

# A patient decision aid to improve decision quality and health outcome in type 2 diabetic patients

<b>Submission date</b> 24/06/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 24/06/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 29/01/2016	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Type 2 diabetes mellitus (T2DM) is a growing problem worldwide. People with T2DM have difficulty controlling their blood sugar (glucose) as they do not produce enough insulin to function properly (insulin deficiency), or that the body's cells don't react to insulin as they should do (insulin resistance). A large number of sufferers have poorly controlled blood sugar despite lifestyle changes and glucose lowering drug. This can lead to serious complications such as problems with the eyes (retinopathy), nerves (neuropathy) and kidneys (nephropathy), as well as significantly increasing the risk of heart problems. To control the blood sugar, a patient needs to either take insulin or another medication (e.g. glitazone). Patients often find it difficult to decide whether or not to start insulin for many reasons, such as lack of understanding or reluctance to inject themselves. Patient decision aids (PDAs) are specially designed resources which provide information to help people to make decisions. They have been shown to improve knowledge, help patients to understand treatment risks and benefits, address their values and roles in decision making. Few studies, however, have been able to show the impact of PDAs on patient's health. The aim of this study is to find out whether a specially designed PDA for patients with T2DM can help more patients to make informed decisions about whether to start insulin therapy.

### Who can participate?

Adults with poor blood sugar control, who are taking the maximum dose of anti-diabetic tablets.

### What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group continue to receive usual care from their doctors, and are not given access to the PDA. Those in the section group are given a run through of how to use the PDA, which is then available for them to use. At the start of the study and then again after 6 months, all participants have their blood sugar tested to find out if their control over their blood sugar (glycaemic control) has improved. Participants are also asked to complete questions in order to find out whether their current treatment is different to when the study started.

What are the possible benefits and risks of participating?  
Not provided at time of registration.

Where is the study run from?  
Northern General Hospital (UK)

When is the study starting and how long is it expected to run for?  
February 2008 to May 2015

Who is funding the study?  
1. National Institute for Health Research (UK)  
2. South Yorkshire Collaborative Local Research Network (UK)

Who is the main contact?  
Professor Nigel Mathers

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Nigel Mathers

**Contact details**  
Academic unit of Primary Medical Care  
University of Sheffield  
Samuel Fox House  
Northern General Hospital  
Herries Road  
Sheffield  
United Kingdom  
S5 7AU  
+44 114 222 2099  
s.l.hart@sheffield.ac.uk

## Additional identifiers

**Protocol serial number**  
4677

## Study information

**Scientific Title**  
The development and evaluation of the effectiveness of a patient decision aid to improve decision quality and health outcome in type 2 diabetic patients making treatment choices

**Acronym**  
DRN150 (PANDAs)

## **Study objectives**

Current study hypothesis as of 23/07/2012:

The use of the PANDAs patient decision aid improves decision quality in patients with type 2 diabetes mellitus who are making a decision whether or not to start insulin in General Practice. PANDAs is a cluster randomised controlled trial which has been carried out to evaluate the clinical effectiveness of a patient decision aid (PDA) in general practice. The PDA has been developed by the researchers to help people with type 2 diabetes make an informed decision about starting insulin treatment.

Previous study hypothesis as of 26/06/2012:

PANDAs is a cluster randomised controlled trial which will be carried out to evaluate the clinical effectiveness of a patient decision aid (PDA) in general practice. The PDA has been developed by the researchers to help people with type 2 diabetes make an informed decision about starting insulin treatment.

This study was conducted in South Yorkshire, UK, involving 49 general practices. Participants in the intervention group used the PDA followed by the usual consultation; the control group received the consultation (usual care).

The main outcome measures were improvement in participants decision quality (immediate) and HbA1c level (6 months later).

Original study hypothesis:

PANDAs is a cluster randomised controlled trial which will be carried out to evaluate the clinical effectiveness of a patient decision aid (PtDA) in general practice. The PtDA has been developed by the researchers to help people with type 2 diabetes make an informed decision about starting insulin treatment.

This study will be conducted in Sheffield and surrounding areas, involving 30 general practices. Participants in the intervention group will use the PtDA followed by the usual consultation; the control group will only be receiving the consultation (usual care).

The main outcome measures are improvement in participants' decision quality (immediate) and HbA1c level (6 months later).

On 26/06/2012 the following changes were made to the trial record:

1. The public title was updated. The previous public title was 'The development and evaluation of the effectiveness of a patient decision aid to improve decision quality and health outcome in type 2 diabetic patients making treatment choices'.
2. The anticipated end date was changed from 01/10/2010 to 28/02/2011.
3. The target number of participants was changed from 1440 to 440.
4. The sources of funding field was updated. The previous text was 'National Institute for Health Research (NIHR) (UK) - Service Delivery and Organisation (SDO)'.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

North Sheffield Research Ethics Committee, 19/06/2007, ref: 07/Q2308/53

## **Study design**

Single-centre randomised interventional process of care and treatment trial

## **Primary study design**

Interventional

## Study type(s)

Treatment

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

Topic: Diabetes Research Network, Primary Care Research Network for England; Subtopic: Type 2, Not Assigned; Disease: Diabetic Control, All Diseases, Not Applicable, Education, Insulin Initiation

## Interventions

Current interventions as of 26/06/2012:

Control Group: No PDA used by patients or doctors (usual care)

Intervention Group: Brief training of clinicians pre-consultation, familiarisation of PDA by participants, use of PDA by patients and clinicians

Follow-up length: 6 months

Study entry: other

Details: randomised according to clusters of practices

Previous interventions until 26/06/2012:

Control group: No PtDA for patients or doctors

Intervention group: PtDA, for doctors and patients

## Intervention Type

Other

## Phase

Not Applicable

## Primary outcome(s)

Current primary outcome measure(s) as of 26/06/2012:

Decisional conflict as an indicator of decisional quality post-consultation and glycaemic control after 6 months (HbA1c).

Previous primary outcome measure(s) until 26/06/2012:

Baseline and six-month clinical data will be provided by the practices from the medical records.

## Key secondary outcome(s)

Current secondary outcome measure(s) as of 26/06/2012:

Knowledge and realistic expectations of risks and benefits, post consultation.

Previous secondary outcome measure(s) until 26/06/2012:

1. The outcome of decision making will be glycaemic control (HbA1c) and persistence with chosen option
2. The process of decision making will be measured using decision quality indicators

## Completion date

28/02/2011

## Eligibility

### Key inclusion criteria

1. Type 2 diabetes mellitus
2. Aged 21 years and above, either sex
3. HbA1c greater than 7.4%
4. On maximum dose of oral anti-diabetic drugs
5. Advised by the doctor or nurse to start insulin

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Taking insulin currently
2. Difficulty reading or understanding English
3. Chronic debilitating illness (e.g., visual, hearing or cognitive impairment)
4. Active mental illness
5. Participated in a clinical trial in the past 6 months

**Date of first enrolment**

01/08/2007

**Date of final enrolment**

28/02/2011

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre****Northern General Hospital**

Academic unit of Primary Medical Care

Samuel Fox House

Herries Road

Sheffield

United Kingdom

S5 7AU

# Sponsor information

## Organisation

Sheffield Health and Social Research Consortium

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health Research

### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

### Funder Name

South Yorkshire Collaborative Local Research Network (SY CLRN)

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not expected to be made available

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	05/11/2012		Yes	No

<a href="#">Results article</a>	results	07/06/2014		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes