

Improvement on Outcomes of Overweight Type 2 Diabetics after an Enhanced Disease Management <u>Programme</u> Drasontad by

Presented by APN Ng Sau Yee NTW Diabetes Centre



Target group: Overweight Type 2 Diabetics

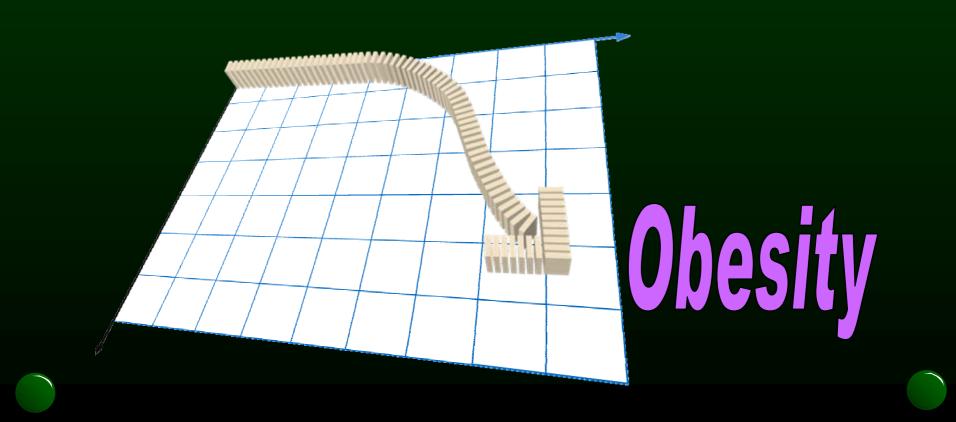
Outcome: Glycaemic control

Integrated Patient Care Plan (IPCP) since 2004, POH

Endocrinologist Family physician Diabetes nurse Dietitian Physiotherapist class in Aug, 2008 Reduction on body fat

Objective of current study

To evaluate the impact of enhanced diabetes management programme on patient outcomes

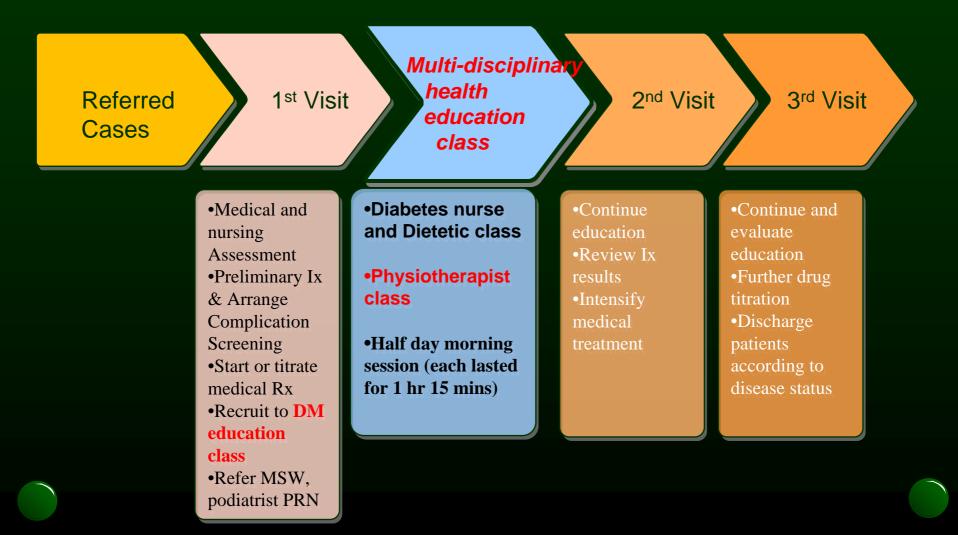




- Inclusion Criteria:
- Newly referred Type 2 DM and never received formal diabetes education
- GOPC / FMSC cases with poor DM control
- Exclusion Criteria:
- Significant mental or physical disability
- Limited life expectancy/ poor quality of life
- Co-existing disease requiring other specialist care

