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Comment on: Beverly et al. Do Older Adults Aged 60–75 Years Benefit From Diabetes Behavioral Interventions? Diabetes Care 2013;36:1501–1506

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We wish to support Beverly et al. in confirming the efficacy of small-group education in older patients with diabetes (1). However, their suggestion that the majority of education programs are designed for younger/more recently diagnosed patients and that minimal attention has been paid to the development of successful interventions for older adults with diabetes is at conflict with much recent (2), and less recent (3), literature.

We have been running small-group education in individuals with type 2 and type 1 diabetes for many years and have reported favorable lifestyle changes, improved health behaviors, and lower HbA1c in both (4,5). We concur that, apparently, better results are observed when education is offered to older patients. Possibly, this is because interventions are centered on lifestyle issues whereas a more technical approach, including carbohydrate counting and self-monitoring, is necessary to improve clinical outcomes in individuals with type 1 diabetes (5). In either case, continuous reinforcement over the years is key to sustained change and improvement.

Health professionals are to realize that, similarly to glucose-lowering agents, education should be a lifelong treatment if it is to display its value as an instrument of change and self-care. One-off or even relatively short-term interventions do not provide lasting benefits and will lead to the flawed conclusion that education is ineffective.

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