

Psychological interventions to improve self-management of type 1 and type 2 diabetes: a systematic review

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Plain English summary

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Living with diabetes mellitus (hereafter referred to as diabetes) involves taking on new roles and responsibilities and is key to success in achieving the best diabetes control. There are education programmes that help people with diabetes to access the information and skills needed but managing diabetes is hard and must be done 24/7, causing people to lose motivation. There are many emotional reasons for this. This research team aimed to discover if talking therapies that are designed to help people challenge their negative thoughts and feelings and be more motivated and confident could help improve their self-management and blood glucose levels. The team also wanted to find out if talking therapies could be good value for money and people with diabetes were asked for their views on the research. To conduct the research, electronic databases were searched for studies that have used talking therapies to support diabetes management.

It was found that:

- For adults with type 2 diabetes, talking therapies improved diabetes control by only a small amount, although such therapies could represent value for money. People with type 2 diabetes who had talking therapy reported improved diet and quality of life. For adults with type 1 diabetes, some types of talking therapies could improve diabetes control, although this result was uncertain. Talking therapies were not effective for children or adolescents in improving diabetes control but there was not enough data to see if the therapies improved general health and well-being.
- When the results were presented to people with diabetes, they still wanted access to these treatments, even though results of this research did not suggest, overall, that talking therapies help improve diabetes control.
- Now that this research is complete, it is suggested that future studies look at whether or not more sessions of talking therapies should be delivered over a longer time period and whether or not the therapies should match the needs of the person with diabetes more closely.

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