

# Internet-based videoconference viable for teen T1DM therapy

8 June 2015



Photo: U.S. National Institutes of Health

"Delivery of BFST-D via Internet-based videoconferencing is viable for addressing nonadherence and suboptimal glycemic control in adolescents with [type 1 diabetes](#), potentially reducing important barriers to care for youth and families," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—Adolescents with poor glycemic control of their type 1 diabetes can benefit from therapy delivered either via face to face sessions or videoconferencing, according to a study published online June 1 in *Diabetes Care*.

Michael A. Harris, Ph.D., from the Harold Schnitzer Diabetes Health Center in Portland, Ore., and colleagues assessed how the method of delivery of Behavioral Family Systems Therapy-Diabetes (BFST-D) affected outcomes among adolescents with type 1 diabetes with suboptimal glycemic control (HbA1c  $\geq$ 9.0 percent). Teens (aged 12 to 18 years) and at least one adult caregiver were randomized to receive BFST-D face to face in clinic or via Skype [videoconferencing](#).

The researchers found observed no significant between-group differences before or after BFST-D or at follow-up assessments. Collapsing the groups to assess the overall effects of BFST-D revealed that statistically significant improvements in adherence and glycemic control occurred from before to after the intervention. Adherence improvements were maintained at three-month follow-up.

APA citation: Internet-based videoconference viable for teen T1DM therapy (2015, June 8) retrieved 23 September 2019 from <https://medicalxpress.com/news/2015-06-internet-based-videoconference-viable-teen-t1dm.html>

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