly
- To interpret the results appropriately.

Dr. Clare Bradley is Reader in Health Psychology and Director of the Diabetes Research Group at Royal Holloway, University of London. Dr. Bradley and her research group have designed, developed and used a wide variety of measures of psychological processes and outcomes. Many of these measures have been designed and developed specifically for people with diabetes. Together with diabetes-specific psychological measures developed by other researchers internationally, these instruments have played an important part in facilitating patient-centred approaches to diabetes research and clinical practice.

Ageing well and actively is the real objective of human being. This book is an up-to-date and realistic view on physiopathological mechanisms of aging and age-related diseases. The book includes topical contributions from multiple disciplines to support the fundamental goals of extending active life and enhancing its quality.

Diabetes mellitus is a group of metabolic disorders caused by a relative or absolute lack of insulin. Currently, 23.6 million Americans have diabetes. Diabetes can lead to serious microvascular and macrovascular complications, such as cardiovascular disease, blindness, kidney disease, lower-limb amputations, and premature death. Due to the potential cardiovascular complications and the high prevalence of co-morbid hypertension and/or hyperlipidemia in patients with diabetes, diabetes management should include close monitoring of blood glucose, blood pressure, and cholesterol levels. Medical management of diabetic patients is costly; approximately 1 in every 10 health care dollars is currently spent treating diabetes. Studies have shown that in chronic conditions such as diabetes, increased medication use results in demonstrable improvements in health outcomes, reduced hospitalization rates, and decreased direct health care costs. To date no studies have evaluated the impact of a pharmacist-led intervention on diabetic medication adherence. The purpose of this investigation was to analyze the impact of a pharmacist-led medication management program on medication adherence and pharmacy costs and to evaluate clinical measures of diabetes, hypertension, and hyperlipidemia. This study was a quasi-experimental, longitudinal, pre-post study, with a control group. Scott & White Health Plan (SWHP) patients with diabetes (type 1 or type 2), poor glycemic control (most recent A1C [greater than] 7.5%), and living within 30 miles of participating pharmacies were invited to participate in the intervention which consisted of monthly appointments with a clinical pharmacist and a co-payment waiver for all diabetes medications and testing supplies. A total of 118 patients met study inclusion criteria and were enrolled in the intervention between August 2006 and July 2008. Intervention patients were matched on sex and age to SWHP patients with poor diabetes control living more than 30 miles from a participating pharmacy. To measure the impact of the intervention, medical and pharmacy data were evaluated for one year before and after the study enrollment date. A significant difference was seen in the percentage of patients with type 1 diabetes in the intervention group (14) and the control group (3). The medication management program significantly improved A1C levels in intervention patients relative to controls (-1.1% vs. 0.6%) and was more effective in lowering A1Cs in type 2 diabetics than type 1 patients. Although the generalized linear model did not show that the intervention significantly improved the percentage of patients achieving the ADA goal A1C of [less than] 7% compared to controls, the multivariate logistic regression, which controlled for factors such as diabetes type, showed that patients participating in the intervention were 8.7 times more likely to achieve the A1C goal. Persistence with diabetic medications and the number of medications taken significantly increased in the intervention group; however, adherence rates, as measured by medication possession ratio (MPR), did not significantly improve relative to controls. The expenditure on diabetic medications and testing supplies increased substantially more in the intervention group than in the control group. The percentage of patients adherent with antihypertensive medications (MPR [greater than or equal to] 80%) increased from 76% to 91% in the intervention group and decreased from 68% to 63% in the control group (P [less than] 0.05); no significant difference in blood pressure control was observed. For hyperlipidemia medications, adherence and persistence increased and pharmacy costs decreased in both groups, likely due to the introduction of the first generic HMG-CoA reductase inhibitor into the market during the study period. Future research is needed on the impact of the intervention on medical resource utilization and costs.

While in the late 1970s and early 1980s health compliance research on adults represented a vigorous field of study, a marked decline of interest on the topic set in during the last part of the 1980s. By contrast, research on health compliance involving pediatric populations was less popular during the same period; however, interest in this topic -- as evidenced by the contributions to this volume -- is on the increase. Four main themes -- relating to theory, measurement, prevention, and intervention -- emerge and are interwoven among the chapters.

These themes help to bind and unify the volume into a conceptual whole because although the sections are divided along thematic lines, contributors often include elements of some or all of the themes in their chapters. This state of affairs reflects the interdependence of these thematic issues and suggests how important they are for the state of the art.

Diabetes mellitus is a disease characterized by decreased function or complete dysfunction of islet β cells in the pancreas. Failure to properly manage the disease may result in numerous adverse health complications, which include ketoacidosis, organ failure, cataracts, neuropathy, seizures, limb amputation, pregnancy complications, and even death. With increasing prevalence rates of the disease, it is important for patients with diabetes to adhere to their recommended treatment to avoid these complications. Unfortunately, a substantial amount of diabetic patients fail to adhere to their recommended treatment, which results in elevated blood glucose, and puts them at an increased risk for adverse health effects. One of the main obstacles in evaluating diabetes treatment adherence has been measuring what factors actually reflect adherence and controlled hbA1c. Many barriers may affect adherence; however, using a holistic view of barriers that contribute to non-adherence and uncontrolled glycemic index in diabetic patients may help to identify relevant barriers that prevent adequate health. The purpose of this study is to identify barriers that prevent proper treatment adherence and controlled hbA1c levels in chronic diabetic patients. A total of eighty-five type 1 and type 2 diabetic patients completed the study survey by responding to demographic questions and completing the Medication Adherence Rating Scale (MARS-D), the Barriers to Medication Adherence Questionnaire, the Visual Analogue Scale for Medication Adherence (VAS), the Perceived Stress Scale (PSS), the Interpersonal Support Evaluation List (ISEL-12), the Appraisal of Diabetes Scale (ADS), the EUROHIS Quality of Life Index (EUROHIS-QOL-8), and the Patient Health Questionnaires (PHQ) to assess treatment adherence and to identify potential barriers that affect said adherence. Patients were categorized having either controlled (CBG) or uncontrolled (UBG) blood glucose levels, based on reported current hbA1c levels. The results of the study showed that there were no significant differences in demographic variables. While there was no significant difference in reported treatment adherence as assessed by the patients' MARS-D and the overall VAS scores, patients with UBG had a significantly lower quality of life score as assessed by the EUROHIS-QOL-8. There were no significant differences in MARS-9, VAS, PSS, ISEL-12, or ADS scores; however, patients with UBG showed congruent trends with previous research in that they did have lower MARS-9 scores, higher PSS scores, lower ISEL-12 scores, and lower ADS scores. Patients with UBG also had a higher incidence of depression, as assessed by the PHQ. While there was no significant difference in the number of UBG patients with anxiety or somatization, there were more patients with anxiety and somatization with UBG than with CBG. Also, patients with UBG showed significantly less adherence to short-acting insulin and non-diabetic medication. There were no significant differences in adherence to long-acting/intermediate-acting insulin and oral diabetic medication. Implications of this study suggest that further research must be done to identify barriers to self-care and adherence for diabetic populations to decrease the number of patients who currently experience serious and even fatal complications of having uncontrolled diabetes.

Evaluate self-reported medication adherence from a large population-based study, among people with diabetes in Brazil. During 2013-2014 the National Survey on Access, Use and Promotion of the Rational Use of Medicines in Brazil, with acronym PNAUM, was realized. Overall participants of the survey, we selected for this study that which self-reported diabetes. The prevalence of diabetes was 6.8% among participants with 20 years old or more. A univariate regression was performed to identify factors associated with poor medication adherence. A 62,3% percent of participants reported good or probably good medication adherence and 37,7% poor or probably poor adherence. The factors significantly associated

with poor adherence were disease or healthcare-related factors: limitations from disease ($p=0,001$), poor self-health perception ($p= 0,008$), taking 3 or more medicines ($p= 0,016$) and follow-up by more than one physician ($p= 0,011$). Medication adherence in a country with a high level of access to antihyperglycemic agents is necessary to reach effectiveness of healthcare resources. Our study demonstrated that were necessary to improve adherence among persons with diabetes. A better identification of those with poor adherence and their associated modifiable risk factors can guide health professionals to increase individualized therapeutic plans and improve healthcare quality.

Diabetes and hypertension have evolved as two of the modern day epidemics affecting millions of people around the world. These two common co-morbidities lead to substantial increase in cardiovascular disease, the major cause of morbidity and mortality of adults around the world. In *Diabetes and Hypertension: Evaluation and Management*, a panel of renowned experts address a range of critical topics -- from basic concepts in evaluation and management of diabetes and hypertension, such as dietary interventions, to evaluation and management of secondary hypertension in clinical practice. Other chapters focus on high cardiovascular risk populations such as those with coronary heart disease, chronic kidney disease and minority patients. In addition, evolving concepts and new developments in the field are presented in other chapters, such as prevention of type 2 diabetes and the epidemic of sleep apnea and its implication for diabetes and hypertension evaluation and management. An important title covering two of the most troubling disorders of our time, *Diabetes and Hypertension: Evaluation and Management* will provide the busy practitioner with cutting edge knowledge in the field as well as practical information that can translate into better care provided to the high-risk population of diabetics and hypertensive patients.

Adopting a truly global perspective and a practical approach to diabetes—including pathophysiology, genetics, regional peculiarities, management, prevention and best practices—this book is an excellent resource for clinicians and policy-makers working with patients in more austere settings. The global prevalence of diabetes is estimated to increase from 422 million in 2014 to 592 million in 2035. Sadly, low- and middle-economy countries are projected to experience the steepest increase, but even in developed economies, vulnerable demographic subgroups manifest disparities in diabetes prevalence, quality of care, and outcomes. This book extends coverage to those underserved and minority communities in the developed world. In a consistent chapter format, it discusses classification, pathophysiology, genomics, diagnosis, prevention and management of diabetes in economically challenged regions as well as underserved populations in affluent nations. Suggestions regarding future directions in the organization of diabetes care delivery, prevention and research priorities are also provided. The detailed identification of barriers to optimal care and the practical approach to the management and prevention of diabetes make *Diabetes Mellitus in Developing Countries and Underserved Communities* a valuable resource for clinicians, researchers and health policy leaders.

Clinical practice guidelines were initially developed within the context of evidence-based medicine with the goal of putting medical research findings into practice. However, physicians do not always follow them, even when they seem to apply to the particular patient they have to treat. This phenomenon, known as clinical inertia, represents a significant obstacle to the efficiency of care and a major public health problem, the extent of which is demonstrated in this book. An analysis of its causes shows that it stems from a discrepancy between the objective, essentially statistical nature of evidence-based medicine on the one hand and the physician's own complex,

subjective view (referred to here as “medical reason”) on the other. This book proposes a critique of medical reason that may help to reconcile the principles of evidence-based medicine and individual practice. The author is a diabetologist and Professor of Endocrinology, Diabetology and Metabolic Diseases at Paris 13 University. He has authored several books, including one to be published by Springer (Philosophy and Medicine series) under the title: *The Mental Mechanisms of Patient Adherence to Long Term Therapies, Mind and Care.* , Diabetology and Metabolic Diseases at the Paris 13-University. He has also published *Pourquoi Se soigne-t-on, Enquête sur la rationalité morale de l'observance* (2007), *Clinique de l'Observance, L'Exemple des diabètes* (2006), and *Une théorie du soin, Souci et amour face à la maladie* (2010). An English adaptation of the first book is published by Springer (Philosophy and Medicine) under the title: *The Mental Mechanisms of Patient Adherence to Long Term Therapies, Mind and Care.*

Delivers key information on social research methods in developing countries, dealing with the particular problems of carrying out social surveys and censuses in the Third World.

