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Effects of Individualized Health Coaching in Patients with Type 2 Diabetes
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INTRODUCTION

Diabetes is the seventh leading cause of death in the United States1. In 2012 the total estimated amount of money spent on diabetes was $245 billion.2 To decrease healthcare costs and increase quality of life for the diabetic patient it is important to find the most effective way to treat diabetes to decrease rates of comorbidities and improve patient outcomes. A new strategy of treating diabetes is individualized health coaching. This includes collaboration with many different entities of health care providers, including a nurse or counselor to help the patient make their own goals that they, themselves feel are attainable. This also gives the patient more time to ask questions they might not have had time to ask during the physician visit. The purpose of this review is to determine the efficacy of individualized health coaching on lowering hemoglobin A1c (HbA1c) in diabetic patients.

PICO

Population: Patients with type 2 diabetes
Intervention: Individualized health coaching
Comparison: Traditional patient education
Outcome: Hemoglobin A1c

Clinical Question: In patients with type 2 diabetes, is individualized health coaching more effective than traditional patient education in lowering hemoglobin A1c?

METHODS


click on the image to view a larger version.

RESULTS

Table 1: Overview of studies

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Objective</td>
<td>To assess the effects of health coaching in individuals with type 2 diabetes on glycated hemoglobin (A1C levels)</td>
<td>To determine the effectiveness of collaboration of a nurse care manager with primary care physicians to improve clinical outcomes for adults with type 2 diabetes.</td>
<td>To determine if telephone health coaching is beneficial to patients with type 2 in lowering HbA1c.</td>
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<tr>
<td>Design</td>
<td>Meta-analysis</td>
<td>Randomized Controlled Trial</td>
<td>Randomized Controlled Trial</td>
</tr>
<tr>
<td>Number of Patients</td>
<td>724</td>
<td>197</td>
<td>526</td>
</tr>
<tr>
<td>Average age (years)</td>
<td>52.8 to 65.8</td>
<td>Control: 57.0 ± 11.4</td>
<td>Intervention: 55.7 ± 13.1</td>
</tr>
<tr>
<td>Female (%)</td>
<td>Range: 36-100</td>
<td>Control: 64</td>
<td>Intervention: 68</td>
</tr>
<tr>
<td>Intervention</td>
<td>Variety of interventions</td>
<td>Individualized nurse care manager</td>
<td>Telephone calls for health coaching</td>
</tr>
<tr>
<td>Length of follow up</td>
<td>3-16 months</td>
<td>6 months</td>
<td>12 months</td>
</tr>
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</table>

Critique

- Wide variation between each intervention
- Relatively small sample size for a meta-analysis
- Great degree of heterogeneity
- Unclear or high risk of bias present in randomized controlled trial
- Study length was too short to adequately assess the effects of nurse care manager collaboration
- Lacked specific inclusion and exclusion criteria.
- Blood collection was done with mail in kits, increasing the possibility of inaccuracy of data
- Number of telephone calls varied greatly among the experimental group.

CONCLUSIONS

The three studies compiled above all show statistical significance in lowering diabetic patient’s HbA1c using health coaching techniques. Integrative health coaching is a good way to make the patient active in the treatment of their disease.

For the future, more longitudinal studies need to be done to track HbA1c changes over a longer period of time. Further studies must also address what component of the individualized plans make health coaching successful.

Current research shows individualized health coaching statistically lowers HbA1c in patients with type 2 diabetes and is an option worth pursuing.

ACKNOWLEDGEMENTS

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REFERENCES