

Doubts over long term impact of group education for diabetes patients

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The benefits of a one-off group education programme for people with newly diagnosed type 2 diabetes are not sustained over the long term, concludes a study published on BMJ today.

Type 2 diabetes is a serious and progressive condition. In the long term, it can lead to complications such as blindness, [kidney failure](#), and amputation, and it is well recognised that people with diabetes need to take personal responsibility for managing their symptoms.

In the UK, the Diabetes National Service Framework and the National Institute for Health and Clinical Excellence (NICE) promote structured education for all patients from diagnosis.

A previous trial showed that the DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) programme changed patients' attitudes towards their condition and improved their health over 12 months, but the longer term impact is not known.

So researchers set out to measure whether these benefits are sustained over three years.

They assessed 731 of the 824 patients who took part in the original trial.

The [intervention group](#) received a six-hour structured group education programme delivered in the community by two trained healthcare professional educators. The control group received usual care by their

[primary health care](#) team.

Biomedical data such as HbA1c (a measure of blood sugar levels), cholesterol and body weight were collected and patients were asked about their lifestyle, quality of life, illness beliefs, depression, emotional impact of diabetes, and medication use.

There were no differences between the two groups in biomedical or lifestyle outcomes at three years, although there were sustained improvements in some illness beliefs.

A second study also published today found a programme called Talking Diabetes, (aimed at improving healthcare professionals' consulting skills for children with [type 1 diabetes](#)) had no effect on [blood sugar levels](#) or quality of life at 12 months.

An accompanying editorial says these results are disappointing and suggests we should "focus again on the setting of appropriate targets by professionals who care for patients with diabetes and the patients themselves."

Provided by British Medical Journal

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