

Prediabetes: A Shared Prescription for Health for Hispanic Primary Care Patients.

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Prediabetes: A Shared Prescription for Health for Hispanic Primary Care Patients

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BACKGROUND / INTRODUCTION

- Prediabetes refers to abnormally elevated blood glucose (BG) that does not meet criteria for diabetes¹
- Approximately 38% of adults in the United States have prediabetes²
- Adults diagnosed with prediabetes at the age of 45 have a 74% lifetime risk of developing diabetes³
- Minority populations, including Hispanic adults, are twice as likely to develop diabetes than non-Hispanic white adults⁴
- Prediabetes can be reversed, however, current strategies (such as the Diabetes Prevention Program) are time intensive and not available to all patients, creating an opportunity for novel disease prevention interventions
- Shared decision-making (SDM) allows patients and clinicians to share information and reach mutual agreement⁵
- Use of a Patient and Stakeholder Advisory Committee (PASAC) is a novel strategy that has been used in other settings to include the patient voice in study design

METHODS

Phase 1

Exploratory study

Selected Hispanic adults with diagnosis of prediabetes and labs within 2 years of registry creation.

34 Question risk perception survey on personal health beliefs and diabetes risk knowledge

Structured interviews including review of a culturally tailored prediabetes infographic

Phase 2

Shared-Decision Making (SDM) tool

Co-created prediabetes SDM tool with patients, clinicians, and other stakeholders.

Co-created initial prediabetes SDM tool with A PASAC

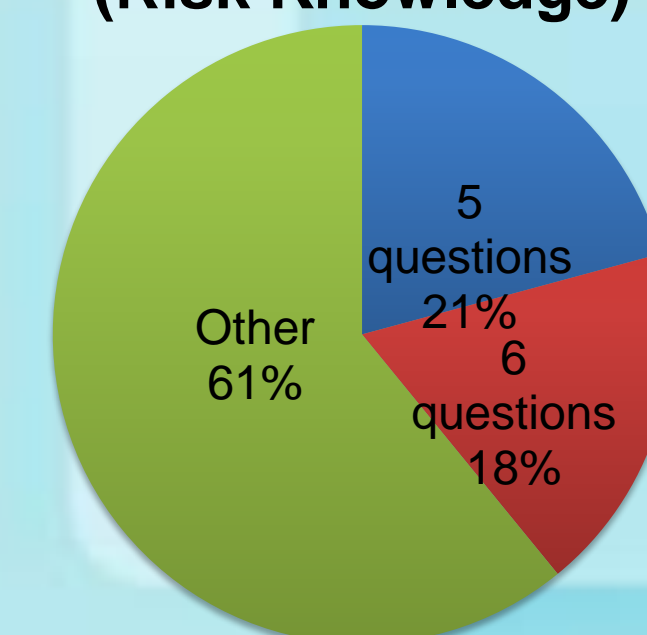
Pilot study of prediabetes SDM tool in primary care practices.

