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Development of interventions to facilitate uptake of diabetic retinopathy screening in young adults

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Abstract

Purpose : Attendance for diabetic retinopathy screening (DRS) in young adults (YAs) is consistently below recommended levels. We used a behavioural approach to develop intervention strategies to improve uptake that target YAs, healthcare professionals (HCPs) and the healthcare system.

Methods : We identified barriers/enablers to DRS uptake through a process of qualitative interviews and online surveys with YAs (18-34 years) and HCPs. Data were collected and analysed using the Theoretical Domains Framework (TDF) to explore potential individual, sociocultural and environmental influences on attendance. Barriers/enablers were mapped to behaviour change techniques (BCTs) to identify potential intervention components to increase attendance. We then undertook a Knowledge Exchange process with stakeholders to prioritise and discuss the acceptability and feasibility of delivering the proposed interventions.

Results : Barriers to attendance reported by YA in 29 qualitative interviews included: not understanding reasons for attending DRS or available treatments (22/29), lack of support after receiving results (12/29) and lack of appointment flexibility (14/29). Social support of family and the diabetes team was a key enabler (14/29). Reported HCP barriers by 140 survey respondents included poor communication between HCPS involved in diabetes care (62.9%) and 46.1% of DRS providers lacked a dedicated strategy to improve screening uptake in YAs. Strategies perceived by stakeholders to be most likely to improve screening uptake included: tailored health information packages emphasising the positive outcomes of DRS, a more flexible appointment booking system and integration of DRS with other aspects of diabetes care.

Conclusions : Using a method that combines behavioural theory with user involvement, we have identified a number of strategies to support DRS attendance in YAs. Interventions are more likely to be effective if they include components that specifically target the empirically identified modifiable determinants of behaviour and behaviour change. Interventions need to be targeted at both individual and organizational levels and are likely to vary in scope and intensity.

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