Flow Diagram of Enhanced Diabetes Management Programme

One stop service: facilitate patients' compliance & minimize internal wastage due to default



Recruitment to Physiotherapist Class

1. Pre-exercise screening (by Senior Family Physician)

- × Physical immobility
- × Identify and exclude patient with contraindications to exercise e.g. history of IHD, MI
- \checkmark Overweight with BMI > 28 Kg /m²

2. Monitoring during Physiotherapist Class (by Physiotherapist)

- Close monitoring of physical condition (BP, Histix, Heart rate)
- Emergency support from Family physician if patient's condition change

Physiotherapist Class

Exercise Education (20 mins)

Guidance on Physical Training Equipments (45 mins)



Goal Setting (10 mins)













- From 7/8/2008 to 21/5/2009, Type 2 diabetics who FU FMDM clinic were recruited.
- Pre & Post outcome indicators measured:
- 1) Biochemical data (including BW, BMI, Blood pressure, HbA1c, Lipid profile)
- **2)** Anthropometrics (Body Fat Composition)







- **3)** Physical fitness data (Hand grip strength and Heart rate of Young Men Christian Association (YMCA) step test) by physiotherapist
- 4) Chinese Diabetes Empowerment Scale (DES)
- Quoted from "Shiu, A.T.Y., Wong, R.Y.M., and Thompson, D.R. (2003).
 Development of a Reliable and Valid Chinese Version of the Diabetes
 <u>Empowerment Scale</u>, Diabetes Care, 26 (10), p.2817-2821"
- A questionnaire with 20-item Chinese DES including five subscales: overcoming barrier, determining suitable methods, achieving goal, obtaining support and coping

5) Diabetes Knowledge Score (DKS)

A questionnaire (total 10 questions) developed by Diabetes nurse, dietitian and physiotherapist

Results

Total no. of patients being recruited: 207

<u>Group 1</u>	<u>Group 2</u>	<u>Group 3</u>
n=139	n=36	n=32
A. DM nurseB. DietitianC. Physiotherapist class	A. DM nurse B. Dietitian	Refused all multi- disciplinary health education class
A+B+C		

Baseline characteristics (1)

	Group1 n = 139	Group 2 n = 36	Group 3 n = 32	Group 1 vs Group 2 p-value *	Group 1 vs Group 3 p-value *
Body Weight(baseline) kg	70.3 ± 14.8	65.3 ± 12.2	64.2 ± 14.1	0.063 (ns)	0.035
BMI (baseline) Kg/m ²	26.3 ± 4.4	25.3 ± 4.4	25.1 ± 4.0	0.207 (ns)	0.168 (ns)
Body Fat composition (baseline) %	28.2 ± 8.1	27.7 ± 9.9 (n=33)	29.1 ± 8.4	0.753 (ns)	0.603 (ns)
SBP (baseline) mmHg	131 ± 20.1	132 ± 19.8	138 ± 20.7	0.678 (ns)	0.066 (ns)
DBP (baseline) mmHg	78 ± 12.3	80 ± 13.3	82 ± 11.6	0.589 (ns)	0.113 (ns)
Mean of HbAlc (baseline) %	8.3 ± 1.9 (n=138)	8.8 ± 2.3 (n=29)	7.9 ± 1.8 (n=27)	0.146 (ns)	0.354 (ns)

