The OnTrack Diabetes Group Project: A Feasibility Trial

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Type 2 Diabetes

- In Australia, 273 new diagnoses of diabetes/ day are diagnosed – Type 2 = 85%
- Increasing prevalence, including at younger ages.
- Comorbidity with depression and anxiety is high.
- Health systems are under-resourced.
- Australians living in regional, rural and remote areas are underserved.



Treatment Regime

- 1. Diet + Exercise
- 2. + Antidiabetic agents (tablets)
- 3. + Insulin secretagogues (tablets)
- 4. + Insulin injections
- ... + Blood glucose self-monitoring
- 95% of management is up to the patient.



Mental health & Diabetes

In people with diabetes, depression and anxiety symptoms are associated with:

- Physical inactivity
- Poor nutrition
- Reduced diabetes self-care
- Poor Glycaemic control
- Complications
- Mortality

OnTrack Diabetes

- Web-based program developed in 2013
- User-centred
- Built on feedback from doctors as well as PWD
- Based on Social Cognitive Theory
- MI and CBT strategies

Australian Psychologist



ORIGINAL ARTICLE

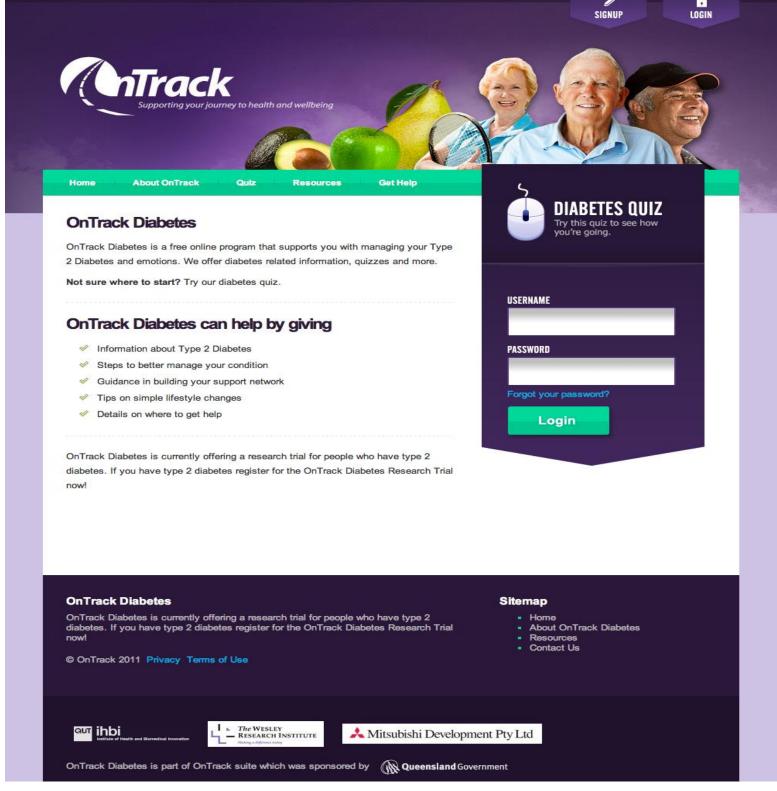
Perceived Needs for Supported Self-management of Type 2 Diabetes: A Qualitative Investigation of the Potential for a Web-based Intervention

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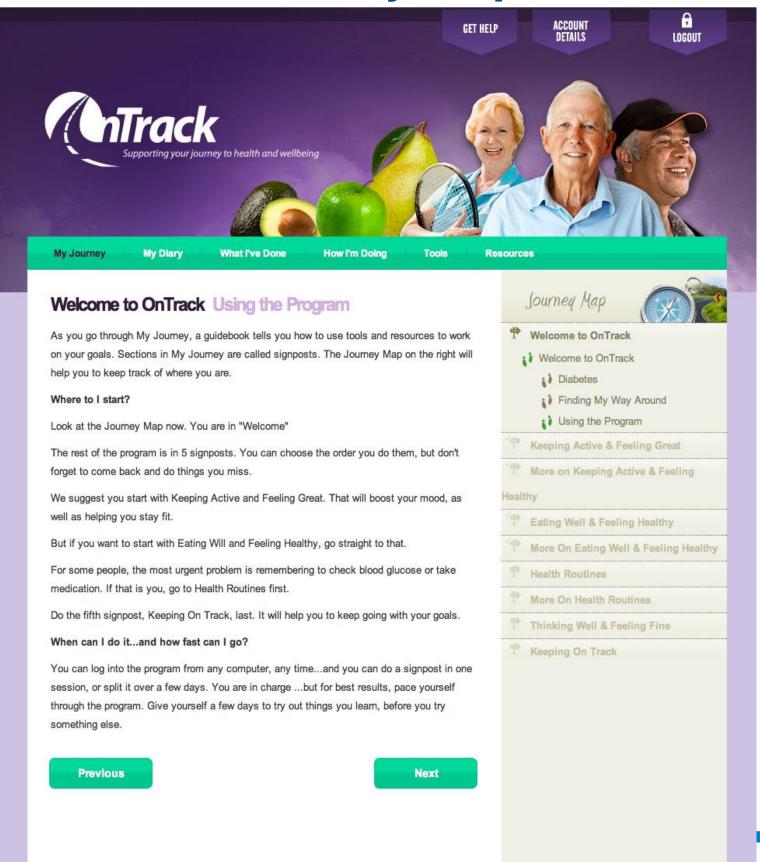
The estimated one million Australians with type 2 diabetes face significant risks of morbidity and premature mortality. Inadequate diabetes self-management is associated with poor glycaemic control, which is further impaired by comorbid dysphoria. Regular access to ongoing self-management and psychological support is limited, especially in rural and regional locations. Web-based interventions can provide complementary support to patients' usual care. Semi-structured interviews were undertaken with two samples that comprised (a) 13 people with type

OnTrack Diabetes

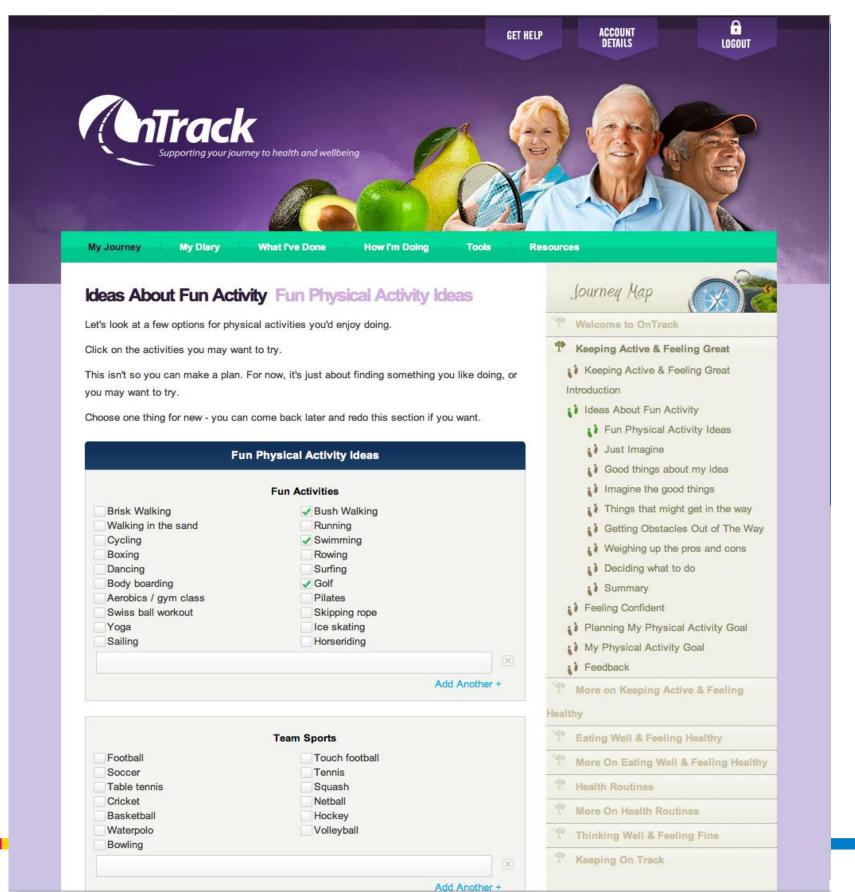


Site: https://www.ontrack.org.au/diabetes/login

Journey Map



Interactive Tools

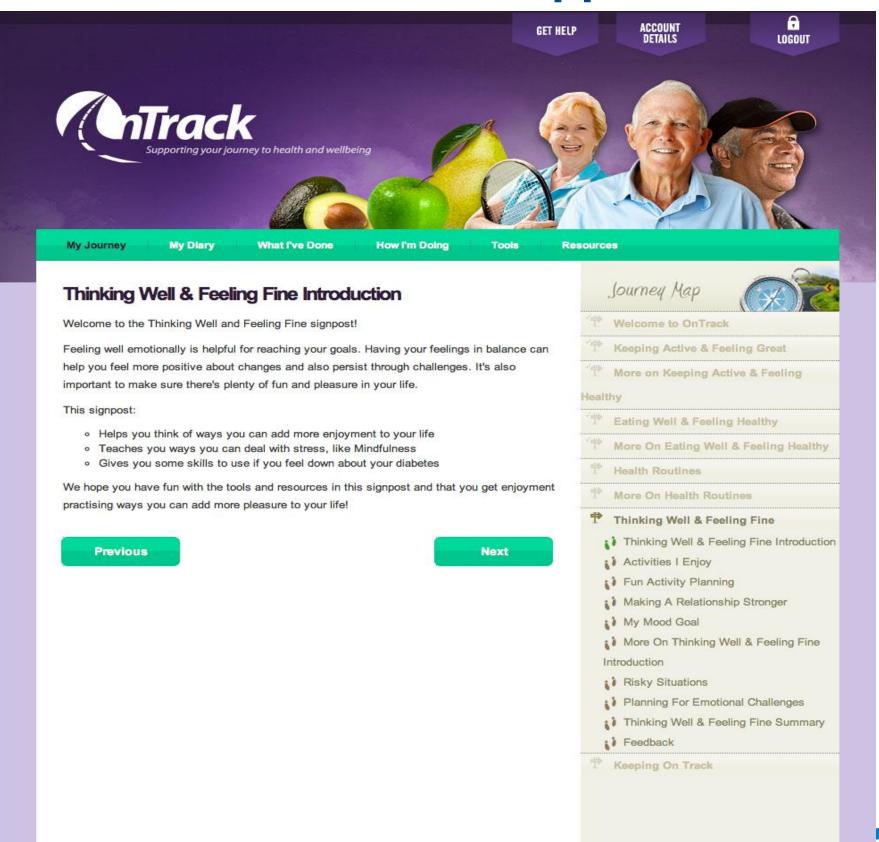


Summary Cards



* Keeping On Track

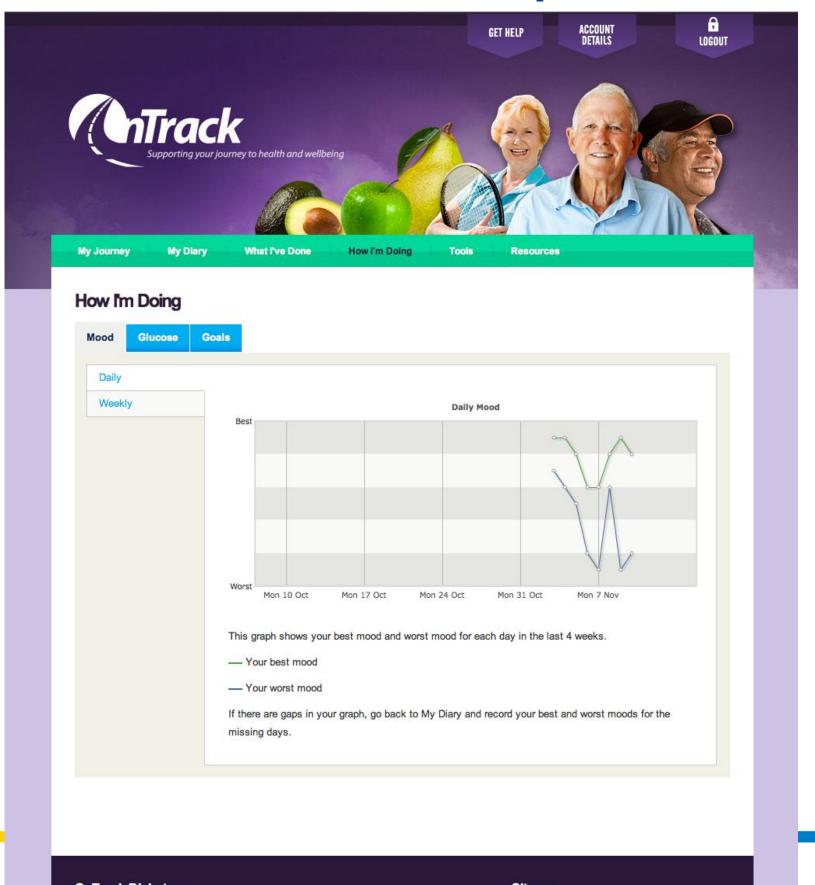
Emotional Support



Self-Monitoring



Feedback Graphs



OnTrack Diabetes

- Pilot (N = 38) and main (N = 120) RCT⁸ across Australia
 - High user acceptability, perceived utility and user friendliness
 - → Trends in reducing consumption of sweet foods and depressive symptoms.
 - → Poor user engagement....!
- Increasing recognition of the need for more psychological support for PWD who have comorbid mental health conditions, including at the subclinical level.

Group Therapy

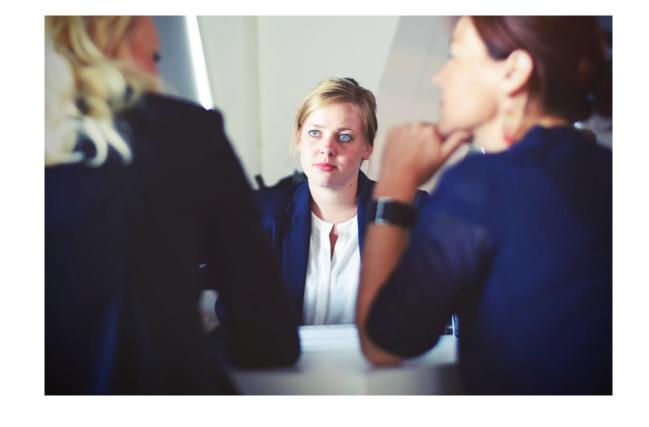
- Individual CBT has demonstrated efficacy for treating depressive symptoms and self-management separately in PWD.
 - Results are mixed in terms of efficacy in improving both mood and self-management.

 Peer support has shown to be effective in improving diabetes self-management.

OnTrack Diabetes Group Project



OnTrack Diabetes (web-based support)



Group therapy (face-to-face)

OnTrack Group Project

Location, location, location...



FedUni Community Services Clinic



USQ Psychology Clinic



Monash Psychology Clinic

Aims

(1) To evaluate user uptake, engagement, perceived utility and acceptability; implementation fidelity, group cohesion and group-facilitator alliance; and

(2) To evaluate *trends* in *clinical*, *behavioural*, *psychological and psychosocial* outcomes.

