

# Diabetes education for adolescents

|                                        |                                                                |                                                      |
|----------------------------------------|----------------------------------------------------------------|------------------------------------------------------|
| <b>Submission date</b><br>14/02/2008   | <b>Recruitment status</b><br>No longer recruiting              | <input type="checkbox"/> Prospectively registered    |
| <b>Registration date</b><br>03/04/2008 | <b>Overall study status</b><br>Completed                       | <input type="checkbox"/> Protocol                    |
| <b>Last Edited</b><br>12/04/2017       | <b>Condition category</b><br>Nutritional, Metabolic, Endocrine | <input type="checkbox"/> Statistical analysis plan   |
|                                        |                                                                | <input type="checkbox"/> Results                     |
|                                        |                                                                | <input type="checkbox"/> Individual participant data |
|                                        |                                                                | <input type="checkbox"/> Record updated in last year |

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

## Study information

Scientific Title

## Evaluation of a structured education programme for adolescents with type 1 diabetes

### Acronym

Choice (CHO Insulin Collaborative Education)

### Study objectives

1. Does a structured education programme for adolescents improve glycaemic control, perceived quality of life, perceived empowerment and management strategies at 1, 3, 5, 12 and 24 months post-intervention?
2. Does improved ability to manage diabetes in adolescence lead to weight gain?
3. Can the educational intervention be sustained in routine clinical practice?
4. What is the estimated cost of running the structured educational programme compared with the cost of routine care?

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Office for Research Ethics Committee in Northern Ireland (ORECNI), 01/12/2006, ref: 06/NIR01/114. A major amendment was approved in November 2007.

### Study design

Multi-centre randomised controlled trial

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Not specified

### Study type(s)

Quality of life

### Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

### Health condition(s) or problem(s) studied

Type 1 diabetes

### Interventions

A multi-centre randomised controlled trial (RCT) to evaluate the efficacy of a structured education programme for adolescents with type 1 diabetes involving four sites over 18 months. Individuals will be followed up for 24 months.

### Control group:

The protocols for usual care across the four sites have been collated and are consistent in their delivery. Usual care includes three monthly clinic visits in which adolescents will see a physician

and a specialist nurse; if required they will also visit the dietitian. Diabetes control is reviewed, education is focused on problem solving and safety issues. All those randomised to the control group will continue to receive usual care and will also be asked to complete the data gathering instruments and allow access to clinical results. If found to be effective the educational programme will be offered to all those in the control group.

#### Intervention group:

The structured programme developed in Germany (Muhlhauser et al, 1987; Jörgens et al, 1993) is the basis for the educational intervention. It has been translated into English and modified for UK use by the pharmaceutical company Roche. The content of the package is being specifically tailored for adolescents allowing for their lifestyle and need to respond to peer pressure and to be socially accepted. It focuses on the carbohydrate content of food and drinks, the interaction of carbohydrates and insulin requirements, timing of food and the effects of exercise on blood glucose levels and insulin. Ways in which insulin adjustment can be achieved with both twice daily and multiple bolus injections are being developed. Other topics include the effects of alcohol and so-called recreational drugs on metabolic control and finally, management during ill health.

#### Analyses:

##### Demographic data:

A profile of participants in terms of age, gender, duration of diabetes and current school status will be recorded. This will be gathered at baseline only.

##### Clinical data:

Clinical data to include treatment regimen, self-monitoring practices, HbA1c results, documented hypoglycaemia, body mass index (BMI), weight and height for use with growth charts, frequency of clinic attendance and missed appointments will be collected from study participants pre- and post-intervention. A proforma will be developed to facilitate rapid documentation of the required data. No extra blood tests will be asked of the participants. Clinical data will be gathered prior to the intervention at two points in time pre-intervention:

Time 1: most recent set of recorded results

Time 2: from 3 - 6 months earlier

Post-intervention data will be collected at months 1, 3, 5, 12 and 24.

#### Psychosocial outcomes:

Three instruments have been combined into a single booklet that the participants complete for themselves; it is brief and easy to complete:

1. Quality of life: this instrument comprises three scales:

1.1. Diabetes life satisfaction

1.2. Disease impact

1.3. Disease-related worries

This instrument is short, uses closed questions and can be rapidly completed.

2. The profile of self-management: it is adapted from the work of Anderson and colleagues at the Michigan Diabetes Research and Training Center. From the complete profile the following are included:

2.1. Section IV: Understanding (1 question)

2.2. Section VI: Control problems scale (6 questions)

2.3. Section VII: Social and personal factors scale (4 questions)

2.4. Section VIII: Attitudes towards diabetes scale (questions 11, 12 and 13 - 17)

2.5. Section IX: Diet adherence scale (8 questions)

2.6. Section XII: Monitoring barriers and understanding management practice scales (4 questions)

3. The Diabetes Empowerment Scale - short form (DES-SF): this instrument comprises eight items

Psychosocial data will gathered at baseline and post-intervention data will be collected at months 1, 3, 5, 12 and 24.

Sustainability in routine practice:

This will be estimated using qualitative methodology. A SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats) will be performed by the research team and will include key stakeholders at the end of the post-intervention follow-up stage (around month 30 of the project timetable).

Joint sponsors:

1. Western Health and Social Care Trust (UK)
2. South East Health and Social Care Trust (UK)
3. Belfast Health and Social Care Trust (UK)

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome measure**

HbA1c

See interventions section above for details of timepoints.

### **Secondary outcome measures**

1. Weight gain
2. Self-management strategies
3. Quality of life
4. Empowerment
5. Hypoglycaemic episodes
6. Completion rate

See interventions section above for details of timepoints.

### **Overall study start date**

01/03/2008

### **Completion date**

01/09/2011

## **Eligibility**

### **Key inclusion criteria**

1. Adolescents of either sex between the ages of 13-19 years
2. Have been diagnosed with diabetes for no less than 12 months

Every effort will be made to include all adolescents who wish to form part of the study population.

### **Participant type(s)**

Patient

**Age group**

Child

**Lower age limit**

13 Years

**Upper age limit**

19 Years

**Sex**

Both

**Target number of participants**

180

**Key exclusion criteria**

1. Adolescents who have been diagnosed for less than 12 months
2. Other medical conditions affecting diabetes management
3. Adolescents with a registered learning disability
4. Intensive involvement of social services with the family (verified in medical notes)
5. Psychiatric admission in past 6 months
6. Diagnosis of psychosis
7. Documented behavioural difficulties/disorder in the adolescents medical notes where a referral has been made for further specialist help
8. Major depression managed by anyone other than the adolescents general practitioner (GP), e.g. psychiatry
9. Documented substance abuse disorder
10. Documented eating disorder or suspected eating disorder in adolescents medical notes
11. History of self-harm documented in the adolescents medical notes

**Date of first enrolment**

01/03/2008

**Date of final enrolment**

01/09/2011

**Locations**

**Countries of recruitment**

Northern Ireland

United Kingdom

**Study participating centre**

**Institute of Nursing Research**  
Coleraine  
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## **Sponsor information**

### **Organisation**

University of Ulster (UK)

### **Sponsor details**

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### **Sponsor type**

University/education

### **Website**

<http://www.ulster.ac.uk>

### **ROR**

<https://ror.org/01yp9g959>

## **Funder(s)**

### **Funder type**

Charity

### **Funder Name**

Diabetes UK (UK) - phase 1 patient education learning materials funded by Roche (ref: BDA: RD06 /0003340)

## **Results and Publications**

### **Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration