Long-term effects of a lifestyle change support programme for people with impaired glucose tolerance (IGT)

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Long-term effects of a lifestyle change support programme for people with impaired glucose tolerance

Authors: Betzlbacher, A1, Cotterill, S2, Summers, LKM3
Affiliations: 1) NIHR CLAHRC for Greater Manchester, Salford Royal NHS Foundation Trust, 2) Centre for Biostatistics, University of Manchester 3) Department of Endocrinology, Salford Royal NHS Foundation Trust.

About the CLAHRC for Greater Manchester
The CLAHRC for Greater Manchester is a collaboration between the University of Manchester and NHS Trusts across Greater Manchester. Their five-year mission is to improve healthcare, reduce inequalities in health and support self-management for people with cardiovascular conditions. This poster describes the results of the CLAHRC diabetes prevention project which was undertaken in collaboration with NHS Bolton to offer diabetes prevention for people at increased risk of developing type 2 diabetes in primary care.

The challenge
The CLAHRC worked in partnership with NHS Bolton and NHS Salford to improve quality of care for people with IGT. This was achieved by implementing evidence-based preventative lifestyle services, translating intensive programmes used in randomised controlled trials into primary care-based, real-world settings. Educational support, offered through a series of structured goal setting and action planning, provides people with an enhanced understanding of their condition, empowering them to make choices about how they can make and sustain lifestyle changes that will reduce their risk of developing type 2 diabetes.

The results
A total of 134 participants were included in the initial evaluation. However, we only report here on 83 participants with a confirmed IGT diagnosis with a recent diagnosis of IGT and for some participants only random glucose readings were available; in the meantime GP surgeries had changed to HbA1c for diagnosis of IGT and for some participants only random glucose readings were available. Nonetheless, this diabetes prevention programme is an effective and sustainable mode of service delivery: since the project started in 2009 over 2500 people with IGT have seen a Health Trainer. We will look into analysing this larger data set in future. It also is possible to spread this model to other areas as currently being done in NHS Ashton, Leigh and Wigan. However, not every health economy will have Health Trainers available so the model of delivery is best chosen taking into account local and contextual factors, e.g. currently available primary care services; demographic characteristics of the local IGT population and operating service location and service users’ needs.

References: