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Diabetes, older people and exercise: recommendations for health promotion programs

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Abstract
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Diabetes, older people and exercise: recommendations for health promotion programs

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Around 346 million people globally have diabetes. As this figure is estimated to double by 2030 (WHO, 2015) the time is now for health professionals to be proactive rather than reactive in managing diabetes. One way to achieve this in older people is through physical activity and exercise.

The significance of exercise and health promotion programs, which can enhance engagement in physical activity, cannot be underestimated. Quite simply, exercise is a good means of controlling diabetes.

Considerable research has elucidated the physical benefits of exercise and nutrition programs for people with diabetes (Darawad et al. 2016; Hu et al. 2015). However, little is known about how to best construct and then deliver these particular health promotion programs, ensuring they have meaning to those who engage in them. Drawing on the lead authors PhD research, the following recommendations are important considerations for health professionals who are constructing, delivering and evaluating health promotion programs. The research found that if participants don’t find meaning, they won’t stay engaged. In order to enhance motivation and commitment to these valuable means of managing diabetes the following recommendations are offered:

- Exercise and health promotion programs for people with diabetes need to be person-centred. Incorporating those people whom the program targets at the centre of planning, and where possible, delivery of the program is essential.
- Programs must accommodate participant choice and enable flexibility so as to foster individual engagement without feeling ‘boxed’.
• Shift the mindset of seeing people with diabetes as ‘clients’ or ‘patients’ who require ‘care’ to one of seeing people who have lived experiences that can meaningfully contribute to programs.

• Establish healthy relationships with the people (including family), organisations, and materials (including the built environment) required to contribute to good health.

• Target education campaigns specifically for people with diabetes about the value of them engaging in physical activity and exercise as a positive means of managing their disease.

• Exercise should be prescribed as a treatment/therapy for people with diabetes and include both resistance and aerobic training elements. Programs should be inclusive of a minimum of two sessions per week involving physical training (resistance and aerobic). Programs should also include one session every week or second week for health promotion and education appropriate to diabetes, along with opportunity for social engagement outside of exercise.

• Education sessions must include relevant, current, evidence based information. Information and discussion need to be delivered to participants in a forum and manner that is inclusive and informal.

It is hoped that the findings and recommendations above will inform and ultimately contribute to person-centred, effective future practice and promotion of health for people with diabetes. Empowering end users by including them in program design and delivery will enhance their motivation and facilitate their ongoing commitment to engage in physical activity. This will be of great benefit to them and to society more generally.

References