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Shared Decision Making (SDM) to Engage Patients with Prediabetes in Type 2 Diabetes Prevention: The Prediabetes Informed Decision and Education (PRIDE) Study

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Shared decision making to engage patients with prediabetes in type 2 diabetes prevention: The Prediabetes Informed Decision and Education (PRIDE) study

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Summary: In a practice level, cluster-randomized, intention-to-treat trial in a large academic health system, investigators tested the effectiveness of using trained pharmacists placed in primary care to deliver a shared decision-making (SDM) intervention to engage patients in diabetes prevention, using a prediabetes decision aid. These results indicate that a prediabetes SDM intervention can be used to enhance patient engagement in evidence-based therapies to prevent diabetes and weight loss at 4 months. Prediabetes SDM care models can be disseminated to enhance type 2 diabetes prevention efforts among patients at highest risk.

Methods:

- Uptake of DPP and/or metformin and weight change at 4 months were examined among overweight patients with prediabetes (ie, BMI ≥ 24 kg/m² and A1c 5.7-6.4%), as compared with 3:1 propensity-matched control patients receiving usual care.
- Data from electronic medical records (EMR) and two main local DPP vendors were used for outcome assessment.
- A generalized linear model was used to estimate weight change at 4 months, using clinic as a fixed effect.

Results:

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- Between November 2015 and July 2016, a total of 262 eligible patients completed the SDM visit within 10 of 20 randomly selected intervention clinics.
- Among these, 54% (n=141) chose DPP, 19% (n=49) chose DPP + metformin, 10% (n=26) chose metformin only, and 18% (n=46) chose no action.
- Among intervention patients choosing DPP +/- metformin, 5% and 24% attended 4 to 8 and ≥ 9 DPP sessions, respectively.
- Weight loss among the 200 intervention patients with available 4-month weight data was significantly higher as compared with 411 propensity-matched control patients (-3.37 lbs., $P < 0.0001$).

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