

The Alphabet Strategy for Diabetes Care

An international evidence-based, patient centred medical education approach for chronic disease care

Alphabet
Strategy

Advice
Blood Pressure
Cholesterol
Diabetes Control
Eye Examination
Foot Care
Guardian Drugs

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Introduction

Currently there are over 170 million diabetic patients world-wide and this figure is estimated to double in the next 25 years.¹ A target-driven, long-term, intensified intervention aimed at multiple risk-factors in patients with type 2 diabetes and microalbuminuria reduces the risk of **cardiovascular and microvascular events** by **about** 50 per cent.² The Alphabet Strategy is one such intervention. As several guidelines exist in this area, this can result in confusion. The aim of this project was to evaluate an innovative locally created medical education strategy for diabetes care.³

Method

The Alphabet Strategy is a patient-centred, evidence-based, clinical strategy based on important aspects of diabetes care. This strategy has been shown to produce clinical audit outcomes comparable to UKPDS and Steno-2 intensively treated patients.

Our aim was to investigate the use of Alphabet Strategy in various settings worldwide.

Main Results

The Alphabet Strategy was implemented in all of these studies worldwide. This is a paper in press.

Healthcare Professional Education Programme

This has been delivered over 100 occasions as part of a clinical education programme. Evaluations have been consistently positive.

POEM Clinical Audit (Practice Of Evidence-based Medicine)

A clinical audit showed that over 5 years BP, Lipid profile, diabetes control, eye and feet screening improved. There was a clinically significant improvement in cardiovascular risk score from 31.2% to 23.7%.

GAIA Survey

This survey in 35 diabetes centres in 25 countries revealed that 57.5% of 146 healthcare professionals felt they were likely to adopt the strategy. 84.5% felt it was evidence-based and 88.0% practical.

Patient Education Programme

Knowledge of diabetes care was evaluated in 100 patients, which showed a significant improvement from 61.5 % to 80.0% ($p < 0.01$).

Diabetes In-patient Care Evaluation

Data was collected on quality of care before and after implementing this strategy. There was significant improvement in 9 of the 10 main parameters of care.

i-DREAM Programme (interactive Diabetes Research Evidence Application in Management)

In a small study this programme showed a significant improvement in clinical management, application of evidence-base research and correct prescribing scores (69% before, 98% afterwards ($p < 0.001$)) in 15 clinicians on 10 case studies.

ASIAD Study

Alphabet Strategy-Indian Application for Diabetes Care was implemented in an economically deprived clinical setting in India. Within 4 months there was a significant improvement in the 100 patients studied ($p < 0.01$). Main changes were: improvement in cholesterol profile (60% to 90%), statin use (5% to 38%), aspirin use (6% to 71%), proteinuria assessment (48% to 93%).

Conclusion

In a medical education environment where there are conflicting priorities due to differing case-loads, local resources and differing expertise, this strategy has helped deliver high quality patient education and reduction in cardiovascular risk factors consistent with reducing diabetes complications. Such a programme may be applied to other chronic disease states with similar beneficial effects.

References:

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