Diabetes is one of the fastest growing diseases in the world; the American Diabetes Association reports that 1.7 million new diagnoses are made each year. After her own diagnosis, Gretchen Becker became a "patient-expert," educating herself on every aspect of type 2 diabetes and eventually compiling everything she had learned into this step-by-step guidebook for others. Now in its third edition, *The First Year: Type 2 Diabetes* takes you through everything you need to know and do in your first year with diabetes. In clear and accessible language, Becker covers a wide range of practical, medical, and lifestyle issues, from coming to terms with your diagnosis to diet and exercise, testing routines, insurance issues, and the most up-to-date information on new medications and supplements.

In recent years, there has been a growing awareness of the multiple interrelationships between depression and various physical diseases. The WPA is providing an update of currently available evidence on these interrelationships by the publication of three books, dealing with the comorbidity of depression with diabetes, heart disease and cancer. Depression is a frequent and serious comorbid condition in diabetes, which adversely affects quality of life and the long-term prognosis. Co-occurrent depression presents peculiar clinical challenges, making both conditions harder to manage. *Depression and Diabetes* is the first book devoted to the interaction between these common disorders. World leaders in diabetes, depression and public health synthesize current evidence, including some previously unpublished data, in a concise, easy-to-read format. They provide an overview of the epidemiology, pathogenesis, medical costs, management, and public health and cultural implications of the comorbidity between depression and diabetes. The book describes how the negative consequences of depression in diabetes could be avoided, given that effective depression treatments for diabetic patients are available. Its practical approach makes the book ideal for all those involved in the management of these patients: psychiatrists, psychologists, diabetologists, general practitioners, diabetes specialist nurses and mental health nurses.

v. 1. Research findings -- v. 2. Concepts and methodology -- v. 3. Implementation issues -- v. 4. Programs, tools and products.

The emergence of type 2 diabetes as a global pandemic is one of the major challenges to health care in the 21st century. This book contains chapters covering the newest scientific concepts in the pathogenesis of type 2 diabetes, and the complications and approaches in diagnosis and glycemic control. Part of the book is dedicated to the effect of diabetes on the mental functions and treatment strategies to prevent cognitive decline. Glucose monitoring, using cutting-edge technologies, is outlined, as well as the role of health information technologies in diabetes management. Updates on glucose lowering therapy are presented, and the new emerging class of SGLT2 inhibitors is discussed in detail. The purpose of this book is to disseminate knowledge on type 2 diabetes and to contribute to the professional development of physicians, internists, endocrinologists, medical students, and research scientists in diabetes.

Nationally, African Americans suffer disproportionately from diabetes; with 13.2% of African Americans diagnosed with diabetes compared to 7.6% of non-Hispanic whites (CDC, 2014). Nearly one-half of all people with diabetes are non-adherent to their oral medications; adherence to insulin therapy was 60%-80% (Brunton et al., 2011; Cramer, 2004; Rubin, 2005). This study explored the question, "What mechanisms are associated with adherence to diabetes medication, including insulin, for African Americans in the Southwest?" Twenty-three people participated in the study; 17 participated in interviews and six participated in gendered focus groups. A community-based participatory research (CBPR) approach engaged the African American community as partners in research. Major themes emerging from the data included illness perception, support, and the process of medication adherence. Acceptance of the diabetes diagnosis was imperative for medication adherence. Stigmatization of diabetes was salient in the recruitment process and as it related to mechanisms for adherence. Furthermore, many informants were not aware of a family history of diabetes before their own diagnosis. Four gendered emerging typologies were identified, which further illuminated major themes. Moreover, an eight-step process of medication adherence model is discussed. The researcher was able to identify culturally compatible strategies that may be extended to those struggling with medication adherence. The implications section suggests a set of strategies that healthcare providers can present to people with diabetes in order to increase medication adherence.

