

OPTIMISES – Older people living with Type 2 diabetes

Formal Title: Older People with Type 2 diabetes – Individualising Management with a Specialised community team: Safety and feasibility study (OPTIMISES)

Method: Safety and feasibility trial of a novel model of healthcare.

Investigators:

Bolton Clarke: Dr Rajna Ogrin (Principal Investigator), Tracy Ayles, Anna Chapman, Toni Rice; Austin Health: Dr Elif Ekinci (Co-Principal), Dr Sandra Neoh, Prof Jeffrey Zajac;

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Duration: 2017-2018

Status: Data collection has commenced.

Background:

Type 2 diabetes is a chronic disease, with increasing numbers of people developing it with increasing age: 15% of 65–74 year olds have type 2 diabetes, compared to 4.7% of the general population (according to self-reported figures). Managing diabetes is complex and particularly challenging in older people as they generally have other health conditions and medications. Guidelines for managing type 2 diabetes in older people recommend that particular attention be paid to weighing the benefits of treatment (namely preventing diabetes related complications like kidney damage, blindness, amputations and cognitive decline) against the risks, including hypoglycaemia and its consequences (falls, confusion, vision impairments and/or pain), and medicine-related adverse events. Treatment targets should therefore be individualised, taking into account each older person's broader health and functional capacity. While we have information regarding the medicines use of Australians with type 2 diabetes, we do not have any information about the current diabetes management patterns in older people, and whether management aligns with best practice – it is possible that we have many older people being over-treated or under-treated. Further, individualised care is promoted as the best way to achieve optimal management for type 2 diabetes, however we don't have any information about how to do this, and whether it is feasible or safe.

Aims:

To trial the safety and feasibility of a new model of diabetes care, aimed at optimising diabetes management in the home and improving quality of life for older people, using a specialised community-based diabetes team.

To describe the diabetes management of older people with type 2 diabetes referred to a community nursing organisation, and

To provide preliminary evidence of the effectiveness of a specialised community-based team to optimise diabetes management and improve quality of life in this group of people.

Methods:

In this study, 43 older people with diabetes who have been referred to Bolton Clarke will be recruited into a prospective study. Their current diabetes management will be described and their blood glucose patterns will be examined using flash glucose monitoring, which measures glucose frequently 24 hours a day over a two-week period. Participants' individual needs will be assessed by a Diabetes Team, consisting of a home- visiting credentialled diabetes educator (CDE) and an endocrinologist, who will consult with the participant and CDE via video-conferencing.

The Team will make changes if needed, to align the management of participants with best practice guidelines and each participant's own wishes and priorities. The CDE will provide regular at-home support throughout the 4-month study period, with additional input from the endocrinologist, Bolton Clarke generalist nurses and other services as required. After 4 months, the impact of the individualised management will be assessed, both in terms of clinical and biomedical markers (including blood glucose patterns and adverse events) and outcomes important to older people quality of life, wellbeing, and treatment satisfaction. We will also determine the resources needed to undertake the assessments and management. This study will give us an indication of the safety and feasibility of individualising care for older people with diabetes, with a view towards implementing a larger effectiveness trial in future.