



ASSESSING THE EVIDENCE OF WHAT WORKS IN THE SELF MANAGEMENT OF TYPE II DIABETES: A SCOPING REVIEW

Background

Type II diabetes is the fastest growing long-term condition worldwide. In Scotland, alone, the number of people with diabetes may double in the next 10-15 years. The consequences are serious as it leads to an increased risk of long term health problems and premature death. Improved self management is seen as one way of reducing the heavy burden diabetes places on the NHS in Scotland.



Debbie Baldie
Clinical Research Fellow

"The reviews we have read show that group based self management education is likely to help the easy to reach populations but we don't know enough about how to help hard to reach populations. Self-management support is part of complex systems of care and we need high quality research using a range of methods to make sure we are doing it well."

Aim and Methods

This scoping review was commissioned by NHS Tayside to assess the evidence of what works in the self management of Type II diabetes. It used a variety of research literature databases (e.g. MEDLINE, EMBASE, CINAHL, DARE, BIDs, The Cochrane library) using the search terms 'self management', 'diabetes', 'interventions' and 'systematic review.' It covered the period 1996-2006 and 7 papers were included in the final review.

Key findings

- There is no evidence that self monitoring of blood glucose has a significant impact on clinical outcomes but it may be helpful in identifying asymptomatic hypoglycaemia.
- Group based educational interventions appear to have a positive impact on a number of clinical outcomes. This does not include metabolic risk factors (e.g. lipids) or death rates.
- Use of information technology (IT) appears promising. Patients who used IT systems to help them adjust insulin doses had improved control over the condition than those in non intervention groups. However, this may not be suitable for all patient groups.
- There is insufficient evidence for the effectiveness of diabetes Type II self management in areas of social deprivation.

- There is insufficient evidence to determine the long term effects of foot care educational programmes
- Many primary studies and reviews had significant methodological shortcomings.

Recommendations

- Well defined group based interventions appear preferable to individual patient education.
- Further research is needed to explore the long term impact of group based educational interventions.
- Further research is needed into the impact and acceptability among patient groups of IT based interventions.



Further information: full report available on www.ascr.ac.uk

Researchers:

Debbie Baldie, Martyn Jones, Thilo Kroll, Ali Zahoor, Social Dimension of Health Institute, University of Dundee, Steve MacGillivray, University of Abertay.