

Telemedicine, in addition to clinical care, may help manage diabetes

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Telemedicine, including text messaging and Web portals, may help patients with diabetes and their doctors manage blood sugar levels, according to a study in *CMAJ* (*Canadian Medical Association Journal*).

"Our findings suggest that text messaging and Web portals may be especially effective mechanisms for linking providers to patients with diabetes," writes Natasha Wiebe, University of Alberta, Edmonton, with coauthors. "The use of SMS [short message service] text messaging may be feasible to communicate and motivate patients, which could result in positive outcomes."

The prevalence of diabetes has more than doubled worldwide in the last 30 years, to 382 million in 2013, and is projected to increase to 592 million in 2035. Ensuring good glycemic control can help reduce and prevent complications from diabetes, such as heart disease, kidney disease and blindness.

The large study was conducted to review recent evidence on the effectiveness of telemedicine—the use of telecommunications to deliver health services—which is a rapidly growing field. It included 111 randomized controlled trials conducted in the United States, Korea, Canada, Australia and other countries.

The researchers found that the use of telephones, smartphones, texting (SMS) and interactive websites (Web portals), which allowed two-way communication between patients and health care providers about blood



glucose levels and interventions such as exercise and medication adjustments, had a positive effect on blood sugar levels.

"Our systematic review showed that telemedicine may be a useful supplement to usual clinical care to control HbA1C [glycated hemoglobin], at least in the short term. Telemedicine interventions appeared to be most effective when they use a more interactive format, such as a Web portal or text messaging, to help patients with selfmanagement," writes senior author Marcello Tonelli, University of Calgary.

More information: Canadian Medical Association Journal, www.cmaj.ca/lookup/doi/10.1503/cmaj.150885

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