Comment on: Beverly et al. Do older adults aged 60-75 years benefit from diabetes behavioral interventions? Diabetes Care

This is the author's manuscript

Original Citation:

Availability:
This version is available http://hdl.handle.net/2318/136153 since 2020-09-04T16:52:17Z

Published version:
DOI:10.2337/dc13-0241

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

Marina Trento, MEDSCI, MBA1↑, Pietro Passera, MD1, Franco Cavallo, MD2 and Massimo Porta, MD, PHD1
- Author Affiliations

1Laboratory of Clinical Pedagogy, Department of Internal Medicine, University of Turin, Turin, Italy
2Department of Public Health and Microbiology, University of Turin, Turin, Italy

Corresponding author: Marina Trento, marina.trento@unito.it.

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.

Acknowledgments

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

© 2013 by the American Diabetes Association.
Readers may use this article as long as the work is properly cited, the use is educational and not for profit, and the work is not altered. See http://creativecommons.org/licenses/by-nc-nd/3.0/ for details.

References