Modification of the Prediabetes SDM tool at final PASAC meeting

RESULTS

Phase 1

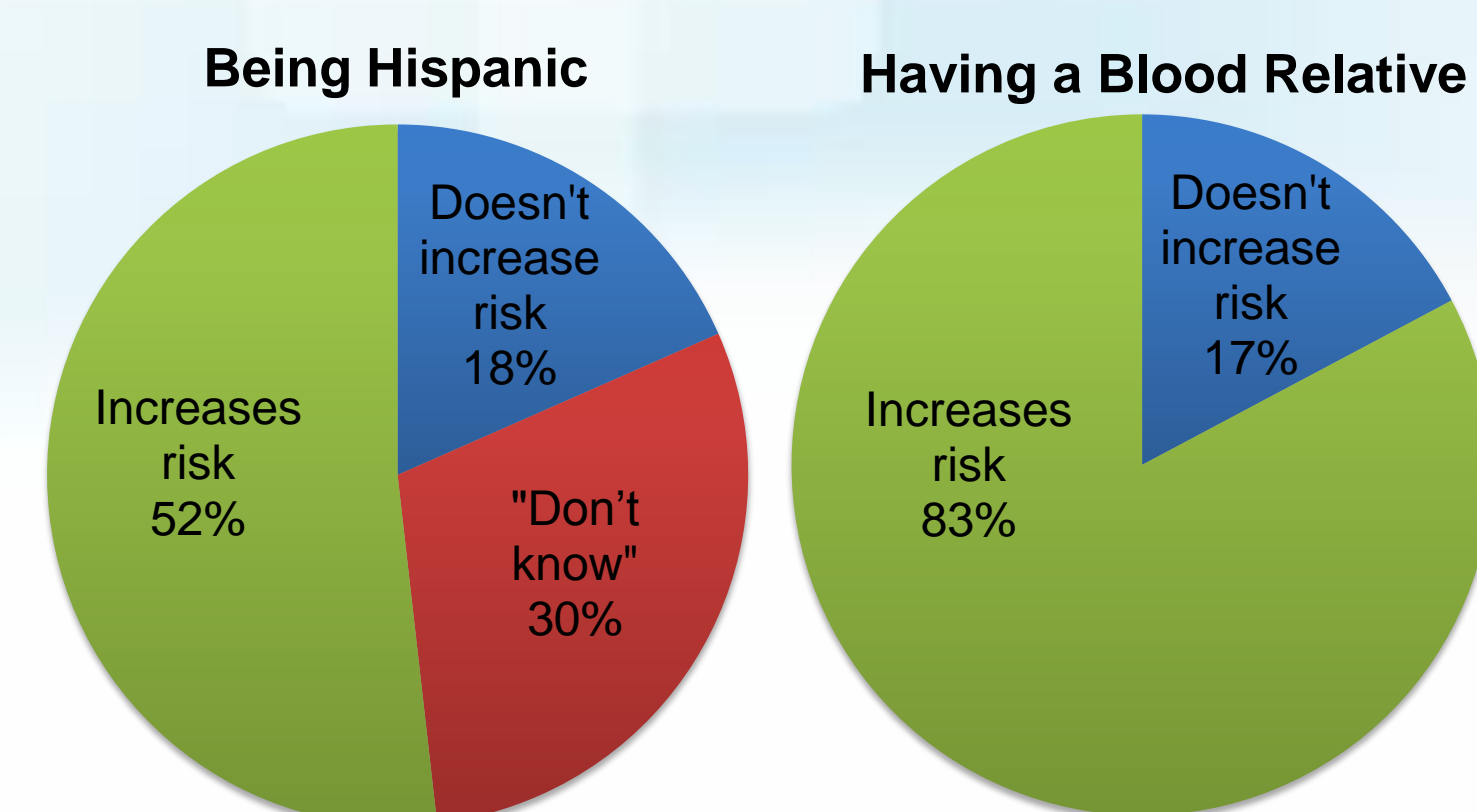
Figure 1: Frequency of Questions Correct (Risk Knowledge)



Individual Risk Knowledge Questions

- ☐ Personal History
 - 80.7% Know they have prediabetes
 - 75.7% Have a relative with prediabetes or diabetes mellitus
 - 62.1% Know a friend or coworker with prediabetes or diabetes mellitus
- ☐ Trust
 - 86.7% Trust their doctor's judgment
 - 86.6% agree their doctor cares as much as they do about their health

Figure 2: Individual Risk Knowledge Questions



Phase 2

(In progress)