Although health literacy is commonly defined as an individual trait, it does not depend on the skills of individuals alone. Health literacy is the product of the interaction between individuals' capacities and the health literacy-related demands and complexities of the health care system. Specifically, the ability to understand, evaluate, and use numbers is important to making informed health care choices. Health Literacy and Numeracy is the summary of a workshop convened by The Institute of Medicine Roundtable on Health Literacy in July 2013 to discuss topics related to numeracy, including the effects of ill health on cognitive capacity, issues with communication of health information to the public, and communicating numeric information for decision making. This report includes a paper commissioned by the Roundtable, "Numeracy and the Affordable Care

Act: Opportunities and Challenges," that discusses research findings about people's numeracy skill levels; the kinds of numeracy skills that are needed to select a health plan, choose treatments, and understand medication instructions; and how providers should communicate with those with low numeracy skills. The paper was featured in the workshop and served as the basis of discussion.

The Majority Of Clinical Pharmacy Textbooks Focus On Disease States And Applied Therapeutics. This Book Is Different. It Aims To Provide Readers With A Comprehensive Description Of The Concepts And Skills That Are The Foundation For Current Clinical Pharmacy Practice. It Seeks To Answer The Question How Do Clinical Pharmacists Practice? Rather Than What Do Clinical Pharmacists Need To Know About Drugs And Therapeutics? The Book Is Divided Into Three Sections, And Each Chapter Is Self-Contained And Can Be Read Independently. Section I Provides An Overview Of The Current Status Of Clinical Pharmacy Practice In India And Other Countries. Section Ii Includes Chapters On The Key Concepts, Skills And Competencies Required For Effective Clinical Practice. Section Iii Covers Topics Of Interest To Graduate And Postgraduate Students, And More Experienced Clinical Pharmacists And Researchers. This Book Will Be Useful For All Students Of Pharmacy And Pharmacists Working In Hospital Pharmacy, Community Pharmacy, Drug Or Medical Information, Clinical Research, Government And Nongovernment Organisations, Teaching And Research.

The American Diabetes Association/JDRF Type 1 Diabetes Sourcebook serves as both an evidence-based reference work and consensus report outlining the most critical components of care for individuals with type 1 diabetes throughout their lifespan. The volume serves not only as a comprehensive guide for clinicians, but also reviews the evidence supporting these components of care and provides a perspective on the critical areas of research that are needed to improve our understanding of type 1 diabetes diagnosis and treatment. The volume focuses specifically on the needs of patients with type 1 diabetes and provides clear and detailed guidance on the current standards for the optimal treatment of type 1 diabetes from early childhood to later life. To accomplish the book's editorial goals, Editors-in-Chief, Drs. Anne Peters and Lori Laffel, assembled an editorial steering committee of prominent research physicians, clinicians, and educators to develop the topical coverage. In addition, a Managing Editor was brought on to help the authors write and focus their chapters. This report is based on an exhaustive review of the published literature on the definitions, measurements, epidemiology, economics and interventions applied to nine chronic conditions and risk factors.

Diabetes mellitus is one of the most common noncommunicable diseases worldwide. In the Eastern Mediterranean Region, there has been a rapid increase in the incidence of diabetes mellitus and it is now the fourth leading cause of death. These guidelines provide up-to-date, reliable and balanced information for the prevention and care of diabetes mellitus in the Region. The information is

evidence-based and clearly stated to facilitate the use of the guidelines in daily practice. They are intended to benefit physicians at primary, secondary and tertiary level, general practitioners, internists and family medicine specialists, clinical dieticians and nurses, as well as policy-makers at ministries of health. They provide the information necessary for decision-making by health care providers and patients themselves about disease management in the most commonly encountered situations.

Noncompliance is a significant problem in the prevention and treatment of cardiovascular disease. *Compliance in Healthcare and Research*, edited by Lora E. Burke, PhD, MPH, RN and Ira S. Ockene, MD, is unique in that it addresses the problem of compliance across three levels: the cardiovascular patient, the health care provider, and the healthcare organization. Moreover, this book examines very current and classic issues, such as the role of managed care in compliance, use of standards in assessing health outcomes, and use of the "intention to treat" strategy in analyzing compliance data. The expert authors not only describe the problems at each level of compliance, but also provide empirically-based strategies for addressing the problems. Additionally, individual chapters focus on specific population groups (such as children, minorities, and the obese); on clinical and research settings; and on methodology, such as measurement techniques and statistical analyses of compliance data. This diverse book should be used by all healthcare professionals and providers aiming to enhance compliance, healthcare managers wishing to address compliance from an organizational or policy level, and researchers interested in describing and measuring compliance, as well as interventionists interested in testing theoretically-based constructs.

"What Liburd and colleagues provide in this edition is a framework for all practitioners involved in diabetes prevention and control. The recommendations and tools provided here are key to the success of future research and programmatic efforts." -Wayne H. Giles, MD, MS & Ann Albright, PhD, RD (From the Foreword) Type 2 diabetes and its principal risk factor, obesity, have emerged as twin epidemics in communities of color. This book investigates the epidemiology of diabetes in these minority communities, arguing that the determinants of diabetes include not only personal choices, but also broader social and contextual factors, such as community racism, residential segregation, and cultural patterns. This book includes in-depth analyses of many community-based interventions which serve African-American, Hispanic/Latino American, Asian American, and Native American populations. The author also provides suggestions for community-based initiatives to reduce the "obesogenic" environment many minorities live in. Key features: Includes effective intervention approaches for prevention and control of diabetes in racial and ethnic populations Explores the influence of institutionalized racism and residential segregation on the emergence of diabetes and obesity Presents extensive case studies detailing the experiences, challenges, and breakthroughs of various community health

initiatives and programs This book will serve as an important resource for professors, students, community leaders, policymakers, health practitioners, and anyone interested in joining the movement to eliminate health disparities and achieve health equity.

Diabetes mellitus is one of the most frequent chronic diseases affecting children and adolescents. The number of young children being diagnosed with type 1 diabetes is increasing worldwide and an epidemic of type 2 diabetes already at a young age is being

Type 1 diabetes (TD1) is one of the most common endocrine disorders in children and can occur at any age. Incidences of T1D have steadily increased worldwide, and it is largely considered an autoimmune disorder resulting from the specific destruction of pancreatic beta-cells producing insulin. However, T1D pathophysiology is still not completely understood, and although insulin and other therapies ameliorate the manifestations of the disease, no cure is currently available. This book has been written by widely acknowledged experts, with each chapter providing unique information on emerging aspects of T1D. Because a large body of information has been available regarding T1D, this book highlights lesser explored topics linked to the subject using important and recent knowledge that presages directions for further research. Current possibilities to forestall diabetic complications are also explored.

People with diabetes often struggle to make healthy choices and stay on top of managing their illness. Filling a vital need, this is the first book to focus on the use of motivational interviewing (MI) in diabetes care. The uniquely qualified authors--physician Marc P. Steinberg has devoted much of his career to diabetes care, and renowned clinical psychologist William R. Miller is the codeveloper of MI--present proven counseling techniques that can make any conversation with a patient more efficacious and motivating. Numerous sample dialogues illustrate specific ways to elicit patients' strengths and help them overcome barriers to change in such areas as eating habits, physical activity, medication use, insulin treatment, substance abuse, psychological issues, and more. This book is in the Applications of Motivational Interviewing series, edited by Stephen Rollnick, William R. Miller, and Theresa B. Moyers. Winner (First Place)--American Journal of Nursing Book of the Year Award, Adult Primary Care Category

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