

AperTO - Archivio Istituzionale Open Access dell'Università di Torino

SELF MANAGEMENT EDUCATION BY GROUP CARE REDUCES CARDIOVASCULAR RISK IN PATIENTS WITH TYPE 2 DIABETES: ANALYSIS OF THE ROMEO CLINICAL TRIAL

This is the author's manuscript

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/147935> since 2020-06-17T15:30:23Z

Published version:

DOI:10.2337/dc14-1054

Terms of use:

Open Access

Anyone can freely access the full text of works made available as "Open Access". Works made available under a Creative Commons license can be used according to the terms and conditions of said license. Use of all other works requires consent of the right holder (author or publisher) if not exempted from copyright protection by the applicable law.

(Article begins on next page)

This is the author's final version of the contribution published as:

Jacopo Sicuro; Lorena Charrier; Paola Berchialla; Franco Cavallo; Stefano Merlo; Aurora Mazzeo; Massimo Porta; Marina Trento; for the ROMEO investigators.. SELF MANAGEMENT EDUCATION BY GROUP CARE REDUCES CARDIOVASCULAR RISK IN PATIENTS WITH TYPE 2 DIABETES: ANALYSIS OF THE ROMEO CLINICAL TRIAL. DIABETES CARE. 37 (37) pp: e1-e2.
DOI: 10.2337/dc14-1054

The publisher's version is available at:
<http://care.diabetesjournals.org/lookup/doi/10.2337/dc14-1054>

When citing, please refer to the published version.

Link to this full text:
<http://hdl.handle.net/2318/147935>

SELF MANAGEMENT EDUCATION BY GROUP CARE REDUCES CARDIOVASCULAR RISK IN PATIENTS WITH TYPE 2 DIABETES. ANALYSIS OF THE ROMEO CLINICAL TRIAL

Short title: Cardiovascular risk in ROMEO

Jacopo Sicuro M Econ ^a, Lorena Charrier MD ^b, Paola Berchialla MD ^b, Franco Cavallo MD ^b, Stefano Merlo M Psychol ^a, Aurora Mazzeo BSc ^a, Massimo Porta MD PhD^a, Marina Trento MedSci, BPsychol, MBA^a, for the ROMEO investigators.

^aLaboratory of Clinical Pedagogy, Department of Medical Sciences, University of Turin;

^bDepartment of Public Health and Paediatrics, University of Turin.

Corresponding author and reprint requests:

Dr. Marina Trento

Laboratory of Clinical Pedagogy

Department of Medical Sciences, University of Turin

Corso AM Dogliotti 14, I-10126 Torino, Italy

Tel +39 011 6632354

Fax +39 011 6708477

e-mail: marina.trento@unito.it

Text word count: 497

Tables: 0

Figures: 1

Key words: Type 2 diabetes, self-management education models, cardio-vascular risk, risk scores.

Treatment of type 2 diabetes includes lifestyle and pharmacologic interventions. Drugs are marginally effective in achieving glycemic targets and reducing cardiovascular (CV) events, whereas intervention on lipids, blood pressure and lifestyle is more effective. Rethink Organization to iMprove Education And Outcomes (ROMEO) (ISRCTN19509463), a 4-year multicentre randomized trial, showed that patients with type 2 diabetes on Group Care (GC), a previously described systemic self-management education model, improved body weight, HbA1c, HDL and LDL cholesterol, blood pressure, quality of life and health behaviours, compared with patients on usual care and similar pharmacological treatment (1). The ROMEO dataset was fed into three risk engines: Framingham (2), UKPDS (3) and CUORE (4) to verify if GC modifies CV risk scores.

A total 815 non insulin-treated patients aged <80 were allocated to either GC or traditional care (Controls). Risk calculations were performed at baseline and throughout the 4 years of the trial in 466 patients (257 on GC and 209 Controls) who completed ROMEO. Reasons for dropping out were reported (5), and dropouts (105 GC and 128 controls) did not differ from other patients for any variables at baseline.

A generalized least - square regression model was used to ascertain interactions between groups and time. A correlation structure was specified to account for repeated measures. A compound symmetry structure corresponding to a constant correlation resulted in the best fit model, based on Akaike Information Criterion (AIC). Model fitting was considered as significantly improved on the basis of the AIC applied backwards starting from a model with all relevant variables. The non-linear effect of covariates was modelled using a restrictive cubic-spline function. Interaction among variables was checked. To ensure normality assumptions, risk scores were modeled on a logarithmic scale. Data were analyzed with R. $p < 0.05$ was considered significant.