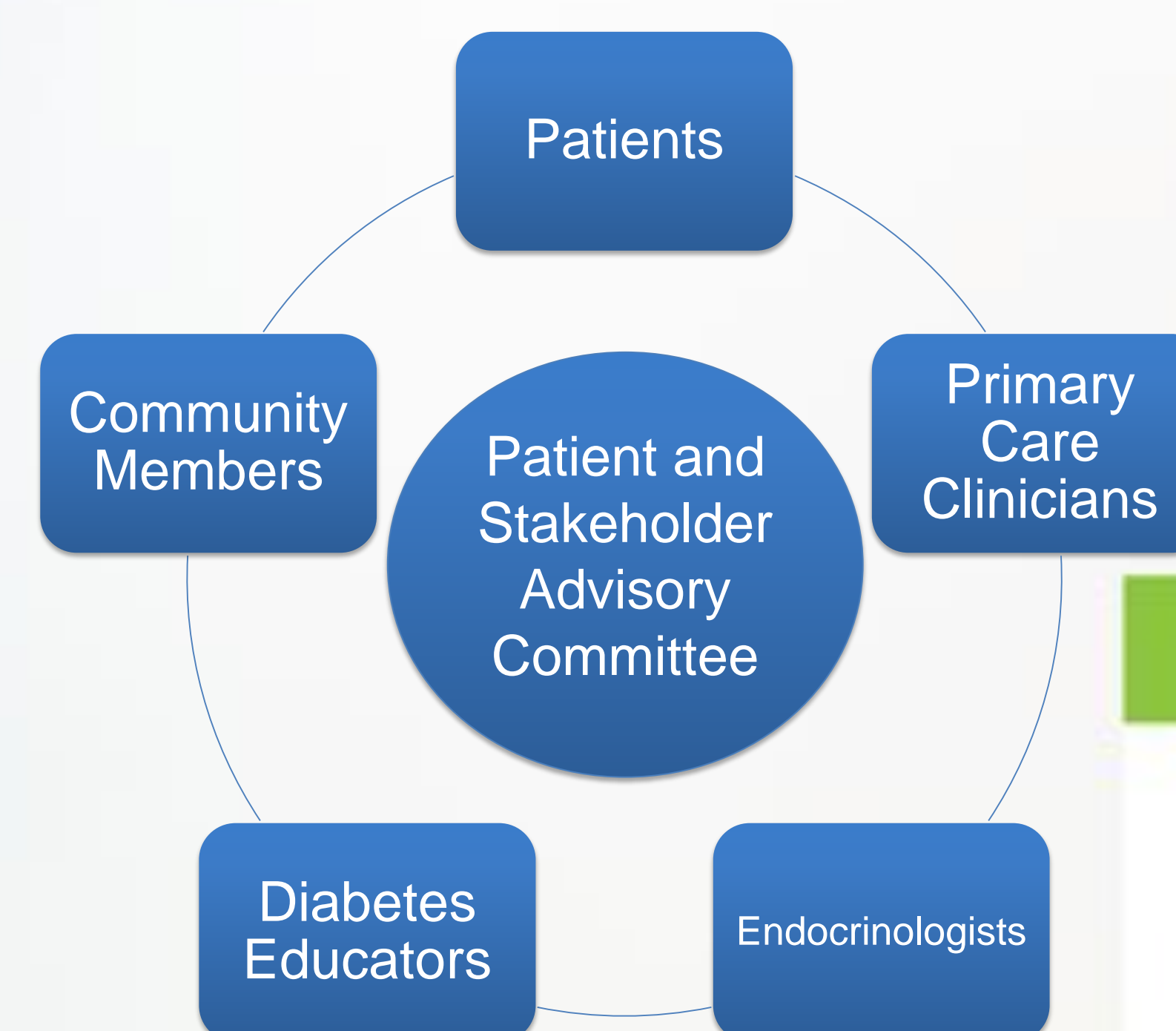


Table 1: Risk Perception Survey scores

Developing Diabetes Category	Mean	Median	Standard Deviation
Diabetes risk knowledge*	5.59	5.50	1.65
Personal control**	3.05	3.00	0.53
Personal worry**	3.21	3.50	0.73

*Minimum score of 0 and Maximum of 11

**Minimum score of 0 and Maximum of 4

Table 2: Risk Knowledge Score Evaluation

Education level	n	mean	t (p)
HS or less	61	5.20	3.57 (.001)
More than HS	30	6.43	
Aware of Diagnosis	n	mean	t (p)
Yes	72	5.68	0.79 (.430)
No	16	5.31	
Relative with DM or PreDM	n	mean	t (p)
Yes	68	5.74	.691 (.492)
No	13	5.38	
Friend/coworker with DM or PreDM	n	mean	t (p)
Yes	56	5.89	1.519 (.133)
No	15	5.20	

Exemplar quotes from qualitative data set

"I know [prediabetes] is bad. It's bad, a lot of sugar in your blood. That's all I know. ... It's very, very bad." [Knowledge]

"Diabetes is irreversible. It can't be cured. But with prediabetes, we still have time, and we can reach the lowest level, and even recover." [Personal Control]

"The doctor says I'm right on the border. One more, I'm going to go diabetic. It's very, very scary for me. It's very, very scary." [Worry]

DISCUSSION

- Mixed methods analysis demonstrated consistently low prediabetes knowledge in Hispanic adults (many were not aware of diagnosis or had a conversation with a clinician about treatment options)
- Participants who were aware of diagnosis expressed high scores of both worry and personal control, indicating possible receptivity to behavioral change
- There is a need for culturally tailored diabetes prevention interventions to educate and activate patients about treatment options
- It is feasible to assemble a PASAC to have diverse perspectives which may increase the utility of the intervention tool for patients and clinicians
- There is an opportunity to update the existing prediabetes infographic used throughout the study as participants acknowledged its potential

FUTURE IMPLICATIONS

- Further development of prediabetes infographic and decision aid within Patient and Stakeholder Advisory Committee
- Pilot testing in primary care practice
- Revising decision aid with clinician feedback
- Increase discussions between patients and clinicians on diabetes prevention strategies with an efficient SDM tool

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