

Disease-management programs shown to improve diabetes care

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Disease-management programs, which may include patient education, psychological intervention, dietary education, self-monitoring and telemedicine, can improve diabetes care, states an article in *CMAJ* (Canadian Medical Association Journal).

The study, by French researchers, included 41 randomized controlled trials published between 1990 and 2009 with a total of 7013 patients.

The findings showed that disease-management programs are more effective than usual care in reducing glycated hemoglobin levels in diabetic patients with poor glycemic control.

Moreover, some characteristics of disease-management programs appear to be associated with a greater effectiveness, in particular how often a patient sees a doctor. A high frequency leads to a greater impact on glycated hemoglobin.

"We found that the ability of disease managers to start or modify medical treatment was an effective feature of disease-management programs," write Dr. Clement Pimouguet, Centre de recherche en épidémiologie et biostatistique, Université Victor Segalen Bordeaux 2, France, and coauthors. "This has important implications, because nonadherence to medical treatment is a significant predictor of all-cause mortality and hospital admission among patients with diabetes."

The authors conclude that their findings are important for the delivery of

[diabetes care](#) and the direction of future research. More research is needed, however, to know the long-term impact of disease-management programs and whether other groups besides those with nonstabilized [diabetes](#) would benefit from disease management. Also, cost-effectiveness studies of disease-management programs need to be developed to ensure proper allocation of health care resources.

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