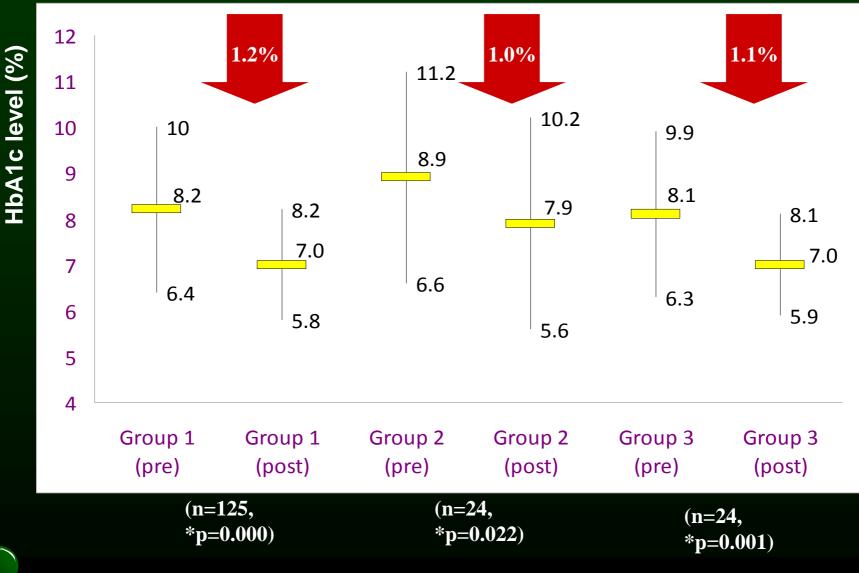
* Independent t-test, result of Gp 1 vs Gp 2; Gp 1 vs Gp 3

Baseline characteristics (2)

	Group1 n = 139	Group 2 n = 36	Group 3 n = 32	Group 1 vs Group 2 p-value *	Group 1 vs Group 3 p-value *
TC (pre) mmol/L	5.1 ± 1.0 (n=139)	5.7 ± 0.9 (n=32)	4.9 ± 0.9 (n=27)	0.002	0.392 (ns)
LDL (pre) mmol/L	3.1 ± 0.8 (n=132)	3.6 ± 0.7 (n=29)	2.8 ± 0.8 (n=26)	0.004	0.09 (ns)
HDL (pre) mmol/L	1.2 ± 0.3 (n=138)	1.3 ± 0.3 (n=32)	1.3 ± 0.3 (n=27)	0.511 (ns)	0.143 (ns)
TG (pre) mmol/L	1.8 ± 2.2 (n=138)	2.0 ± 1.7 (n=32)	1.7 ± 1.3 (n=27)	0.693 (ns)	0.761 (ns)
Mean of Diabetes Knowledge Score (pre)	6.5 ± 2.2	5.7 ± 2.2 (n=34)	5.9 ± 2.8 (n=31)	0.056 (ns)	0.281 (ns)
Mean of Diabetes Empowerment Scale (pre)	77.9 ± 8.9 (n=138)	76.5 ± 8.9 (n=30)	78.9 ± 7.6 (n=30)	0.429 (ns)	0.590 (ns)

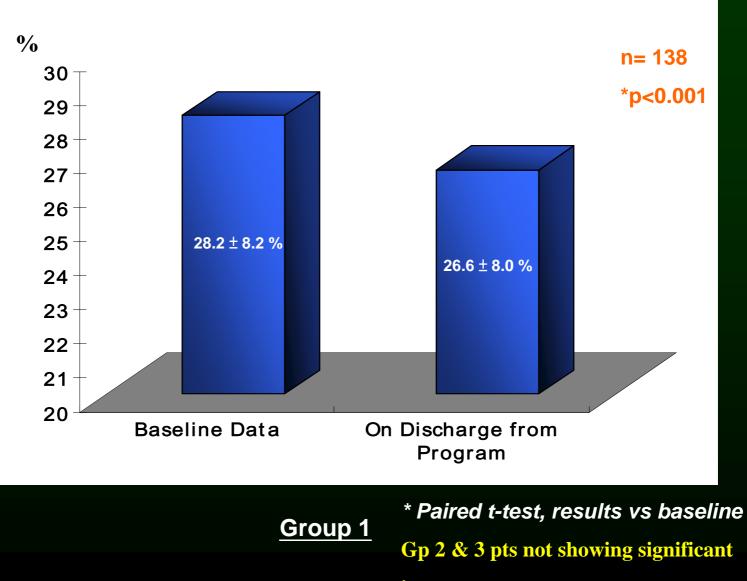
* Independent t-test, result of Gp 1 vs Gp 2; Gp 1 vs Gp 3

Reduction of Mean HbA1c among 3 groups



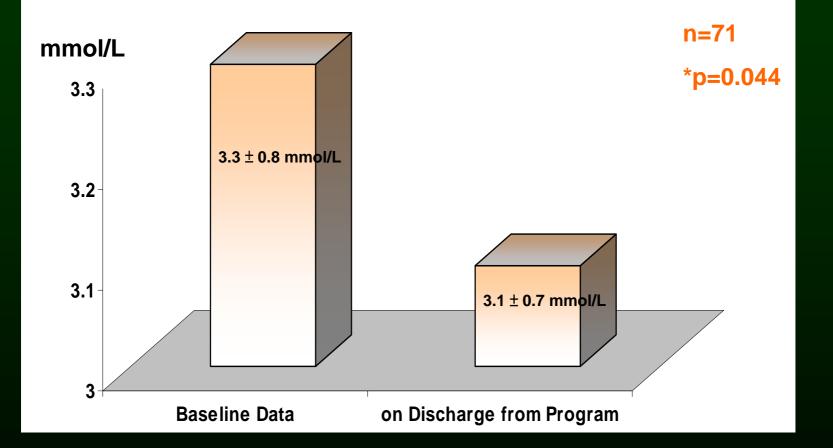
* paired t-test, baseline compared with post result in 3 groups

Reduction of Body Fat Composition by 1.6% after programme



improvement

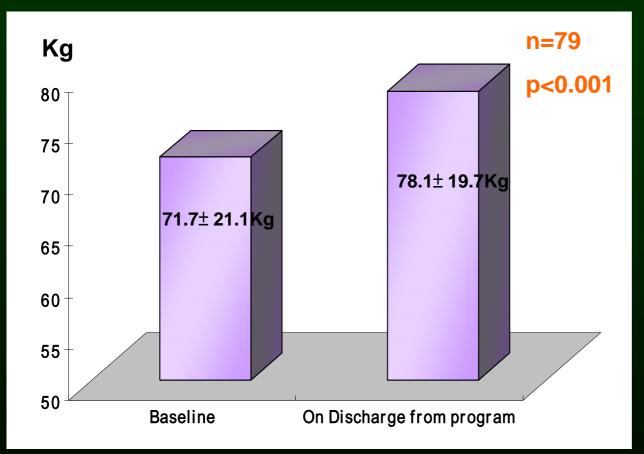
Significant Reduction in LDL-Cholesterol



Group 1

*Paired t-test, results vs baseline Gp 2 & 3 pts not showing significant improvement

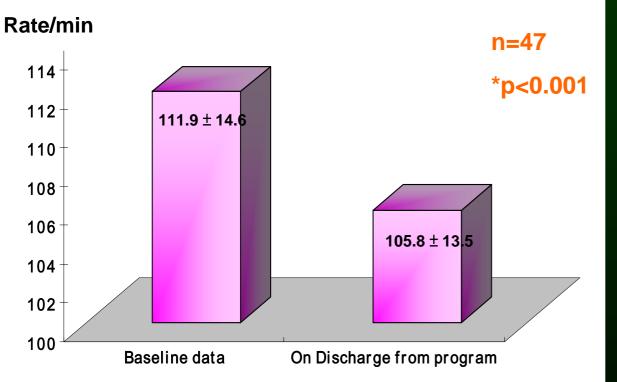
Improvement in Hand Grip Strength





**Paired t-test, results vs baseline

Improvement of Heart Rate in YMCA <u>Step Test</u>





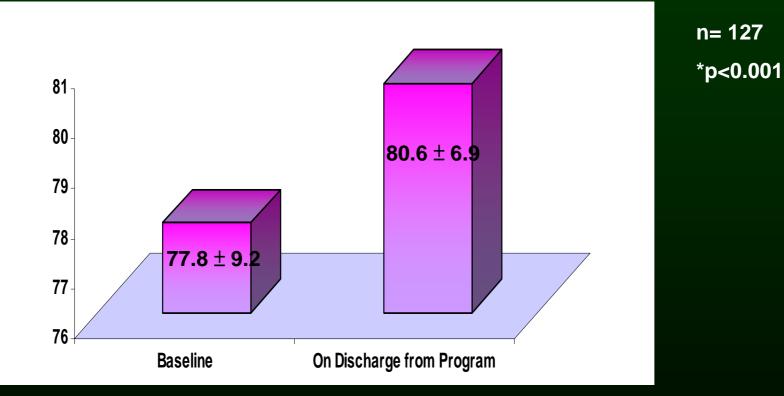
Young Men Christian

Association (YMCA) Step

Test

*Paired t-test, results vs baseline

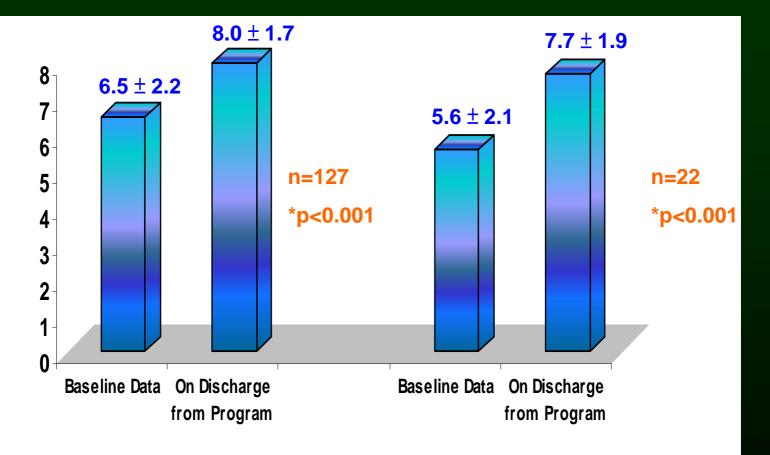
Significant improvement on Diabetes Empowerment Scale after the program



Group 1

*paired t-test, results vs baseline Gp 2 & 3 pts not showing significant improvement

Significant improvement on Diabetes Knowledge Score after the program

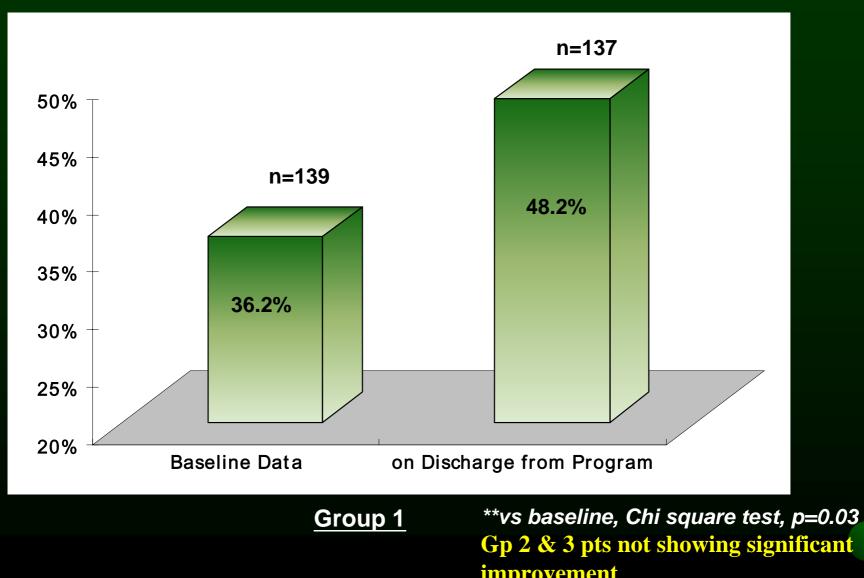


Group 1

Group 2

*paired t-test, results vs baseline Group 3 not showing significant improvement

<u>Self-Blood Glucose Monitoring for patients on</u> <u>discharge from program</u>



