Abstracts August

Source: PubMed

Title: Improvement in Neuropathy Specific Quality of Life in Patients with Diabetes after Vitamin D Supplementation.

Journal: Journal of Diabetes Research. doi: 10.1155/2017/7928083

Authors: Alam U, Fawwad A, Shaheen F, Tahir B, Basit A, Malik RA

Free Access?: Yes

Authors on Research Gate?
https://www.researchgate.net/publication/322128829_Improvement_in_Neuropathy_Specific_Quality_of_Life_in_Patients_with_Diabetes_after_Vitamin_D_Supplementation

Abstract:

OBJECTIVE:

To assess the effect of vitamin D supplementation on neuropathy specific quality of life (NeuroQoL) in patients with painful diabetic neuropathy.

METHODS:

This prospective, open label study was conducted between June 2012 and April 2013. Patients with symptomatic diabetic neuropathy were given a single dose of 600,000 IU intramuscular vitamin D, and NeuroQol was assessed at baseline and at five follow-up visits every 4 weeks.

RESULTS:

Of 143 participants, 41.3% were vitamin D deficient (vitamin D < 20 ng/ml). Treatment with vitamin D resulted in a significant increase in 25(OH)D ($P < 0.0001$) and a significant improvement in the NeuroQoL subscale score for emotional distress ($P = 0.04$), with no significant change in the other NeuroQoL domains of painful symptoms and paresthesia, loss

of temperature and touch sensation, unsteadiness, limitation in daily activities, and interpersonal problems. There was a significant reduction in patient perception about foot problems on QoL of "quite a lot" ($P < 0.05$) and "very much" ($P < 0.0001$) with a significant reduction in the baseline response of having a "poor" QoL from 5.2% to 0.7% ($P < 0.0001$) and an increase in the response of an "excellent QoL" from 1.5% to 7.4% ($P < 0.0001$).

CONCLUSION:

Vitamin D is effective in improving quality of life in patients with painful diabetic neuropathy.

Source: PubMed

Title: Systematic review and meta-analysis of the efficacy of interventions for people with Type 1 diabetes mellitus and disordered eating.

Journal: Diabetic Medicine 34(12):1667-1675. doi: 10.1111/dme.13509.

Authors: Clery P, Stahl D, Ismail K, Treasure J, Kan C.

Free Access?: No

Authors on Research Gate?
https://www.researchgate.net/publication/319612603_Systematic_review_and_meta-analysis_of_the_efficacy_of_interventions_for_people_with_Type_1_diabetes_mellitus_and_disordered_eating

Abstract:

AIM:

To examine the types of interventions currently available for people with Type 1 diabetes mellitus and their effectiveness.

BACKGROUND:

The prevalence of disordered eating in people with Type 1 diabetes mellitus is twice that in their counterparts without diabetes, and is associated with worse biomedical outcomes and greater mortality.

METHODS:

Medline, Embase, PsycINFO, the Cochrane Library, PubMed and OpenGrey databases were searched up to August 2016 to identify studies on interventions in people with Type 1 diabetes-associated disordered eating. For the systematic review, intervention components were identified and their effectiveness was examined. For the meta-analysis, the pooled effect sizes of glycaemic control (HbA1c) between pre- and post-treatment in treatment and comparison groups were calculated using a random effects model.

RESULTS:

Of 91 abstracts reviewed, six studies met the inclusion criteria, of which three had appropriate data for the meta-analysis (n = 118). The pooled effect size was -0.21 95% CI (-0.58 to 0.16; where negative values represent an improvement in HbA1c levels), indicating no statistically significant improvement in the treatment group compared with comparison group. Inpatient therapy appeared to be the most effective treatment, and this had multiple components including cognitive behavioural therapy, psychoeducation and family therapy.

CONCLUSION:

Limited or no improvement in glycaemic control and disordered eating symptoms was observed in people with Type 1 diabetes-associated disordered eating who were receiving currently available interventions. The present review suggests that developing an intensive intervention with a joint focus on both disordered eating and diabetes management is needed for this complex patient group.