# **Type 1 Adolescent Diabetes Research Summary**

Preliminary findings from the systematic review of psychological interventions to improve motivation for self-management in people with type 1 and type 2 diabetes



#### Introduction

Since 2003, we found 15 studies which explored the effectiveness of psychological interventions in adolescents with type 1 diabetes. We had enough data to conduct analysis on 13 studies.

- Preliminary findings suggest that HbA1c is no better in patients who have received a psychological intervention than those who have received usual care, diabetes education, or less intensive psychological intervention.
  - The number of interventions sessions ranged from 2-36.
    - 9 studies were conducted in the US, 2 UK, 1 Asia and 1 Australia.

The tables below outline some characteristics of the studies. Most interventions were delivered by a clinical psychologist/psychiatrist; delivered face to face; and were in a family setting.

Interventionist	No. of studies	No. (%) of studies where the intervention improved in HbAtc more than usual care/education			
Clinical psychologist/psychiatrist/ therapist/ mental health professional	5	3 (60%)			
Trained non- professional/ research assistant	3	1 (33.3%)			
Nurse	2	1 (50%)			
Diabetes educator	1	0			
Health advisor	1	0			
Health psychologist	1	1 (100%)			

Mode of delivery	No. of studies	No. (%) of studies where the intervention improved in HbAte more than usual care/education				
Face to face	10	4 (40%)				
Telephone	2	1 (50%)				
Skype	1	1 (100%)				

Type of psychological intervention	No. of studies	No. (%) of studies where the intervention improved in IIbAtc more than usual care/education				
Counselling	5	2 (40%)				
Family therapy	5	3 (60%)				
СВТ	3	1 (33.3%)				

Group or individual	No. of studies	No. (%) of studies where the intervention improved in HbAtc more than usual care/education				
Family	7	3 (42.9%)				
Group	4	1 (25%)				
Individual	1	1 (100%)				
Family and individual	1	1 (100%)				

## **Type 1 Adult Diabetes Research Summary**





### Introduction

Since 2003, we found 8 studies which explored the effectiveness of psychological interventions in adults with type 1 diabetes. We had enough data to conduct analysis on 7 studies.

- Preliminary findings suggest that HbA1c is no better in patients who have received a psychological intervention than those who have received usual care and/or diabetes education.
  - The number of intervention sessions ranged from 4-14.

The table below outlines some characteristics of the studies. 4 studies were delivered by nurses, the other 4 by psychologists. All studies were delivered face to face, most in a group setting.

Name first author	Country Type of psychological intervention		Interventionist	Mode of delivery	Group or individual	Did psychological intervention improve in HbA1c more than usual care/diabetes education?		
Zoffmann 2006	Denmark	Counselling	Nurses	Face to face	Group	UNKNOWN: requesting data from author		
Amsberg 2009	Sweden	CBT	Nurses	Face to face	Group	YES		
Ismail/ADaPT 2008	UK	CBT	Nurses	Face to face	Individual	YES		
Snoek 2008	Netherlands	CBT	Psychologist	Face to face	Group	NO		
Hermanns 2015	Germany	CBT	Psychologist	Face to face	Group	NO		
Zoffmann 2015	Denmark	Counselling	Nurses	Face to face	Group	NO		
Van Son 2015	Netherlands	CBT	Psychologist	Face to face	Group	YES		
Petrak 2015	Germany	CBT	Psychologist	Face to face	Group	NO		

### **Type 2 Diabetes Research Summary**



Preliminary findings from the systematic review of psychological interventions to improve motivation for self-management in people with type 1 and type 2 diabetes

### Introduction

Since 2003, we found 38 studies which explored the effectiveness of psychological interventions in type 2 diabetes. We had enough data to conduct analysis on 30 studies.

- Preliminary findings suggest that HbA1c is better (i.e. reduced) in patients who have received a psychological intervention compared to those who have received usual care and/or diabetes education.
- · These outcomes are for up to 12 months follow-up, i.e. HbA1c measurements were assessed up to 12 months after receiving the intervention.
  - The number of interventions sessions ranged from 1-27.
  - 14 studies were conducted in the US, 9 in Europe (non-UK), 5 Asia, 1 UK and 1 Australia.

The tables below outline some characteristics of the studies. Most interventions were delivered by a clinical psychologist/psychiatrist; delivered face to face; and were one-to-one support.

Interventionist	No. of studies	No. (%) of studies where the intervention improved in HbAtc more than usual care/education	Mode of delivery	No. of studies	No. (%) of studies where the intervention improved in HbA1c more than usual care/education	Type of psychological intervention	No. of studies	No. (%) of studies where the intervention improved in HbAic more than usual care/education	Group or individual	No. of studies	No. (%) of studies where the intervention improved in HbA1c more than usual care/education
Nurse	9	8 (88.8%)	Face to face	21	15 (71.4%)	Counselling	14	12 (85.7%)	Individual	17	12 (70.6%)
Clinical psychologist/ psychiatrist	8	5 (62.5%)	Telephone	5	3 (60%)	СВТ	14	8 (57.1%)	Group	12	8 (66.6%)
Psychology assistant/researcher	2	2 (100%)	Face to face + telephone	4	3 (75%)	Collaborative care	1	0	Family	1	1 (100%)
Coaches	5	3 (60%)				Music therapy	1	0			
Counsellors	1	1 (100%)									
Medical assistant	1	1 (100%)									
Health psychologist	1	1 (100%)									
Diabetes educator	1	o				7					
GPs	1	0				8					
Music Therapy clinician	1	0									