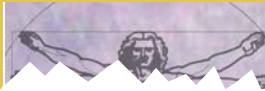


Lifestyle and complementary therapies

DIABETIC MEDICINE



Screening for type 2 diabetes

Readability	✓✓✓✓✓
Applicability to practice	✓✓✓✓✓
WOW! factor	✓✓✓

1 Type 2 diabetes does not meet all of the criteria for screening but screening is increasingly proposed.

2 This study aimed to investigate the attitudes and beliefs of GPs and practice nurses towards the benefits and barriers of screening for type 2 diabetes.

3 Ten GPs and nine practice nurses were interviewed for 30–40 minutes. Data collection and analysis proceeded in an interactive manner in accordance with grounded theory.

4 Practitioners who supported screening for type 2 diabetes believe that early detection is important and that people demand and respect early detection.

5 Practitioners who perceived themselves to be the most aware of the evidence base surrounding screening for type 2 diabetes were least likely to support its introduction.

6 The practitioners interviewed believed that type 2 diabetes is modifiable, but that little control comes from the patients.

7 The belief that screening for type 2 diabetes is worthwhile is based on a complex interaction of factors including perception of patient desires and an interplay of previous experience and evidence from other sources (as opposed to evidence for the effectiveness of screening).

8 Increased resources could promote screening in primary care.

Whitford DL, Lamont SS, Crosland A (2003) Screening for type 2 diabetes: is it worthwhile? Views of general practitioners and practice nurses *Diabetic Medicine* **20**: 155–58

Beliefs and not evidence seem to be determining screening strategies



Maggie Watkinson, Diabetes Clinical Nurse Specialist, Taunton and Somerset Hospital

Given the importance of diagnosing people with diabetes early to enable effective treatment to start and thereby reduce the incidence of long-term complications, this study by Whitford and colleagues is very timely.

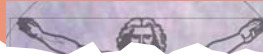
It is interesting to note that the primary care practitioners who were not aware of the lack of evidence to support whole population screening were more likely to believe that it is worthwhile. The study was presumably carried out soon after the Diabetes National Service Framework standards were published, albeit before the delivery strategy document was published. In this context, the results could reflect an increased awareness of the importance of early diagnosis as a result of knowledge acquired from the NSF document. If this were so, however, it would appear that the full text, describing

the recommended screening strategies, had not been absorbed!

It would be interesting to repeat this study now that the whole issue of screening for diabetes has been unpacked a little more, and primary care practitioners and primary care trusts have had further opportunities to explore how they might implement the NSF (and in particular screening for diabetes). In addition, to make the results more generalisable, a quantitative study, using a questionnaire derived from the themes identified in this qualitative study, and which includes a wider sample throughout the country, is also indicated.

However, what is probably more urgent is the need for further work on the benefits and disadvantages of screening, and appropriate dissemination of that information to ensure that screening strategies are determined by an evidence base and not a belief system.

THE NEW ENGLAND JOURNAL OF MEDICINE



Carbohydrate vs calorie and fat restricted diet

Readability	✓✓
Applicability to practice	✓✓✓✓✓
WOW! factor	✓✓✓

1 This study assessed the effects of a carbohydrate restricted diet on weight loss and risk factors for atherosclerosis.

2 A total of 132 severely obese people with a mean body-mass index of 43 and a high prevalence of diabetes or the metabolic syndrome were randomly assigned to a carbohydrate restricted diet or a calorie and fat restricted diet.

3 The 6-month study was completed by 79 of the participants (the last

observation was carried forward for those who dropped out).

4 Participants on the low carbohydrate diet lost more weight than those on the low fat diet (5.8–8.6 kg vs 1.9–4.2 kg, and had a relative improvement in insulin sensitivity and triglyceride levels, even after adjusting for the amount of weight lost.

5 The findings should be interpreted with caution as the magnitude of the overall weight loss relative to participants' severe obesity was small; it is not clear if the benefits of the carbohydrate restricted diet extend beyond 6 months.

6 Further studies are needed to evaluate the long-term cardiovascular outcomes before the endorsement of a carbohydrate restricted diet.

Samaha FF, Iqbal N, Seshadri P et al (2003) A low-carbohydrate as compared with a low-fat diet in severe obesity. *New England Journal of Medicine* **348**: 2074–81

‘Barriers for using patient information letters included: patient information letters not being integrated into family physicians’ information systems and not thinking of them at the right time.’



