

Preface



Gail D'Eramo Melkus, EdD, C-NP, CDE, FAAN
Guest Editor

The burgeoning of diabetes science and technology during the past decade has led to new knowledge that reconfigured diabetes health care delivery. Innovations in insulin therapy, blood glucose monitoring, early detection and treatment of complications, prevention efforts, and self-management interventions are just a few examples. The dissemination and translation of such advances and innovations are evident in established diabetes standards of care and education, reimbursement policies, and certification of diabetes educators and programs of diabetes care by national accrediting agencies. Despite these advances in science, technology, practice, and policy, however, there are continued increases in the incidence and prevalence of diabetes, particularly type 2 diabetes, and related complications, with elderly, ethnic minority, and rural populations experiencing the greatest burden.

This issue is a compilation of the current best practices and latest advances in the care of diabetes and diabetes-related complications. The reader will note that the number of persons affected by diabetes in the United States has increased to an estimated 21 million, accounting for more than \$130 billion dollars in related health care costs. This care involves medical visits, emergency visits, hospitalizations, medical nutrition therapy, medications, self-management education, behavioral and psychologic counseling, and physical activity training. Multidisciplinary health care teams devoted to the delivery of quality diabetes care have been effective in improving health outcomes, but much more needs to be accomplished to decrease rates of diabetes morbidity and mortality and the health disparities for vulnerable populations. Numerous studies have shown that diabetes patient education

is an important prerequisite for behavioral change. Behavioral counseling and intervention strategies that facilitate and assist with maintenance of life-style modifications are necessary to sustain optimal daily diabetes self-management. Nurses dedicated to diabetes education and care have played a central and effective role within the diabetes health care delivery team. Like many of you, the authors of this issue are such nurses. They are leaders in diabetes care who have given generously of their time and expertise in their previous contributions to diabetes care, education, practice, policy, and research and to this issue of *Nursing Clinics of North America*. It is my hope that nurses and other health care professionals will find this issue informative and that the patients they care for will be the beneficiaries of what is derived.

Gail D'Eramo Melkus, EdD, C-NP, CDE, FAAN
Yale University School of Nursing
100 Church Street South
New Haven, CT 06536, USA

E-mail address: gail.melkus@yale.edu