

# Prevention of diabetes using structured education and continuous support programme in those with pre-diabetes in a multi-ethnic population

<b>Submission date</b> 06/06/2008	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 11/07/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/03/2018	<b>Condition category</b> Signs and Symptoms	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**ClinicalTrials.gov (NCT)**  
NCT00677937

**Protocol serial number**  
UHLPRE01

# Study information

## Scientific Title

Prevention of diabetes using structured education and continuous support programme in those with pre-diabetes in a multi-ethnic population

## Acronym

PREVENTION

## Study objectives

Structured education and continuous support programme reduce the incidence of diabetes in a multi-ethnic population with pre-diabetes.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Parallel controlled cluster randomised trial

## Primary study design

Interventional

## Study type(s)

Prevention

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

Pre-diabetes

## Interventions

Intervention arm:

Six hours of education within one month of diagnosis, either as one full day, two half days, or 4 x 2 hours (delivered with interpreters for participants whose first language is not english); follow-up will be for three years with clinical assessments at 6, 12, 24, 23 months. Continuous support will be regular telephone contact, website and additional written material.

Control arm:

Standard care as per national guidelines currently general lifestyle advice and written material follow-up will be for three years with clinical assessments at 6, 12, 24, 23 months.

## Intervention Type

Behavioural

## Primary outcome(s)

Reduction in the incidence of diabetes at three years

## Key secondary outcome(s))

1. Reduction in cardiovascular disease (CVD) risk (assessed using the current Framingham risk equation, standard for CVD risk assessment for General Practice in the UK), measured at baseline and 6, 12, 24, 23 months
2. Reduction in HbA1c, fasting and two-hour glucose, measured at baseline and 6, 12, 24, 23 months

**Completion date**

31/12/2012

## Eligibility

**Key inclusion criteria**

1. Aged 40 - 70 years (if White European)
2. Aged 25 - 70 years (if South Asian)
3. Able to attend group education sessions

**Participant type(s)**

All

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Unable to give informed consent
2. Diagnosis of diabetes

**Date of first enrolment**

01/09/2008

**Date of final enrolment**

31/12/2012

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

Leicester Diabetes Centre (Broadleaf)

Leicester

United Kingdom  
LE5 4PW

## Sponsor information

### Organisation

University Hospitals of Leicester NHS Trust (UK)

### ROR

<https://ror.org/02fha3693>

## Funder(s)

### Funder type

Government

### Funder Name

National Institute of Health Research (NIHR) (UK) - Programme Grant for Applied Research (PGfAR) (ref: RG-PG-0606-1272)

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	screening results	23/12/2014		Yes	No
<a href="#">Results article</a>	baseline results	23/07/2015		Yes	No
<a href="#">Protocol article</a>	protocol	20/05/2012		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes