



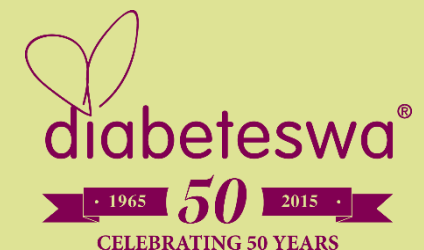
DESMOND Australia in collaboration with DESMOND UK.

# DESMOND (Diabetes Education and Self-Management for the Ongoing and Newly Diagnosed): Is it only for the newly diagnosed?

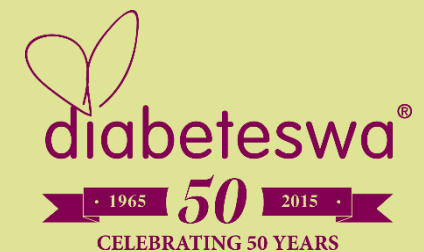
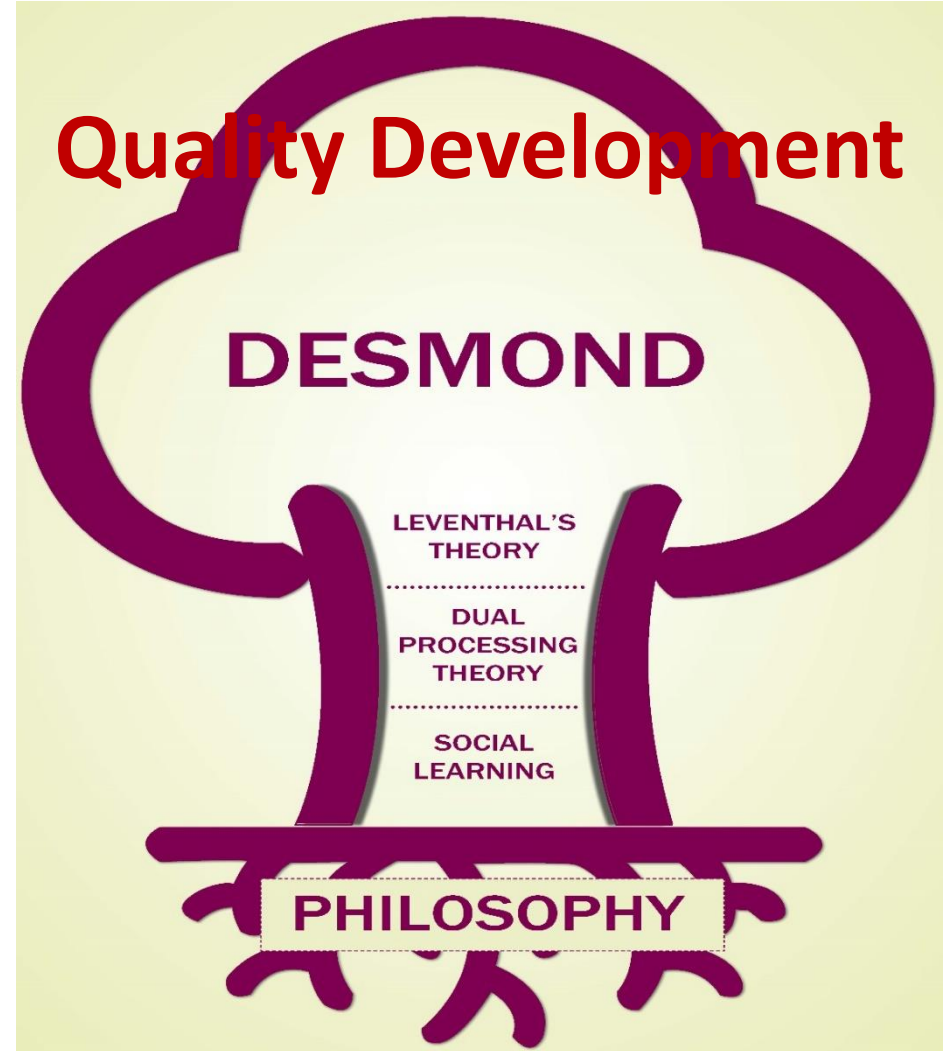
Kylie Mahony RN CDE, Accredited DESMOND Trainer, QD Assessor and Educator

