

## The implementation of a Therapeutic Patient Education (TPE) program for diabetic patients in Algeria

تنفيذ برنامج التربية العلاجية للمرضى السكريين في الجزائر

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### Abstract:

The article examines the crucial importance of implementing Patient Therapeutic Education (PTE) programs for the treatment of chronic diseases, with a particular focus on diabetic patients. The main challenge lies in customizing these programs to specifically address the needs of patients within a determined sociodemographic context. The challenge involves balancing medical requirements with patients' beliefs, knowledge, and living conditions. The article emphasizes the need for a thorough assessment of educational needs, incorporating cultural and social elements. It underscores the importance of raising awareness among healthcare professionals about this diversity, promoting a respectful approach to optimize the effectiveness of PTE programs. The ultimate goal is to streamline healthcare utilization and reduce complications related to chronic diseases. In summary, the article provides a thoughtful reflection on how to design tailored PTE programs that respect the specificities of patients within a given sociodemographic context.

**Key words:** Therapeutic Patient Education (ETP) — Chronic Diseases — Patient Empowerment — Cultural Sensitivity — Health Literacy.

### المخلص:

تتناول هذه المقالة الأهمية الحاسمة لتنفيذ برامج تثقيف المرضى العلاجية (TPE) لعلاج الأمراض المزمنة، مع التركيز بشكل خاص على مرضى السكري. ويكمن التحدي الرئيسي في تخصيص هذه البرامج للاستجابة على وجه التحديد لاحتياجات المرضى ضمن سياق اجتماعي ديموغرافي محدد. ويتمثل التحدي في تحقيق التوازن بين المتطلبات الطبية ومعتقدات المرضى ومعارفهم وظروفهم المعيشية. يسلط

المقال الضوء على الحاجة إلى تقييم شامل للاحتياجات التعليمية، ودمج العناصر الثقافية والاجتماعية. وهو يسلط الضوء على أهمية رفع مستوى الوعي بين العاملين في مجال الصحة بهذا التنوع، وتعزيز نهج محترم لتحسين فعالية برامج ETP. والهدف النهائي هو تبسيط الاستفادة من الرعاية الصحية والحد من المضاعفات المرتبطة بالأمراض المزمنة. باختصار، يقدم المقال تفكيرًا متعمقًا حول كيفية تصميم برامج ETP ملائمة، مع احترام خصوصيات المرضى في سياق اجتماعي ديموغرافي معين.

الكلمات المفتاحية: تقييف المرضى العلاجي (ETP) – الأمراض المزمنة – تمكين المرضى – الحساسية الثقافية – محو الأمية الصحية.

## **Introduction:**

The conception and implementation of a Patient Therapeutic Education (PTE) program are crucial in the management of chronic diseases, with a specific emphasis on diabetic patients. Customizing these programs to address the unique needs of patients within a defined sociodemographic context becomes paramount. Balancing medical requirements with the beliefs, knowledge, and living conditions of patients presents a significant challenge. The initial step involves a thorough assessment of educational needs, taking into consideration cultural and social aspects. By raising awareness among healthcare professionals regarding this diversity and fostering a respectful approach, it is possible to optimize the efficacy of PTE programs, streamline healthcare utilization, and reduce complications associated with chronic diseases. Therefore, the central question persists: How to design PTE programs that are tailored to respect the particularities of patients within a specific sociodemographic context, aiming to optimize the management of chronic diseases and enhance the quality of life for patients, especially those affected by diabetes?

## **2- Therapeutic Patient Education, TPE :**

"Therapeutic Patient Education, or TPE, encompasses a set of practices rooted simultaneously in medicine, care, and education (Tourette-Turgis & Thievenaz, 2014). It is specifically designed for individuals affected by chronic illnesses,

disabilities, or those undergoing complex treatments. Additionally, it aligns with both secondary and, notably, tertiary prevention (De la Tribonnière, X. 2016). There is no unanimous definition of TPE, but we choose to adopt the one proposed in the WHO-Europe report published in 1998: 'Therapeutic Patient Education aims to help patients acquire or maintain the skills they need to manage their lives optimally with a chronic illness. It is an integral and permanent part of patient care. It includes organized activities, including psychosocial support, designed to make patients aware and informed about their illness, care, organization, hospital procedures, and health- and illness-related behaviors. This is intended to help them and their families understand their illness and treatment, collaborate together, and assume responsibilities in their self-management, with the goal of helping them maintain and improve their quality of life.' Oral or written information, preventive advice, may be provided by a healthcare professional on various occasions, but they do not equate to therapeutic patient education (HAS. 2007)."

### **1-1- The Contribution of Therapeutic Patient Education :**

After clarifying the concept of Therapeutic Patient Education (TPE), we will present its contribution:

TPE favors the transmission of knowledge and is grounded in a "behaviorist approach," emphasizing an expert (healthcare provider) / novice (patient) relationship. The patient, as the learner, is not considered a co-creator of their education.

TPE works towards the acquisition of adapted behaviors by the patient and aligns with an "action-oriented behaviorist approach," based on the premise that only observable behaviors can be evaluated.

TPE aims for the patient's self-awareness in a social environment and adheres to a "constructivist approach," where the patient's experiential knowledge holds a central place in the educational activity (Renaud, P. 2012).

## **2 Therapeutic Education: Group or Individual Approach?**

If we refer to experiences in social psychology, many have shown benefits related to groups in the field of behavior change. It turns out that individuals find it easier to modify their opinions and behaviors within a group rather than in isolation. As some participants exhibit new attitudes, others can be influenced. Despite these advantages, healthcare providers sometimes struggle to facilitate a group and harness its resources. In fact, when questioned, they predominantly express a preference for individual, face-to-face education. Such an approach, in their view, fosters a close relationship, allowing for addressing specific issues and understanding the patient's unique needs. Additionally, the group dynamic may encounter challenges, with some participants dominating discussions, and certain topics, such as complications, potentially causing anxiety and being difficult to manage. Thus, both group and individual approaches have their own advantages and disadvantages (Mosnier-Pudar, H. 2007). The table below provides a quick comparison between therapeutic education in a group and individually, highlighting the pros and cons of each.

**Table 01 Advantages and disadvantages of individual and group education  
adapted from Assal and Lacroix**

| TPE           | Individual                                                                                                                                                                                                                                                                                                                                             | Group                                                                                                                                                                                                                                                                                                                                                                    |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Advantages    | <ul style="list-style-type: none"> <li>▪ Personalization</li> <li>▪ Allows addressing the patient's lived experience</li> <li>▪ Better understanding of the patient</li> <li>▪ Ability to identify specific patient needs</li> <li>▪ Respects the patient's pace</li> <li>▪ Improved communication</li> <li>▪ Privileged relationship</li> </ul>       | <ul style="list-style-type: none"> <li>▪ Exchange of experiences among patients</li> <li>▪ Confrontation of viewpoints</li> <li>▪ Friendliness, encouragement, and interactions</li> <li>▪ Breaking the sense of isolation</li> <li>▪ Support, including emotional support</li> <li>▪ Stimulation of learning</li> <li>▪ Time-saving</li> </ul>                          |
| Disadvantages | <ul style="list-style-type: none"> <li>▪ No confrontation with other patients</li> <li>▪ Lack of group dynamics</li> <li>▪ Risk of unstructured teaching</li> <li>▪ Risk of incompatibility with a difficult patient</li> <li>▪ Risk of caregiver dominance over the patient</li> <li>▪ Fatigue due to repetition</li> <li>▪ Time-consuming</li> </ul> | <ul style="list-style-type: none"> <li>▪ Imposed teaching (vertical)</li> <li>▪ Too heterogeneous patient group</li> <li>▪ Difficulty in engaging patients</li> <li>▪ Inhibition of patients in expressing themselves</li> <li>▪ Difficulty in giving attention to each individual</li> <li>▪ Difficulty in managing a group</li> <li>▪ Fixed class schedules</li> </ul> |

**Reference: Lacroix, A. & Assal, J-P, 2016, P 85**

Individual TPE sessions involve one-on-one interactions with a single patient, potentially including their immediate circle. The theme and objectives are clearly defined and must align with the patient's project and the skills to be acquired. The average duration is 30 to 45 minutes. The main advantage of the individual approach is the personalization of the intervention. Such an approach leads to a close relationship with the patient, enabling the exploration of specific issues and identification of their unique needs. In this situation, the caregiver feels more capable of focusing attention on the patient in front of them, providing support, and more easily identifying and addressing their problems or needs. Caregivers accustomed to singular contact with the patient often feel more comfortable in this scenario. The relationship is privileged, the contact is better, and adaptation to the patient's pace is facilitated. The individual approach also has the advantage of not depending on a

patient's willingness to participate in group TPE. Beyond the reluctance to engage in an interactive process within a group, it may involve not wanting to be publicly identified as someone with a health issue or not wanting to disclose very personal information or justify choices to others. In the face of these advantages, the most obvious disadvantages are the cost and the increased caregiver time associated with this approach. For the caregiver, there is fatigue from repeating messages and the lack of structuring in teaching. For the patient, there is a lack of group dynamics and interaction with other patients. The risk of the caregiver dominating the patient is also not to be neglected. Even in this individual approach to TPE, the training of the involved caregivers remains crucial. As with any educational action, different knowledge and skills must be mastered by caregivers.

Individualization is not always ensured by the one-on-one approach, and TPE in small groups can equally ensure it through pedagogical methods and group facilitation that take individual needs into account. TPE in a group can be defined as a gathering or a group of individuals who share a common point of interest, such as self-management of diabetes. The group size can vary greatly, from 2 to 20 people. Some educational presentations may even bring together a larger number of participants. The group size will not depend solely on the pedagogical method used but also on the content of educational messages, the target population, the experience and preferences of the educator, and the paying organization. Groups that are too small, fewer than 4 people, do not allow for sufficient interaction and encourage individual work with each participant rather than genuine exchange of experiences.

