

A remotely delivered behavioural support programme can help people with type 2 diabetes follow a low-carbohydrate, low-energy diet

Submission date 28/02/2024	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 19/03/2024	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 06/06/2025	Condition category Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Type 2 diabetes (T2D) can be put into remission (achieving normal or near-normal blood glucose levels without medications) if treated with intensive weight loss support. Currently available evidence is that a very low-energy diet (about 800-900kcal per day) delivered using meal replacement products is the most effective way of achieving remission. However, about 75% of people offered a meal replacement programme turn it down, and low-carbohydrate low-energy diets could be an attractive alternative for many. Researchers at the University of Oxford developed a face-to-face low-carbohydrate, low-energy diet (the DIAMOND programme) which achieved on average almost 10kg weight loss and normalisation of blood glucose in a 12-week feasibility study. The patients and healthcare professionals who took part in the DIAMOND study wanted to know whether the same results could be achieved using this dietary approach but provided through digital tools and remote support as an alternative to face-to-face appointments with a practice nurse. This has the potential for more frequent support without increasing the demand on the primary care workforce. Remotely-delivered interventions also offer more flexibility for the patient, without the need to attend a GP practice or physical location at a particular time. Encouraging data from other weight loss programmes shows that a remote version can work just as well as a face-to-face version. Nevertheless, the team want to test whether a remote intervention of DIAMOND can achieve similar weight loss results as seen in the face-to-face version before rolling it out at scale. Therefore, this proof-of-concept study will assess whether a remotely delivered behavioural support programme helps people follow a low-carbohydrate, low-energy diet (eDIAMOND) to achieve clinically significant weight loss compared with no support or dietary advice.

Who can participate?

Adult patients aged between 18 and 65 years old with T2D

What does the study involve?

This study involves recruiting 60 adult patients with T2D and a BMI over 27 kg/m² (where

individuals are from White ethnic groups) or over 25 kg/m² (where individuals are from Black, Asian and other ethnic groups). Participants will be individually randomised and randomly assigned to either the intervention group (eDIAMOND programme) or the control group (NHS usual care). The eDIAMOND programme is a low-carbohydrate, low-energy diet intervention delivered remotely with 12 weeks of support for weight loss and 8 weeks of weight maintenance support. Online support from health coaches will be available throughout the programme. All participants from both groups will be enrolled for 5 months from randomisation to final follow-up.

What are the possible benefits and risks of participating?

The benefits of taking part are as follows:

- The research team will offer each participant a £20 gift card at the 20-week follow-up visit. In addition, reasonable travel expenses to any other research-related appointments, should these be necessary, will also be reimbursed, even if the participant drop-outs of the study before it ends
- The knowledge gained in this study will help us know how best to help people with T2D in the future

An initial risk assessment identified the following risks:

- Risk of hypoglycaemia on oral or injectable hypoglycaemic agents. Recommendations will be made available to support GPs with stopping or adjusting oral hypoglycaemic agents on commencement and continuation of hypocaloric dieting (as would be part of routine anticipatory clinical care), such that hypoglycaemia should not occur. Likewise, patients on insulin will be excluded from eligibility for the study as the risk of hypoglycaemia would be greater in this patient group. Participants will receive guidance on how to interpret self-monitoring results from blood glucose monitoring, and when to contact their GP surgery for clinician review should unexpectedly high or low readings occur.
- It is known that sudden normalisation in retinal blood flow, associated with the return of normal glycaemic control, may result in deterioration of retinopathy. Thus, for individuals to be eligible for inclusion in this study, they must have undergone diabetic retinopathy screening within the preceding 12 months. Any patient with proliferative diabetic retinopathy, or maculopathy, will be excluded, due to the potential risks of deterioration in these conditions.
- Risk of hypotension in patients taking antihypertensive medications. Recommendations will be made available to support GPs in their titration of medications according to BP readings (including home BP monitoring) – as forms part of usual clinical care for patients on antihypertensives. Participants will receive guidance on how to interpret their home monitoring BP results, and when to contact their clinician for a review should unexpectedly high or low readings occur.
- Risk of constipation. For anyone undertaking an energy-restricted diet of this nature, there is a risk that they may develop constipation. Recognising this, all participants will be warned about the potential to develop constipation, the importance of increasing their fluid intake, how to recognise early signs of constipation, and when to contact their GP for a laxative. In the health professional's training and manual, advice on how and when to prescribe fybogel to counter constipation will be given.
- Change in INR for patients on warfarin. It is known that changes in dietary patterns can affect patients' INR values (and required warfarin dosing). Patients are routinely advised to inform their warfarin monitoring service (for example, the established RAID system in Oxford) of any significant lifestyle or medication changes, which will guide their clinicians in advising on dosing and frequency of blood tests. Patients will be advised to follow this routine advice if they are taking warfarin, and inform their monitoring service that they will be following a low-carb low-energy diet. They may then be offered an additional INR test at the clinical services' discretion.

Where is the study run from?

Nuffield Department of Primary Care Health Sciences, University of Oxford

When is the study starting and how long is it expected to run for?

January 2024 to June 2025

Who is funding the study?

NIHR Programme Grants for Applied Research

Who is the main contact?

Daisy Harrison (Assistant Trial Manager), e-diamond@phc.ox.ac.uk

Study website

<https://www.phc.ox.ac.uk/research/participate/eDIAMOND>

Contact information

Type(s)

Scientific, Principal Investigator

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

323582

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

IRAS 323582, CPMS 56395

Study information

Scientific Title

The effectiveness of a low-carbohydrate, low-energy diet with remote support for patients with type 2 diabetes in primary care on weight loss: a proof of concept (PoC) trial

Acronym

eDIAMOND

Study objectives

It is hypothesised that a remotely delivered behavioural support programme can help people follow a low-carbohydrate, low-energy diet (eDIAMOND) and achieve clinically significant weight loss compared with no support or dietary advice.

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 26/01/2024, East of England - Cambridge East Research Ethics Committee (2 Redman Place, London, EC20 1JQ, United Kingdom; +44 (0)2071048181; CambridgeEast.REC@hra.nhs.uk), ref: 23/EE/0278

Study design

Two-arm unblinded randomized controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

GP practice, Internet/virtual, Medical and other records, Telephone

Study type(s)

Other, Prevention

Participant information sheet

Patient information material can be found at https://www.phc.ox.ac.uk/files/ppi/ediamond_pis_v1-2_030124-clean.pdf

Health condition(s) or problem(s) studied

Type 2 diabetes

Interventions

The researchers will test in a randomised controlled trial the effectiveness of a low-carbohydrate, low-energy diet with remote support for patients with type 2 diabetes.

Intervention Type

Behavioural

Primary outcome measure

Change in weight measured by weighing participants at the 20-week follow-up appointment and comparing this to the measurement taken at baseline

Secondary outcome measures

1. Change in HbA1c measured using a blood sample taken at the 20-week timepoint
2. Number of participants with HbA1c <48mmol/L on no medications measured using a blood sample taken at the 20-week timepoint
3. Change in diabetic medication (number of diabetic medications; change in anti-glycaemic medication effect score) measured using medical notes at the 20-week timepoint
4. Change in total cholesterol, LDL-cholesterol, total cholesterol:HDL ratio, triglycerides measured using a blood sample taken at the 20-week timepoint
5. Change in BP (systolic, diastolic) measured using a blood pressure monitor reading at the 20-week timepoint
6. Change in antihypertensive medication (number of medications measured using medical notes at the 20-week timepoint
7. Change in patient's well-being measured using the WHO-5 Well-Being Index (WHO-5) and the Problem Areas in Diabetes (PAID) scale score at the 20-week timepoint
8. Percentage of people who fulfil the recruitment criteria who accept the invitation to participate measured using study records at the baseline timepoint
9. Participant adherence to the protocol assessed by self-reported carbohydrate intake measured using an online food intake questionnaire at the 20-week timepoint
10. To see whether the control group may have also changed their carbohydrate intake (contamination), assessed by self-reported carbohydrate intake measured using an online food intake questionnaire at the 20-week timepoint
11. To explore the experience of the intervention for participants and the impact of the programme on participants' lives and behaviour measured using telephone interviews with participants and an online questionnaire at the 20-week timepoint

Overall study start date

08/01/2024

Completion date

30/06/2025

Eligibility

Key inclusion criteria

1. Participant is willing and able to give informed consent for participation in the study
2. Male or Female, aged 18 – 65 years old
3. BMI equal to or over 27kg/m² (where individuals are from White ethnic groups) or equal to or over 25kg/m² (where individuals are from Black, Asian and other ethnic groups)
4. Diagnosed with type 2 diabetes
5. Must have good IT skills (they can use a computer/smartphone)
6. Must complete baseline assessments

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Upper age limit

65 Years

Sex

Both

Target number of participants

60

Total final enrolment

66

Key exclusion criteria

1. Currently diagnosed with type 2 diabetes but who are in remission using the NHS diabetes remission criteria, or who are recorded as not on diabetes medication and whose HbA1c levels on enrolment are <48mmol/mol at baseline
2. Currently using insulin injections
3. GLP1-agonists or SGLT2 inhibitors started in the six months before study enrolment
4. Diagnosed with a known eating disorder for whom the programme could be unsafe or require extensive monitoring to ensure safety
5. People who are pregnant or planning pregnancy
6. People who are breastfeeding
7. Diagnosed with a myocardial infarction or stroke in the past three months, or uncontrolled cardiac conduction abnormalities e.g. long QT syndrome.
8. Currently diagnosed with maculopathy or proliferative retinopathy
9. People with HbA1c ≥87mmol/mol
10. People with significant life-limiting illnesses that mean that remission is unlikely to improve health (severe cardiac failure, palliatively treated cancer, dementia), or other current severe illness
11. Planned major surgery that means that following a weight loss programme would not be

possible.

12. People taking part in other research that would compromise either their participation in eDIAMOND or the other research study/ies that they are participating in.

13. Taking part in or planning to take part in the NHS Pathway to Remission programme.

Date of first enrolment

01/07/2024

Date of final enrolment

31/12/2024

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Thames Valley and South Midlands Clinical Research Network

Unipart House, Nihl Crn: Thames Valley And South Midlands Offices Level 2 West, Garsington Rd, Cowley

Oxford

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Sponsor information

Organisation

University of Oxford

Sponsor details

University of Oxford Research, Governance, Ethics and Assessment

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Sponsor type

University/education

Website

<https://www.ox.ac.uk/>

ROR

<https://ror.org/052gg0110>

Funder(s)

Funder type

Government

Funder Name

Programme Grants for Applied Research

Alternative Name(s)

NIHR Programme Grants for Applied Research, PGfAR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Planned publication in high-impact and peer-reviewed journals. We will publish the findings in scientific journals, and at diabetes conferences.

Intention to publish date

31/12/2025

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available upon request.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
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[Protocol file](#)

version 1.2

03/01/2024

06/06/2024

No

No