# What is **DESMOND**?

## Diabetes Education & Self Management Ongoing & Newly Diagnosed



# What makes DESMOND different?



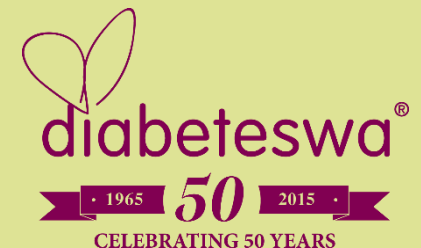
# DESMOND Philosophy

People are ultimately responsible for their own self management

The barriers to self management are in the person's world

The consequences of diabetes are experienced by the person with diabetes

People want to maximise their quality of life



# Theoretical basis of DESMOND

- **Leventhal's Common Sense Model**

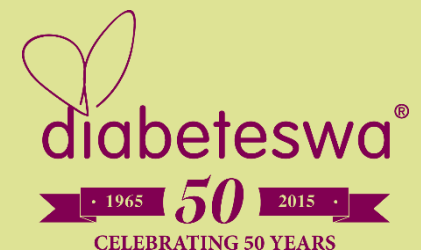
Health beliefs influence behaviour

- **Dual Processing Theory**

Systematic processing encourages the participant to work things out for themselves

- **Social Learning Theory**

Self efficacy is a robust predictor of behaviour change



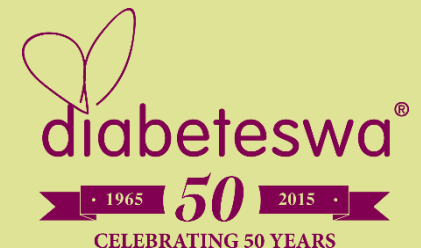
*“ The success of  
DESMOND lies not only in  
its content but crucially in  
how it is delivered”* (Desmond UK)



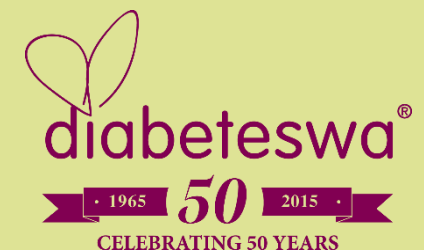
# DESMOND program evaluation

Initial program evaluation found Australia produced similar findings to the initial UK RCT

Ongoing data collection to look at overall impact and outcome of the DESMOND program for all participants (diabetes distress)



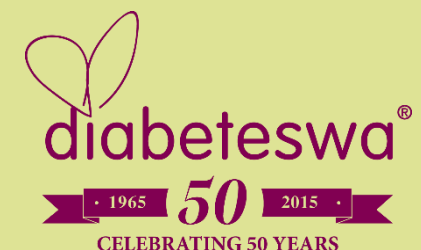
**From this ongoing data collection the question was raised ... What is the impact of the DESMOND program on diabetes distress for those diagnosed with type 2 diabetes for more than 12 months?**





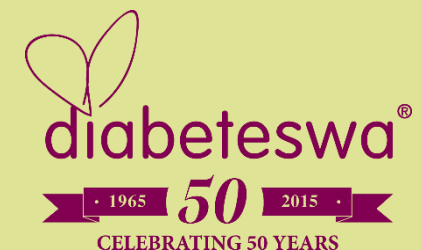
# DESMOND: not only for the newly diagnosed

- Use Problem Areas in Diabetes Scale (PAID)
- Pre and post one day DESMOND Foundation program (program for those diagnosed for greater than 12 months) responses collected
- Overall statistically significant decrease in the median PAID score from 25.0 at pre to 13.75 at post(n=37; p=0.001).
- There were 5 PAID items which indicated the most significant change with the proportion of participants now feeling that the item was not a problem or only a minor problem increasing by 50% or more following the program.



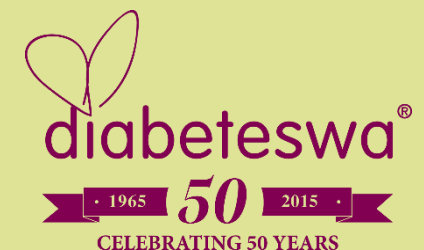
# DESMOND: not only for the newly diagnosed

- the 5 PAID items indicating the most significant positive change were:
  - not having clear goals for diabetes care 35.1% to 83.7%
  - worrying about the future and serious complications 35% to 62%
  - feeling discouraged with their diabetes treatment plan 51% to 89%
  - feelings of guilt or anxiety 43% to 67%
  - feeling concerned about food and eating 48% to 72%



# Conclusion

- DESMOND Foundation program significantly reduced perceived diabetes distress in this sample group.
- The underlying theories behind DESMOND have a strong focus on action planning, the impact of which can be seen in the changes for individual PAID items.
- These results provide preliminary data that the DESMOND Foundation program may achieve similar psychosocial outcomes to those attending the newly diagnosed program.



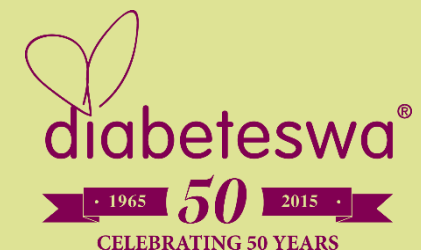
# Acknowledgments

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# Thankyou and Questions?

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