

# Glucose Lowering through Weight Management (GLoW)

<b>Submission date</b> 09/07/2018	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 09/07/2018	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/04/2025	<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 is typically characterised as a progressive irreversible condition. However, there is evidence that people with type 2 diabetes can achieve good glucose control or even remission through weight loss. Most studies that demonstrate this have used bariatric surgery or formula diets, which are rarely commissioned in the UK because of their high cost and reliance on specialists. Standard care for people with a new diagnosis of type 2 diabetes is structured diabetes education, which has low uptake and small, short-term effects on weight and blood glucose. The aim of this study is to find out whether a tailored diabetes education and behavioural weight management programme that can be delivered at scale achieves better glucose control and other health outcomes than education alone and whether any improvements in health and wellbeing justify the higher cost of the programme.

### Who can participate?

Patients aged 18 and over who are overweight or obese and have been diagnosed with type 2 diabetes within the last 3 years

### What does the study involve?

Participants are randomly allocated to either a structured diabetes education programme or a new programme that combines diabetes education and dietitian support with 6 months attendance at a weekly commercial weight management group (Weight Watchers). Participants are followed up at 6 months and 1 year to measure blood glucose, body weight, diet and physical activity, and use of medications and other healthcare resources, to determine which group has better changes in health outcomes and which programme offers best value for money.

### What are the possible benefits and risks of participating?

Findings from this trial will inform the decisions of commissioners of services for weight management and diabetes about the most cost-effective use of limited healthcare resources.

### Where is the study run from?

University of Cambridge (UK)

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

April 2018 to October 2022

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Mrs Jenny Woolston

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## Contact information

### Type(s)

Scientific

### Contact name

Mrs Jenny Woolston

### Contact details

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## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

CPMS 36457

## Study information

### Scientific Title

A single-blind, parallel-group, randomised trial to evaluate the clinical and cost-effectiveness of a tailored diabetes education and behavioural weight management programme versus diabetes education, in adults with overweight or obesity and a new diagnosis of type 2 diabetes

### Acronym

GLoW

### Study objectives

1. A tailored diabetes education and behavioural weight management programme is more effective than diabetes education alone in helping people with a recent diagnosis of type 2 diabetes to lower their blood glucose, reduce weight, and improve other markers of cardiovascular risk.
2. A tailored diabetes education and behavioural weight management programme is more cost-effective than diabetes education alone.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

East of Scotland Research Ethics Service, 15/05/2018, ref: 18/ES/0048

### **Study design**

Multicentre pragmatic randomized single-blind parallel-group two-arm superiority trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Overweight and obesity, type 2 diabetes

### **Interventions**

Participants will be randomised to either the tailored diabetes education and behavioural weight management programme or to diabetes education (standard care) in a 1:1 allocation using individual-level blocked randomisation stratified by sex (male, female) and duration of diabetes (<1 year, 1-3 years) with a block size of 6. The randomisation sequence will be computer-generated by the trial statistician and programmed by the data manager. The sequence will be unknown to all other personnel, including study coordinators, outcome assessors and investigators.

Tailored diabetes education and behavioural weight management programme arm:

The tailored structured education and behavioural weight management programme combines remote diabetes education and dietetic counselling with a supportive group-based behaviour change programme.

Triage Call: A registered dietitian will contact the participant within 2 days of receiving a referral. Alternatively, participants can call the dietitian directly. During the triage call, the dietitian will explain the programme and its potential benefits, book the patient into their first diabetes education session and send the patient a confirmation of the date/time of their appointment via email, text or letter.

Structured Diabetes Education and dietetic counselling: The core QISMET-accredited structured diabetes education programme will be delivered to participants during two sessions with a registered dietitian, with a specialist interest in diabetes (total session time 1 hr 30 minutes, divided between 2 calls). These sessions will be delivered 1:1 via telephone.

Session 1 will occur within 10 days of referral and will cover orientation and core curriculum topics. Session 2 will occur within 10 days of session 1 and will cover core curriculum topics and ways to tailor the Weight Watchers programme for diabetes. Additional self-help education materials to support the curriculum will be available online and are delivered to all participants

via email or mail, depending on the preference of the patient.

Participants can also contact the dietitian proactively during the intervention period for additional support where needed (and are encouraged to do so via the Weight Watchers Coach). A closed social media group will also be formed and all participants in the TDEW arm will be invited to join if they wish to do so – the group will be monitored and supported by the registered dietitian for any questions, frequent support and group social connections. The curriculum will also be signposted to participants via this closed group to drive engagement.

