

# Diabetes study shines spotlight on lifestyle interventions

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An Emory University study published in the January issue of *Health Affairs* assesses real-world lifestyle interventions to help delay or prevent the costly chronic disease that affects nearly 26 million Americans.

Researchers from Emory's Rollins School of Public Health (RSPH) systematically reviewed the published literature and analyzed 28 studies that tested adaptations of the [Diabetes](#) Prevention Program (DPP) trial in real-world settings. Published in 2002, this major clinical trial showed that structured lifestyle programs for people with prediabetes could halve the progression to diabetes.

"Participants in the DPP trial received exercise shoes, meal replacement shakes, personal (one-on-one) coaching by degree-holding professionals (exercise physiologists, nutritionists, nurses), and gym memberships that all together cost about \$1,400 per person during the first year of the study," says lead investigator Mohammed Ali, MBChB, MSc, assistant professor of global health at Emory's RSPH.

"Over the years, a number of studies have tried to adapt the program and make it more affordable. My colleagues and I scanned the literature to find all such studies in the US, and combined the data to see what kind of average weight loss benefit is possible across all of these studies as moderate (5-7 percent) weight loss was the key driver of success in the DPP trial," says Ali.

The researchers found that a year after enrollment in these lifestyle programs, the average participant had lost about four percent of baseline body weight, an amount that may offer diabetes protection. The weight loss was the same regardless of whether the program relied on higher-salaried health professionals or lower-cost lay staff who are trained to deliver [healthy eating](#) and fitness advice. The authors concluded that costs associated with diabetes prevention can be lowered without sacrificing effectiveness and that motivating higher session attendance in structured programs seemed to be the key driver of success in achieving weight loss.

Ali's study is part of a special thematic issue of [Health Affairs](#) exploring the efficacy, costs, and value of lifestyle changes and other measures to control diabetes. Commentaries and analyses by his Emory colleagues Kenneth E. Thorpe, PhD, and K.M. Venkat Narayan, MD, also are featured in the diabetes issue.

According to Thorpe, chair and professor of health policy and management at Emory's Rollins School of Public Health, flaws in the current health care system often lead to fragmented and expensive care for chronic conditions, including type 2 diabetes. His article, entitled "Building A National Diabetes Prevention and Treatment Strategy: Opportunities Provided by the Affordable Care Act," maximizes diabetes control opportunities under the ACA by focusing on three strategies: expanding the diabetes prevention program nationally; building care coordination capability by establishing community health teams; and using the Medicare teams to connect public health, prevention and treatment.

Thorpe says taking advantage of the opportunities that the ACA and the Prevention and Public Health Fund provide can significantly lower health care costs, particularly for Medicare. He says programs like the DPP can effectively and sustainably encourage lifestyle modifications

that prevent diabetes, achieve better health outcomes and lower costs.

Narayan's commentary and analysis focuses on the need for major policy changes to help prevent and control diabetes. In his article entitled, "Global Prevention And Control Of Type 2 Diabetes Will Require Paradigm Shifts In Policies Within and Among Countries," Narayan says continued increases in the prevalence of and disproportionate health spending associated with type 2 diabetes underscore the need for policies focused on preventing and treating it appropriately.

Narayan, the Ruth and O.C. Hubert Professor of [Global Health](#) at RSPH, outlines four policy paradigm shifts that will be necessary to achieve that specific emphasis on type 2 diabetes: conceptually integrating primary and secondary prevention along a clinical continuum; recognizing the central importance of early detection of prediabetes and undiagnosed diabetes in implementing cost-effective prevention and control; integrating community and clinical expertise and resources, within organized and affordable service delivery systems; and sharing and adopting evidence-based policies at the global level.

**More information:** To view the January edition of *Health Affairs*, please visit: [content.healthaffairs.org/content/31/1.toc](http://content.healthaffairs.org/content/31/1.toc)

Provided by Emory University

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