Four year trends are shown in Figure 1 for each risk model. Interactions between time and group showed that, using Framingham and CUORE, the risk for GC patients was 7.2% lower than in controls over 1 year (model coefficient: -0.006/month, $p < 0.0001$). Using UKPDS, GC patients achieved a risk reduction of 3.6% over 1 year ($p < 0.0001$).

All three models showed lower CV risk among patients on GC compared to controls, despite similar pharmacological prescriptions. The Framingham and CUORE models are based upon North-American and Italian cohorts and include diabetes as a dichotomous variable. The UKPDS score, developed in British patients with newly diagnosed type 2 diabetes, incorporates HbA1c and time

since diagnosis in a diabetes-specific model and was recently shown to accurately predict CV events also in Italian populations (3). Look AHEAD (Action for Health in Diabetes), an independent clinical trial, reported that lifestyle intervention does not reduce CV events in type 2 diabetes (5). However, since it compared an intensive lifestyle intervention with a less intensive group education approach, it could be argued that Look AHEAD did not disprove the effectiveness of lifestyle modification, but rather proved the non inferiority of a highly intensive intervention over a more sustainable pragmatic approach, similar in part to our GC model at least in timing if not education philosophy and methodology.

Acknowledgment. We thank the patients who participated in the study and the investigators, physicians, nurses, dieticians for recruiting the participants and completing the trial documentation.

Funding. This work was completed with funds provided by a European Foundation for the Study of Diabetes (EFSD)/Novo Nordisk Type 2 Diabetes Programme research Grant, and Progetto Finalizzato RF-2010-2304056 from the Italian Ministry of Health.

Duality of Interest.

No potential conflict of interest relevant to this article were reported.

Author Contributions.

JS collected and analyzed the data and revised the manuscript, LC, PB, and FC, did the statistical analysis and revised the manuscript. SM and AM collected the data and revised the manuscript, MP planned the study, and drafted the manuscript, MT planned the study, collected and researched the data, revised the manuscript and is guarantor of this article.

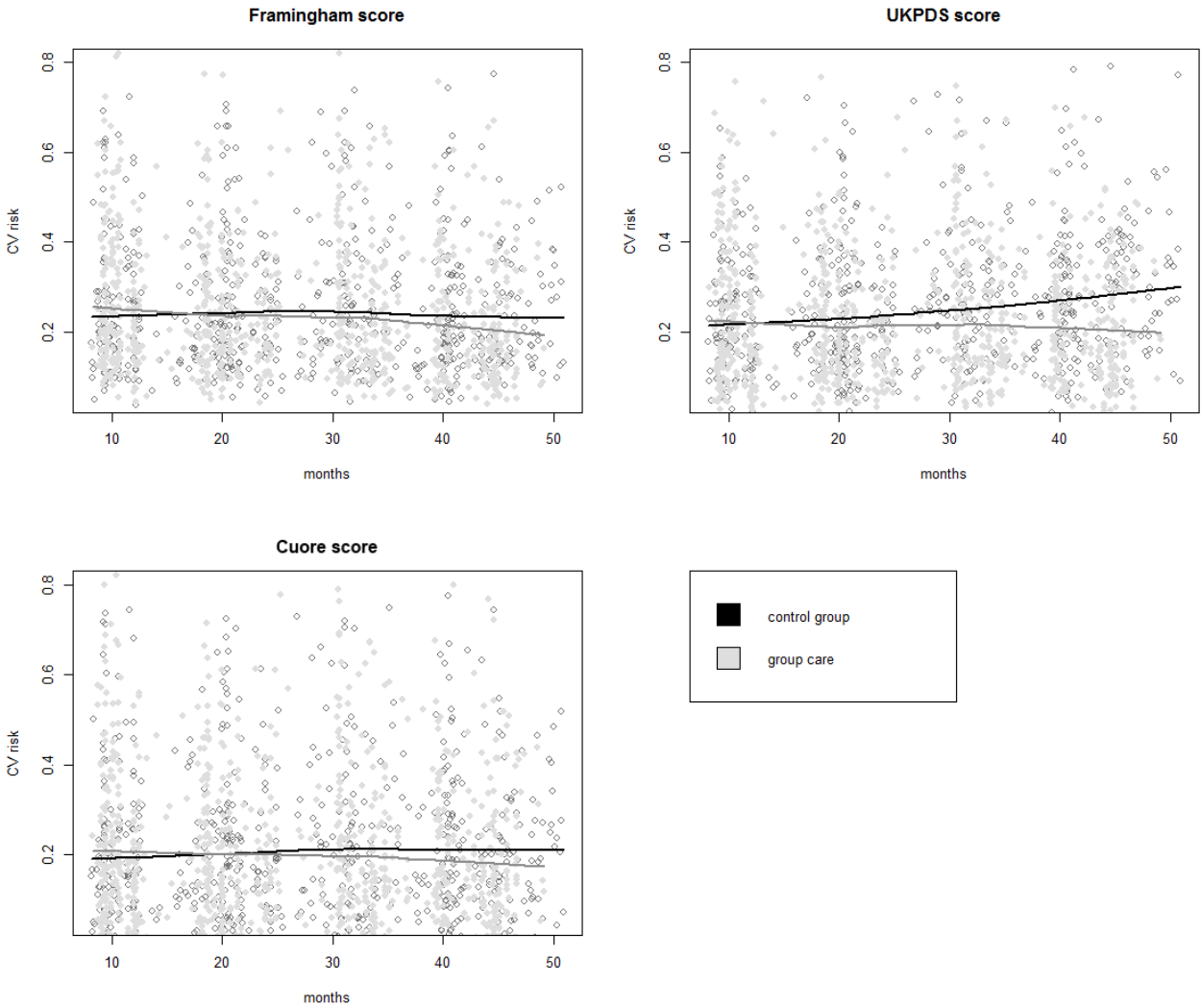
Guarantor statement.

