

Management of prediabetes from the perspective of spanish physicians and community pharmacists. Detecta2 Study

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OBJECTIVES

Prediabetes prevention is predominantly performed by physicians in Spain. However, given the closer proximity of community pharmacists to the general population, recent initiatives have been implemented to engage community pharmacists in prediabetes screening¹⁻². The Detecta2 study aims to describe the routine clinical practice of both physicians and pharmacists in prediabetes prevention and their perception about the role of pharmacists for this purpose.

METHODS

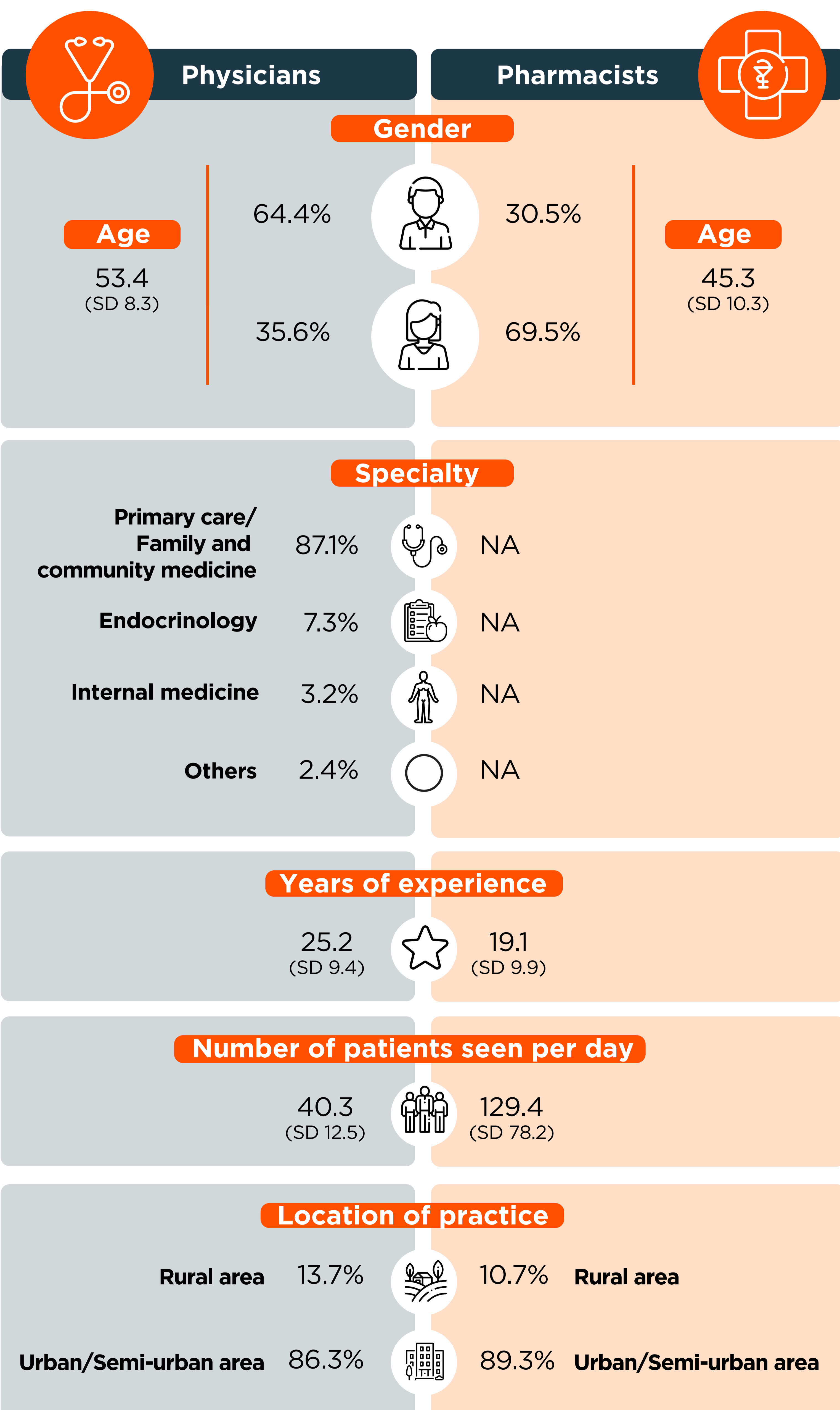
A cross-sectional survey addressed to Spanish healthcare professionals (HCPs) -physicians and community pharmacists- was conducted between May and November 2018. Two questionnaires were designed based on a literature review and expert opinion: an electronic one (physicians) and face-to-face or telephone interviews (pharmacists). The survey included open or closed-ended questions (dichotomous or multiple choice), numerical rating scales (from 0 to 10) and 5-point Likert-scale items (from strongly disagree to strongly agree).