#### **Group-based behaviour change programme:**

Following session 1, participants will be sent free of charge membership of Weight Watchers for 6 months. This includes access to community based meetings and digital tools, including the app. Weight Watchers meetings are held weekly in local community settings (e.g. schools, community centres) and last approximately 1 hour. They are open-group meetings (new people may join or leave the group at any time) and are led by a coach (trained lay person with experience of changing their lifestyles and losing weight on the programme). Meetings include a confidential weigh in with the coach and a 30-minute interactive education session led by the coach that includes advice on diet, physical activity, positive mindset, using behavioural strategies (e.g. goal setting, self-monitoring, problem solving, modifying the personal food environment, and relapse prevention), and peer support is available from coaches and other group members. Participants can contact their coach for support/advice between meetings. Participants can be accompanied by a friend, relative or carer.

Participants will also have access to digital tools and online materials for the duration of the intervention. This includes food, weight and activity tracking, feedback loops, thousands of meal and recipe ideas and cooking skills, activity inspiration and videos, educational content, a closed digital community called 'connect' and access to an online coach 24/7 (service provided by real life coaches) for in the moment motivation and advice.

#### **Diabetes education arm:**

In the local region, the diabetes education programme commissioned by the CCG is the Diabetes and Education Self Monitoring for Ongoing and Newly Diagnosed (DESMOND) programme. This is a structured diabetes education programme for people with a new diagnosis of type 2 diabetes (<3 years since diagnosis). Participants can attend 6 hours of structured self-management group education, covering: thoughts and feelings about diabetes; understanding diabetes and glucose - what happens in the body; understanding risk factors and complications associated with diabetes; understanding monitoring and medication; how to take control - food choices and physical activity; and planning for the future. The structured education is delivered in 1 day or 2 half days by two trained healthcare professionals in local health care or community venues. Sessions are delivered in groups of up to 10 participants, and participants can bring a friend or partner with them. The education sessions are supported by specially developed resources.

### **Intervention Type**

Behavioural

### **Primary outcome(s)**

12 month change from baseline in HbA1c, adjusted for baseline

### **Key secondary outcome(s)**

1. 6 month change from baseline in HbA1c, adjusted for baseline
2. 6 and 12 month changes from baseline, adjusted for baseline, in body weight, body fat percentage, systolic and diastolic blood pressure, total cholesterol, HDL cholesterol, and LDL

cholesterol

3. Probability of achieving good glycaemic control (HbA1c <53 mmol/mol) at 6 and 12 months
4. Probability of achieving remission (HbA1c <48 mmol/mol and without medication for ≥2 months) at 6 and 12 months
5. Probability of losing ≥5% and ≥10% of initial body weight at 6 and 12 months
6. Modelled cardiovascular risk (UKPDS) at 12 months

**Completion date**

01/10/2022

## **Eligibility**

**Key inclusion criteria**

1. BMI ≥25kg/m<sup>2</sup>
2. Age ≥18 years
3. Diagnosis of type 2 diabetes within previous 36 months
4. Capable of giving informed consent
5. Have a good understanding of the English language (study materials are not tailored to support non-English language speakers)
6. Willing to be randomised
7. Willing to attend follow up visits at a local participating GP practice

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

577

**Key exclusion criteria**

1. Using insulin
2. Previous/planned bariatric surgery
3. Current/planned pregnancy
4. Current diagnosis of eating disorder
5. Already received a structured diabetes education programme
6. GP considers unsuitable
7. Participation in another structured behaviour change programme for diet and/or physical activity within the past 3 months

**Date of first enrolment**

18/07/2018

**Date of final enrolment**

06/08/2021

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre****MRC Epidemiology Unit**

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## **Sponsor information**

**Organisation**

University of Cambridge

**ROR**

<https://ror.org/013meh722>

**Organisation**

NHS Cambridgeshire and Peterborough CCG

## **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

# Results and Publications

## Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

## IPD sharing plan summary

Data sharing statement to be made available at a later date

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		23/01/2025	27/01/2025	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Other publications</a>		01/11/2023	24/11/2023	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Statistical Analysis Plan</a>	version 9	05/10/2022	11/10/2022	No	No
<a href="#">Statistical Analysis Plan</a>	Health Economic Analysis Plan (HEAP) for the 12-month within-trial analysis version 1.1	19/02/2023	19/05/2023	No	No
<a href="#">Statistical Analysis Plan</a>	Health Economic and Decision Modelling Analysis Plan (HEDMAP) version 2.2		19/05/2023	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes