

Important Outcomes for Type 2 Diabetes: The Patient's Perspective

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BACKGROUND

1 in 3 Canadians are living with diabetes.

- ▶ increased risk of heart attacks, strokes, kidney damage, and amputations (PHAC 2017).

What are **Patient Important Outcomes**?

- Concept arose from criticism that studies were being designed with outcomes that were relevant to researchers, but not necessarily important to patients.
- Physicians also tend to assume that outcomes relevant to themselves will automatically improve patient important outcomes (Guyatt, Monton, Devereaux, et al, 2004).

So what do patients with type 2 diabetes tell us about which outcomes matter most to them?

- Are these the same as what doctors rank as important outcomes for diabetes?

METHODS

Setting: Family Practice Clinic, Edmonton, AB

Design: Mixed Methods Study

- ▶ Physicians were asked to rank a list of treatment outcomes of diabetes in order of significance.
- ▶ Focus groups were conducted with adult type 2 diabetes mellitus patients, using semi-structured questions.
 - Focus group questions addressed patients' ideas on maintenance of their diabetes, healthy living with diabetes, and important outcomes.

Analysis: Physician responses were analyzed using quantitative descriptive statistics. Patient focus group data was analyzed via qualitative thematic analysis using constant comparative technique.

Patient Important Outcomes are different when you **ask** Patients.

"You don't let the disease control your life."

"...not having the secondary issues, like my vision..."

Not being on "pills of everything in the world"

- According to patients, the outcomes are not necessarily all physiologically defined endpoints in the way they are identified by physicians.
- Patient's emphasized their value of socially-defined outcomes and the process to meet these instead.
- Investigation of how the outcomes of type 2 diabetes management may be positively influenced by the inclusion of the patient voice in the delivery of patient-centred primary care is warranted.

"Being healthy means being able to participate in life."

"We don't want to end up losing legs and getting worse..."

"My fear is it not being maintained"

RESULTS

7 family physicians and 15 patients participated in the study.

Physiologically Defined Outcomes

- Prevention of progression of symptoms (e.g. vision loss, amputation) and avoidance of "all" major and minor morbidity (e.g. organ damage, heart attacks, strokes).
- Meeting A1C goals.

Psychologically & Socially Defined Outcomes

- Maintenance of functional ability.
- Improved quality of life.
- Stress management.
- Better quality of sleep.

Process Highlights

- Healthy doctor-patient relationship (e.g. A1C goal setting with physician).
- Individualized care (e.g. tolerable medication that is tailored to lifestyle, avoid polypharmacy).
- Integrated multifaceted approach with better access to specialists (e.g. nutritionist, mental health, community nurse specialized in diabetes).
- Peer Support Groups.

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