Patient information letters are underused

Readability	✓✓✓✓
Applicability to practice	✓✓✓
WOW! factor	✓✓

- 1 Patient information letters (PILs) explain diagnoses, investigations, and treatments in comprehensive language.
- 2 A questionnaire was sent to 200 family physicians (FPs) about the use and implementation of PILs, and about the use of five nutritional guidance letters in particular.
- 3 Of the 133 FPs who replied, 89% use PILs in their practice. Only 5% of FPs reported using PILs on nutrition sufficiently; 32% said they should use them a bit more and 63% reported using them much too little.
- 4 Barriers for using PILs included: PILs not being integrated into FP information systems; not thinking of them at the right time; their time-consuming nature; computer problems; and lack of knowledge about nutritional advice.
- 5 FPs are enthusiastic about the content of the PIL nutrition, but implementation takes time. Digital integration offers advantages.

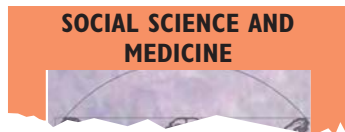
van Binsbergen JJ, Drenthen AJM (2003) Patient information letters on nutrition: development and implementation. *American Journal of Clinical Nutrition* **77** (Supp): 1035–38



Psychosocial factors influence outcomes after diagnosis

Readability	✓✓
Applicability to practice	✓✓✓
WOW! factor	✓✓✓

- 1 This prospective study examined the relationships between psychosocial variables and diabetes-related outcomes after diagnosis of type 1 diabetes.
- 2 Adults newly diagnosed with type 1 diabetes were assessed (n=84).
- 3 Social class and National Audit Reading Test scores were associated with diabetes knowledge at



Complementary strategies for type 2 diabetes

Readability	✓✓✓
Applicability to practice	✓✓
WOW! factor	✓✓✓

- 1 By 2025, 50 million people in India will have diabetes.
- 2 This qualitative study investigated the use of locally based complementary therapies in 50 urban residents with type 2 diabetes in Kerala, India.
- 3 Participants’ experiences of diabetes and their health management decisions are closely linked to their cultural background and environmental resources of the region.
- 4 Participants relied on biomedicine for treating diabetes but used Ayurvedic medicine and herbal remedies as supplements. They named 24 local plants and plant products to lower blood glucose levels.
- 5 Greater attention needs to be paid to interconnections between environmental systems and culture to understand the use of complementary treatment by people with diabetes.

Chacko E (2003) Culture and therapy: complementary strategies for the treatment of type-2 diabetes in an urban setting in Kerala, India. *Social Science and Medicine* **56**: 1087–98

- 4 and 12 months after diagnosis. Independent predictors of glycaemic control at 12 months were alcohol consumption at diagnosis and diabetes knowledge at 4 months.
- 4 Age at diagnosis predicted scores on the Diabetes Treatment Satisfaction Questionnaire at 12 months. Poor self-reported diabetes quality of life at 4 and 12 months after diagnosis was associated with neuroticism at diagnosis.
- 5 Long-standing psychosocial factors have a significant influence on self-reported outcomes during the 12 months following diagnosis of type 1 diabetes.

Taylor MD, Frier BM, Gold AE, Deary IJ (2003) Psychological factors and diabetes-related outcomes following diagnosis of Type 1 diabetes in adults: The Edinburgh Prospective Diabetes Study. *Diabetic Medicine* **20**: 135–46



Smokers with diabetes need more support

Readability	✓✓
Applicability to practice	✓✓✓✓
WOW! factor	✓✓✓

- 1 Cigarette smoking increases cardiovascular risk and risk of microvascular disease, but there is a lack of information about the distribution of cigarette smoking in people with diabetes.
- 2 This study investigated the characteristics of cigarette smokers in a primary care-based sample of people with diabetes in an inner-city.
- 3 A cross-sectional survey of people with diabetes from 29 practices in inner London was carried out.
- 4 Of the 1899 respondents, 51% had never smoked, 16% were current smokers and 31% were ex-smokers.
- 5 Smoking was more frequent in white Europeans than African Caribbeans or Africans. Smoking decreased with age and smokers were more likely to be living in rented accommodation.
- 6 Current smokers had lower health-related quality of life scores than participants who had never smoked, and were of a lower socioeconomic status.
- 7 Smokers were less likely to have been referred to a hospital diabetes clinic in the last year and were less likely to have their hypertension treated.
- 8 People with diabetes who smoke are a vulnerable group who need more intensive support and treatment.

Gulliford MC, Sedgwick JEC, Pearch AJ (2003) Cigarette smoking, health status, socio-economic status and access to health care in diabetes mellitus: a cross sectional survey. *BMC Health Services Research* **3**: 4

‘Long-standing psychosocial factors have a significant influence on self-reported outcomes during the 12 months following diagnosis of type 1 diabetes.’