Dr. Marina Trento is the guarantor of this work and, as such, had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

REFERENCES

1. Trento M, Gamba S, Gentile L, et al. Rethink organization to improve education and outcomes (ROMEO). A multicenter randomized trial of lifestyle intervention by group care to manage type 2 diabetes. *Diabetes Care* 2010; 33: 745-747
2. Anderson KM, Odell PM, Wilson PWF, Kannel WB. Cardiovascular disease risk profiles. *Am Heart J* 121:293–298, 1991,
3. Pagano E, Gray A, Rosato R, Gruden G, Perin PC, Merletti F, Bruno G. Prediction of mortality and macrovascular complications in type 2 diabetes: validation of the UKPDS Outcomes Model in the Casale Monferrato Survey, Italy. *Diabetologia*. 2013; 56:1726-34
4. Manzoli L, Palumbo W, Ruotolo P, Panella M, Mezzetti A, Di Stanislao F. Cardiovascular risk of the general population assessed through SCORE and CUORE charts: an extensive survey by the General Practitioners from Abruzzo, Italy. *Int J Cardiol*. 2010 ;144: 47-52.
5. Wing RR, Bolin P, Brancati FL, et al. Look AHEAD Research Group. Cardiovascular Effects of Intensive Lifestyle Intervention in Type 2 Diabetes. *N Engl J Med* 2013;369:145-54.

Figure 1. Temporal trends of cardiovascular risk measured by Framingham, UKPDS and CUORE Risk Scores, estimated using locally weighted regression.



List of ROMEO investigators:

E. Ansaldi, F. Malvicino, M. Battezzati, P. Maresca, C. Cappa, C. Palenzona, G. Rosti, *Alessandria*
L. Gentile, G. De Corrado, M. Fernicola, R. Gambaudo, E. Molina, T. Miroglio, S. Poggio, E.
Repetti, F. Rosso, P. Viglione, *Asti*
G. Morone, F. Travaglino, *Biella*
A. Chiambretti, M. Albertone, A. Birocco, MP. Maritano, E. Mularoni, R. Fornengo, D. Rolfo,
Chivasso
S. Gamba, *Ospedale Maria Vittoria, Torino*
A. Mormile, P. De Murtas, AM. Ingaramo, A. Marchesini, *Ospedale Mauriziano, Torino*
E. Orsi, F. Albani, L. Giarratana, *Milano*
G. Corigliano, I. Vaccarella, *Napoli*
M. Patella, M. Masin, G. Sartore, R. Toniatto, R. Valentini, A. Barison, D. Fedele, *Padova*
V. Miselli, P. Accorsi, U. Pagliani, *Scandiano-Reggio Emilia*
L. Tonutti, C. Boscariol, M. Armellini, R. Lesa, C. Sartori, C. Noacco, C. Taboga, *Udine*
L. Richiardi, S. Borla, *Ospedale Valdese, Torino*