Today, most teams seem to agree on the importance of groups having moderate dimensions, around 8 to 10 people. With this size, the benefits of interaction between participants are optimal, allowing patients to validate their own experiences and address their needs at the same time. Having a homogeneous group allows for better

alignment between the intervention's objective and the participants' needs, thus increasing the chances of success. Therefore, it is important to select patients to optimize the effectiveness of group TPE sessions, which should address common concerns among participants.

In diabetes, for example, it is important to distinguish between groups of type 1 and type 2 diabetic patients because their needs, lifestyles, involvement in the disease, and behaviors differ. The places where group sessions can take place are also very variable, ranging from specialized facilities to community settings. The frequency and duration of sessions vary widely depending on the case: daily, weekly, or monthly meetings planned for a few days to several months, or on the contrary, informal sessions (HAS, 2008) (Mosnier-Pudar, H. et al., 2008) (Assal, J-P. & Golay, A. 2001).

### **3 The Therapeutic Patient Education Program :**

The Therapeutic Patient Education Program (TPEP) is a coordinated and structured set of educational activities organized in courses and led by trained healthcare professionals with the involvement of expert patients and care partners. It is intended for individuals with chronic diseases, including diabetes, and their families, focusing on the patient's life project. Underpinned by diverse fields of intervention and various playful pedagogical methods (see previous chapter), it aligns with a shared conception among stakeholders in Therapeutic Patient Education (TPE). TPEP is defined for a specific agreed-upon chronic disease and implemented in a specific context for a designated period after authorization from healthcare specialists. When an institution aims to implement a program, it is strongly recommended to work in advance on building a group of leaders responsible for clarifying the theme, structure, and objectives of the program. Once formed, this

group will ensure the implementation and management of the program (Revillot, J-M. 2016).

On a general level, TPEP relies on legislation and health policy, and programs must integrate network collaboration and generate solicitations and agreements. On a specific level for each program, whether in the context of epidemiology and/or public health challenges, arguments must be presented. Educational diagnoses are systematic and counted, especially the number leading to the introduction into a program, which will be subject to identifiable and sufficiently broad inclusion criteria

#### **4 In Algeria :**

In Algeria, Therapeutic Patient Education (TPE) has become an integral part of diabetes management. Article 179 of the official journal of the Algerian section proclaims that 'the pharmacist provides health-related services and participates in information, advice, monitoring, and therapeutic education for the health of users.' In 2008, Novo Nordisk became the first pharmaceutical group in Algeria to engage in patient education. We initially began by training our own educators, but to meet the high demand, we expanded the program by recruiting certified external nurse educators endorsed by the Francophone Diabetes Society. Novo Nordisk Algeria developed educational materials *covering topics of interest to patients, such as signs of hyperglycemia, prevention of hypoglycemia, prevention of diabetic foot lesions, dietetics, diabetes and Ramadan, physical activity, as well as annual tracking booklets for both type 1 and type 2 diabetes. In collaboration with healthcare professionals (public and private sectors) and patient associations, this patient-centered approach has significantly facilitated medical monitoring for over 314,000 people with diabetes (Novo Nordisk Algeria, 2015).*

## **5 The topics covered in Therapeutic Patient Education for diabetic patients :**

Insulin therapy: how to manage treatment in different situations? Learning to handle intensive insulin therapy in situations such as physical activity, travel, or an intercurrent infection.

Dietetics: how to manage diabetes through an adapted meal plan? Learning a balanced meal plan involves practical exercises in dietetics and cooking: knowing how to choose dishes in a restaurant, shopping in a supermarket.

Eating behavior disorders: dietetics and behaviors related to food. Awareness of eating behavior disorders and regulation strategies. Knowing how to compensate for episodes of cravings with other immediately mobilizable activities. Maintaining a social life, including meals with friends, and learning to say no to tempting treats.

Prevention of lower limb amputations: 'cared-for and monitored feet = saved feet.' Sensitizing patients with neuropathy and insensitivity to pain about the risk they face 24 hours a day. This program is particularly aimed at diabetics suffering from neuropathy and arterial insufficiency in the lower limbs.

Physical activity: how to link physical effort to glycemic variations. How to adapt snacks to prevent hypoglycemia. Motivating the patient for regular physical activity by making them perceive the benefits on scales of cardiovascular risk factors. Making the patient perceive the necessary time of physical activity, for example, by pedaling to burn the equivalent of a chocolate bar (Lacroix, A. & Assal, J-P. 2016).

Diabetes in daily life: this involves addressing how the patient will manage their daily, professional, and family life. How to live with diabetes during Ramadan while respecting one's religion and beliefs.

## **Conclusion:**

TPE has primarily developed in the field of chronic diseases. It adopts a more top-down approach by providing information and advice to help patients manage the difficulties commonly encountered. They need this information to better manage and empower themselves in their lives with diabetes. Learning difficulties, socio-economic status, cultural and educational levels, and place of residence should not a priori deprive patients of TPE. These specificities must be taken into account to adapt the TPE program in terms of geographical and cultural accessibility, flexibility in responding to the needs and expectations of patients. At the end of our article, we can propose some perspective questions to open up further avenues of research in the same field: Are motivational interviews an adjuvant to therapeutic education sessions for chronic patients with diabetes? In other words, do motivational interviews truly act as a switch between TPE SESSIONS?

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