

# Diabetic adults' conditions improved after phone calls with fellow patients

October 18 2010

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Phone calls with a peer facing the same self-management challenges helped diabetes patients manage their conditions and improved their blood sugar levels better than those who used traditional nurse care management services alone, according to research from the University of Michigan Health System.

The findings, published Oct. 19 in the [Annals of Internal Medicine](#), showed the peer partner program resulted in lower glycated hemoglobin (HbA1c) levels after six months among men with uncontrolled diabetes.

The research was based on a peer partnership program established by the Veterans Affairs Ann Arbor Health System and the University of Michigan Medical School.

Each peer pair received initial brief training in peer communication skills and was expected to communicate by telephone at least once a week about their mutual efforts to improve diabetes control. Program participants also were offered optional periodic nurse-facilitated group sessions to exchange experiences with fellow patients.

"Our model was testing the hypothesis that a good way to activate patients was to give them some skills and encouragement to both help and be helped. Just as in education they say that the best way to learn something is to try to teach it," says study lead author Michele Heisler, M.D., who is a research scientist for the Center for Clinical Management Research at the VA Ann Arbor's Health Services Research &

Development Center of Excellence and associate professor of internal medicine at the U-M's Medical School. Heisler also is associate professor of health behavior and health education at U-M's School of Public Health.

"We are trying to tap into the underappreciated expertise of patients," Heisler says. "Most disease management programs put patients in the 'learner' role, whether nurse care management programs or 'expert' peer programs. But patients know a lot about living with their condition and strategies they have developed so have a lot to share with others also struggling. Our program hoped to mobilize patients themselves to realize how much they themselves had to offer another person with diabetes and enjoy the sense of meaning and pleasure that being needed and helping another can provide.

That's why I think people did well-- they were very motivated when they felt they were helping someone else."

In the peer support group, researchers randomly assigned 244 VA patients with uncontrolled diabetes to either peer support or traditional nurse care management. At the start, patients in the peer support group met in a group setting to set their own disease management goals and specific steps they wanted to take over the next few weeks, received basic peer communication tips, were matched with another study participant of similar age (their peer partner), and were advised to talk with their peer partner once per week. For their peer calls they used the telephones but through a system that linked calls without their having to exchange their telephone calls, that enabled them to block calls at certain hours, and that provided reminder calls if they missed a week.

Heisler says she and her fellow researchers expected to see benefits from the peer support, but were surprised at how large the improvement in glycemic control from the program after six months was. The patients

who were randomly assigned to the peer support program achieved HbA1c levels that were 0.58 percentage points lower on average than those in the nurse care management group. And patients in the peer support group with baseline HbA1c levels greater than 8 percent achieved a mean decrease of 0.88 percentage points, compared with a 0.07-percentage point decrease among those in the nurse care management group. This is equivalent to that achieved by starting another oral anti-hyperglycemic medication.

More patients in the peer support group also started insulin therapy at much higher rates than those in the nurse care management group, a step that many patients resist.

"The higher rate of insulin therapy initiation in the peer support group suggests that patients' concerns about insulin may be best addressed by another person who also is coping with insulin management," Heisler says.

Heisler says this is the first randomized controlled trial to examine reciprocal peer support in chronic disease management. This can be a low-cost, easy-to-implement system that allows patients to get more one-on-one support in managing a chronic illness, Heisler says.

"Most chronically ill [patients](#) need more support for self-care than most health care systems can provide. That's why programs like this, that increase the quality and intensity of assistance through peer support, deserve further exploration," Heisler says.

Provided by University of Michigan Health System

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