Conclusions

- Enhanced diabetes disease management programme incorporating physiotherapist education:
- Significant improvement on: mean HbA1c, Body fat composition, LDL-cholesterol, Hand grip strength, Heart rate in YMCA step test and SMBG,
- Significant improvement on Chinese Diabetes Empowerment Scale for Group 1 patients and Diabetes Knowledge Score for Group 1 and Group 2 patients.

Team Composition

Team Leader •Dr. Andrew Ho, AC (M&G), TMH

Team Members

- •Dr. Jun Liang, CON (FMed), TMH
- •Dr. Laam Chan, MO (FMed), TMH
- •Ng Sau Yee, APN, M&G, POH
- •Chow Miu Fan, APN, M&G, POH
- •Ng Hoi Fan, DM nurse, POH
- •Hung Siu Chan, Veronica, APN, M&G, POH
- •Ma Ka Man, Triage Nurse, ACC,TMH

•Law Yuen Tung, Physiotherapist, POH

- •Ng Siu Ping, Physiotherapist, POH
- •Mrs Sally Ng, CC (Diet), NTWC
- •Joanne Koo, Dietitian, POH
- •Vivian Chan, DOM, NSD, TMH
- •Tang Pui Fun, APN, NSD, NTWC
- •All SOPD nurses in POH





Discussions

- Limitations
 - Small sample size
 - Non-randomized patient selection
- Positive outcomes due to
 - Role of physiotherapist vs. patient motivation
 - Actual exposure and experience on exercise
- Evidence of exercise on overweight diabetics strong
 - Role of physiotherapist requires further study

DM nurse / Dietetic education class

DM nurse class	Dietetic class	
 General DM knowledge, signs & symptoms and DM complications 	 Diet assessment, estimation of current calorie, CHO, fat, protein intake 	
 DM treatment principles and ideal target controls 	 Setting of individual goal – estimation of energy requirement, devise diet plan with 	
 Commonly used oral anti-diabetic drugs (OAD) (actions, S/E & special precautions) 	energy levelEducation talk on DM special diet:	
 Basic survival skills "Sick Day" Management 	 Suitable choice & portion size of cereals, fruits, and milk, protein foods and fats; 	
 Demonstration on use of blood glucose meter and Histix charting 	 Attitude towards refined & unrefined carbohydrate, 	
 Individual assessment (checking BP/P, BW 	> Glycaemic index;	
and Histix) & goal setting	> CHO counting and food exchange system	
• Give DM educational booklet and Reminder	➤ Food labelling	
card	 Meal time arrangement; guidelines for eating out, alcohol consumption Cooking demonstration 	
	 Give DM diet handbook with meal plan 	

Physiotherapist Class

Exercise Education (20 mins)	Goal Setting (10 mins)	Guidance on Physical Training Equipments (45 mins)
 Benefits of exercise to DM pts Modes of Ex (warm up, 	 Setting, sharing & discussion of goal setting 	 Exercise Demonstration and Practice
aerobic, resistance & cool down)Recommended exercise	 Introduce & explain usage of exercise logbook 	
frequency, intensity & durationExercise precaution	新弊西·履院题弟 The Tenthetine West Glader	
 How to prevent hypo / hyperglycaemia during & after exercise 	糖尿病 運動與護理	
 Recommendations for pts with other Cxs (e.g. retinopathy, 	車門醫院及博愛醫院 物理治標卻編輯 2009年版	
peripheral neuropathy)	新 新 新 新 新 新 新 新 新 新 新 新 新	