For individuals with prediabetes, a digital diabetes prevention program (d-DPP) is cost-effective compared with an in-person lifestyle intervention for preventing the development of type 2 diabetes (T2D),
according to a study published online July 26 in Diabetes, Obesity and Metabolism.

Sooyeol Park, from the Tulane University School of Public Health and Tropical Medicine in New Orleans, and colleagues examined the cost-effectiveness of a d-DPP versus a DPP for preventing T2D in individuals with prediabetes. A Markov cohort model was constructed, which simulated a 10-year period starting at 45 years of age.

The researchers found cost savings of $3,672 and $2,990 from a societal perspective and from a health care sector perspective, respectively, as well as a gain of 0.08 quality-adjusted life years resulting from the d-DPP intervention versus the DPP. A significant factor influencing the results was the dropout rate. The d-DPP intervention was preferred in 85.8% in the societal perspective and 85.2% in the health care sector perspective.

"Based on the current study's findings, d-DPPs can be an alternative to in-person DPPs. The cost savings of prevented cases of T2D with d-DPPs can improve the sustainability for patients with prediabetes," the authors write. "Our findings provide economic evidence that the d-DPP provides good value for money in preventing T2D in high-risk patients in the U.S. setting."


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