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Citation

Authors' objectives
The overall aim of the project is to identify possible ways of improving intensive poly-pharmacological treatment of type 2-diabetics in Denmark. This aim will be reached through the study of investigate how intensive poly-pharmacological treatment of type 2-diabetics forms part of general clinical practice. The following question forms the basis of this research:

Which barriers and promoting factors exist among patients, practitioners, and in daily clinical practice, concerning intensive poly-pharmacological treatment of type 2-diabetics?

Furthermore, by considering the existing HTA on type 2-diabetics, this project aims to adjust the health economic calculations relating to poly-pharmacological treatment, thus updating the knowledge concerning the extent to which intensive poly-pharmacological treatment is used today, and to what extent the present costs have changed according to the expected.

Authors' conclusions
This HTA emphasises the importance of assessing a medical technology in the context of the network, comprised by human as well as non-human actors, by which it is included and empowered. This perspective also elucidate that recommendations, which in a specific way relate to single-factors in the treatment, always have to be related to the consequence a change of the single-factor would have concerning the entire network surrounding the treatment. With this in mind the study is ended by a number of recommendations. The recommendations are targeted towards two groups of actors. The first group is comprised by the stakeholders and decision-makers that seek to improve the exchange of information regarding pharmacological and unintended medication. The other group is comprised by clinicians that, on a daily basis, work with diabetes patients as well as the decision-makers who are involved with the efforts to improve the diabetes treatment in general practice. In brief the study notes down recommendations regarding:

Information exchange concerning medicine. There is a need for access to updated information about the present status of the medicaments used by the patient. This ought to happen through a database rather than the patient, and it ought to happen in a way so that it does not take up the valuable time of the consultation. Cooperation between general practice and out-patients clinics. This should be strengthened through the creation of an increased flow of patients between the sectors, and through an increased exchange of general as well as specific patient related information. Hereby the expertise of the general practice and the motivation towards the intensive poly-pharmacological treatment can be supported.

The relation between pharmacological treatment and lifestyle intervention. There is a need to develop clinical conduct in a way that unites lifestyle and medicinal intervention. In this regard it ought to be considered how the balance between pharmacological treatment and lifestyle intervention can be adapted into the division of labour among doctors and nurses, and how to establish a common role of the practitioner that unites both sides of the treatment. Moreover, the patients can, to a greater extent, be involved in making decisions concerning ways of regulating the illness through medication and lifestyle changes.

Concordance and self-care. There is a need to supplement the promotion of clinical guidelines by an experience-based exchange of good clinical conduct that promotes the treatment. For instance, how is it possible to set aside parts of the consultation for talking about the circumstances that make the patient accept or reject the medicaments? How, to a greater extent, can poly-pharmacological treatment be included as a treatment that takes place at home, and how can it be adapted into the daily
routines of the patient? There is also a need to establish a dialogue concerning the attitudes of the patients, which are often ambivalent, towards their illness and treatment. The use of technology in chronic care. It is recommended to reconsider if the monitoring measurements, which the treatment is presently tied to, are carried out in the best way. Could patients do several of these at home (e.g. regular blood sugar rather than HbA1c, blood pressure, weight)? And could the patient report these into the same information system as the one used by the practitioner? This would free resources, in the consultation, to be used in other matters of relevance to the treatment. At the same time an increased sharing of data supports the efforts to make the treatment a partnership between the doctor and patient. This would support the treatment, as its success ultimately rests upon a joint effort that both perceive per se and engage in.

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