Physicians and pharmacists' definition of prediabetes was compared with that established in the main national and international guidelines. Deviation by one unit or less was considered correct.

RESULTS

A total of 410 physicians and 393 community pharmacists completed the questionnaires. Sociodemographic characteristics are shown in Table 1.

Table 1. Sociodemographic characteristics of participants.



NA, not applicable. SD, standard deviation.

Use of clinical guidelines

The reported use of clinical guidelines among HCPs is scarce (physicians-51.5%; pharmacists-23.2%). The guidelines most used by physicians and pharmacists are the American Diabetes Association (ADA) (39.8%) and the Spanish Diabetes Society (SED) (52.7%), respectively (Table 2).

Table 2. Use of clinical guidelines

	Use of guidelines	Most used
Physicians	51.5%	39.8% ADA Guideline
Pharmacists	23.2%	52.7% SED Guideline

Adherence to prediabetes definition

A relative low proportion of HCPs did not define prediabetes according to guidelines as shown in Table 3.

Table 3. Definition of prediabetes according to the main Clinical Practice Guidelines.

Test	Guidelines	Range	Group	n	%
FPG	ADA	100-125 mg/dL	Phy	156	38.5%
			Pha	20	6.5%
	WHO, NICE, SED	110-125 mg/dL	Phy	88	21.7%
			Pha	1	0.3%
	Total			Phy	244
			Pha	21	6.9%
HbA1c	ADA	5.7-6.4 %	Phy	149	37.3%
			Pha	2	0.7%
	WHO, NICE, SED	6.0-6.4 %	Phy	71	17.8%
			Pha	59	20.1%
	Total			Phy	220
			Pha	61	20.8%
OGTT	ADA,WHO, NICE, SED	140-199 mg/dL	Phy	201	50.9%
			Pha	46	18.5%

FPG, fasting plasma glucose. HbA1c, glycated hemoglobin. OGTT, oral glucose tolerance test. Phy, physicians. Pha, pharmacists. ADA, American Diabetes Association. WHO, World Health Organization. NICE, National Institute of Health and Care Excellence. SED, Spanish Diabetes Society.

Screening strategies

Most physicians (95.9%) and pharmacists (42.1%) use screening strategies. Of them, systematic strategies are used by 18.9% and 2.5%, respectively (Table 4).

Table 4. Use of screening strategies.

	Screening strategies	Systematic strategies
Physicians	95.9%	18.9%
Pharmacists	42.1%	2.5%

Patient information/education

Although most HCPs (≥75%) considered that inadequate information/education of people with prediabetes might result in an increased risk of developing diabetes, educational procedures are not implemented consistently (physicians-58.3%; pharmacists-27.9%), mainly due to lack of time (physicians-75.4%; pharmacists-61.0%) and resources (physicians-67.8%; pharmacists-35.3%). Most HCPs (≥75%) considered useful the role of community pharmacists in preventing prediabetes/diabetes.

CONCLUSIONS

A holistic approach involving physicians and pharmacists was considered convenient for prediabetes/diabetes prevention. To this end, HCPs practice should be aligned to clinical guidelines as well as educational strategies need to be promoted.

REFERENCES

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