

Study shows people with Type 2 diabetes require ongoing and sustained clinical support

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Research led by the University of Leicester concludes that people newly diagnosed with Type 2 diabetes need ongoing advice from GPs sustained over a number of years rather than a one-off session when they are first diagnosed.

Although a single programme for people with newly diagnosed [Type 2 diabetes mellitus](#) shows sustained improvements in some illness beliefs at three years, there is no sustained difference in biomedical or lifestyle outcomes, finds the research published in *BMJ*.

The study, funded by Diabetes UK, was led by Professor Kamlesh Khunti, of the University of Leicester, and Professor [Melanie](#) Davies, of the University of Leicester and Leicester hospitals, with colleagues from the Leicester Diabetes Centre.

The authors state: "In recent years, programmes to educate people with Type 2 diabetes about [self management](#) have become the focus of attention among [healthcare professionals](#) and are advocated for people with the condition .Yet few established self management education programmes have reported long term effects of the intervention."

The team analysed three year follow-up data of 731 patients from over 200 [general practices](#). Individuals newly diagnosed with Type 2 diabetes were randomised either to a one-day self-management education

programme (DESMOND) or usual GP care. The results reveal that the significant benefits in the [intervention group](#) across four out of five [health beliefs](#) seen at 12 months were sustained at three years. HbA1c levels at three years had decreased in both groups although the difference was not significant. The groups did not differ for the other biomedical and lifestyle outcomes and [drug use](#). Depression scores and [quality of life](#) did not differ at three years.

Professor Kamlesh Khunti at the University of Leicester, said: "It demonstrates that these patients need care planning and ongoing structured education rather than a one-off programme when they are diagnosed – in order to see continued benefits with regard to lifestyle and biomedical outcomes."

The authors believe that the DESMOND intervention at diagnosis is beneficial for psychosocial outcomes. The authors argue that "although these benefits are important it remains uncertain at what stage, if ever, biomedical benefits emerge in people with newly diagnosed type 2 diabetes and whether in the longer term a relation between the two translates into more effective self management to maintain glycaemic control." Their previous evaluation showed that these programmes are cost-effective to implement in practice.

In conclusion, they believe that "participants may need further education and ongoing support to successfully manage their condition and to achieve improvements to clinical outcomes and self management behaviours long term."

Dr Iain Frame, Director of Research for Diabetes UK, said: "We welcome new research into structured education because we see structured education with a healthcare team as an important part of ensuring that people with diabetes have the tools to manage their own condition. This is why we continue to fund research into making sure it

is as effective as possible to meet the needs of people with the condition."

In an accompanying editorial, Professor Frank Snoek, from the VU university medical center in the Netherlands, stated that various illness beliefs do not have equal relevance for maintaining acquired behaviour changes at a later stage and stressed the importance of glycaemic control for a population with [type 2 diabetes](#). Professor Snoek suggested that "we should focus again on the setting of appropriate targets by professionals who care for patients with diabetes and the patients themselves."

Provided by University of Leicester

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