

The Biopsychosocial Care of an Elderly Diabetic Patient

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Biopsychosocial Concepts for Advanced Nursing Practice I

Assessment 1 Narrative

July, 2019

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The concept map associated with this narrative describes a 75-year-old Caucasian man who was recently diagnosed with Type II Diabetes. This patient lives alone, though his oldest son and daughter-in-law live next door to him, and his daughter-in-law is a registered nurse. He has seven grandchildren that he is highly active with, though he works part time as a driver for a car dealership. He travels often, and rides a motorcycle occasionally.

At his first office visit after diagnosis he presented with inaccurate statements about diet, food choices, and how his diabetes monitoring was affecting his every day life and travel. He appeared generally withdrawn and apathetic during his appointment. He did not have an accurately kept blood sugar diary, and his A1C remained at 9.2, the same as his previous visit at which time he was diagnosed.

#### **Value and Relevance of Evidence**

The first nursing diagnosis states the patient has deficient knowledge relating to his recent diagnosis of diabetes. One of the main points discussed with this patient was his lack of knowledge of good food choices, and how to appropriately prepare meals that will be beneficial to his health. In order to not completely disregard his inaccurate statements, some guidance and information is necessary, however, there appears to be a sufficient knowledge gap that may require more time for education. Therefore, a referral to a medical nutrition therapist is not only a collaborative and interprofessional approach to his care, but it also allows the patient to have extra time set aside for this specific and very important need with a professional. Patients with diabetes must take a very proactive role in the management and care of this disease, and empowering them with all the information, tools and resources possible is critical to that achievement (American Diabetes Association, 2017). The American Diabetes Association has a

long-standing reputation of providing valuable, reliable, and collaborative information regarding the care of patients with diabetes. In the beginning of the article there is a key provided that shows the reader the evidence level supporting each piece of information and each recommendation provided, allowing the reader to see clearly how reliable the supporting evidence is for that particular recommendation (American Diabetes Association, 2017). One conflicting perspective with the approach of having the patient see a medical nutrition therapist is information overload for an elderly patient as well as the possibility of it being difficult for the patient to organize and keep another appointment without feeling overwhelmed. However, this patient is still very independent. He travels frequently, and has a part-time job to keep him occupied. Navigating another appointment may allow him to feel a sense of empowerment and control over the disease, and help him recognize his own self-care needs as well as help him understand the easiest ways to deal with his diet needs. Taking more time with him and providing more information on paper, may be the best resource he needs so he doesn't forget things that are only told to him in person.

The second nursing diagnosis addressed the patient's sense of powerlessness related to this long-term and incurable disease process. He did not appear to be involved with the management of his glucose levels by documenting them appropriately and/or checking his blood glucose levels at appropriate times. He also had no change in his A1C between appointments. This patient is normally a very happy and talkative man, so the nurse recognized quickly his withdrawal and apathetic attitude. The American Diabetes Association reports how important having social support is for patients with diabetes, and also recognizes the importance of interprofessional collaboration and care of these patients to promote self-care and encourage independence (American Diabetes Association, 2017). This information was also noted in an

article based out of Saudi Arabia that was a research study specifically built around elderly patients with type II diabetes. This study may have limitations in the fact that racially it is not as significant for this patient in American, however, the article shows agreeance with the American Diabetes Association in regards to self-care practices being more positive when patients have a good support system and are knowledgeable about the disease process (Ishak, Mohd Yusoff, Rahman, & Kadir, 2017).

The third nursing diagnosis relates to the patient's risk for injury due to his age, the fact he lives alone, and his diabetes. Patients with diabetes can develop neuropathies that affect their skin integrity. If a patient has neuropathy, they can easily injure their feet and not realize it. Then because of their compromised immune system from the diabetes, they can easily develop an infection which can further agitate their diabetes, as well as cause them to have poor wound healing, and potential need for amputation (Phillips & Mehl, 2015). This article is short and concise, but reflects the data regarding foot injuries in diabetic patients, and how critical good foot care is for patients with diabetes because of neuropathies and peripheral vascular disease associated with diabetes (Phillips & Mehl, 2015).

### **Interprofessional Strategies**

One of the major points of consensus for both the article out of Saudi Arabia and with the American Diabetes Association is how beneficial interprofessional collaboration of care is to patients with diabetes, especially when the patient has a new diagnosis (American Diabetes Association, 2017) (Ishak et al., 2017). Diabetes is a disease that can have many comorbidities as well as many contributing factors that can affect the disease process, and whether or not a patient may be successful at managing it. Therefore, a collaborative approach, as well as multiple providers continually seeing and laying hands on the patient allows for more positive

outcomes. Again, with some patients, navigating and managing multiple providers may be difficult depending on their mental state, their support system and their resources. However, as noted previously, providing each patient with the information and available resources, puts that responsibility in the patient's hands, and empowers them to be responsible for the management of their diabetes.

### **Conclusion**

This patient's concept map points out specific issues that need to be dealt with immediately to provide him the best care possible. The supporting evidence is valid and reliable, even to as far away as Saudi Arabia. The care of a patient with diabetes depends strongly on their own psychological health and coping mechanisms as well as their support system and self-care routines, and how willing the patient is to take control of what they can to live a healthy lifestyle.

For this patient, giving him the knowledge he needs in multiple ways, and in ways that he can continue to access the information and resources is one of the best ways for his healthcare team to support him.

## References

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