Program Structure

10 x 1.5-hour group therapy sessions covering:

- Goal-setting for personalised areas
- Physical activity/ behavioural activation
- Introduction to Mindfulness
- Emotional Balance Psychoeducation about CBT, diabetes and mood; cognitive restructuring...
- Stigma self-perceived and public stigma
- Illness beliefs & representations, identity
- Relationship with food
- Sleep

Homework = completing related activities in OnTrack Diabetes between group therapy sessions.

Method

Study sample. 60 adults (2 groups x 10/ group for each site) with type 2 diabetes and at least subclinical depression, anxiety and/ or diabetes-specific distress.

Selection criteria: (i) age ≥18 years, (ii) diagnosis of type 2 diabetes, (iii) DASS21 score of ≥10 for depression and ≥7 for anxiety, (iv) no suicidal ideation, (v) willingness and availability to attend weekly group sessions for 10 weeks, (vi) access to a computer with internet.

Method

Study design: Pre- and post-intervention measures

- Baseline & 11 weeks Post-Baseline

Primary outcomes: User perceived acceptability and utility, implementation feasibility, group cohesion, group-facilitator alliance, program engagement

Secondary outcomes: Depressive symptoms, anxiety, diabetesspecific distress, glycosylated haemoglobin A1C (HbA1c level), anthropometric assessments, outcome expectancy & self-efficacy

Measures: Undertaken at Baseline and 11 weeks Post-Baseline.

Measures

Process Evaluation				
Group cohesion	Gross Cohesion Scale	Self-report survey administered in group session	Fortnightly from Week 1 to Week 10 Post-Baseline	
Group-Facilitator Alliance	Working Alliance Inventory			
Quality of Program Implementation				
Implementation Fidelity	Ratings of therapist compliance with intervention protocol	Independent observer	Each session	
Program Engagement				
Engagement in out-of- group tasks	Exposure to OnTrack Diabetes web program	Web-based exposure data	Analysis by week	
Engagement in within- group tasks	Rating of workbook	Observer rating based on completion, quality of response content	Analysis by session	
Engagement in group discussion	Rating of participation in group session	Facilitator rated	Each session	
Adherence to homework	Homework Rating Scale – II	Administered before group session	Each session	

Clinical/ Anthropometric				
Glycaemic control	Glycosylated haemoglobin (HbA1c) level	Pathology blood sample within past 3 months. Results obtained from client's GP with their consent.	Baseline & 11 weeks Post-Baseline	
Weight	Kilograms	Tanita scales at assessment session		
Waist & hip circumference	Centimetres	Measured according to WHO-MONICA guidelines at assessment session		
Behavioural				
Physical Activity Participation Diet	Active Australia Survey; Summary of Diabetes Self- Care Activities Scale	Self-report survey administered in assessment session	Baseline & 11 weeks Post-Baseline	
Foot Care Medication Adherence	Medication Adherence			
Medication Adherence	Rating Scale (MARS)			
Sleep	Insomnia Severity Index with Medication Question		Baseline & 11 weeks Post-Baseline	
Psychological				
Depression	BDI-II, SCID-5	Self-report survey &	Baseline & 11 weeks	
Anxiety	BAI, SCID-5	clinical interview administered in assessment session	Post-Baseline	
Diabetes-specific	Diabetes Distress	Self-report survey		
distress	Screening Scale	administered in assessment session		

Measures

- Qualitative interviews to obtain participant feedback on:
 - Experience in the group therapy program
 - Self-perceived impacts of the group therapy and web-based program components
 - Suggestions for improvements to the group therapy program and web-based program.

Hypotheses

- (1) Participants will demonstrate *high user uptake*, *engagement*, and rate the program as having *high perceived utility and acceptability*.
- (2) The program will have high implementation fidelity,
- (3) There will be a high level of group cohesion and groupfacilitator alliance.
- (1) Trends towards improvements in clinical, behavioural and psychosocial outcomes.

Future Directions

Complete web-based intervention!

Group therapy implemented online

 RCT comparing face-to-face and online group therapy (+ web-based program).

Thank you!



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