

Complications of diabetes mellitus in primary care: a survey.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON21873

Source

NTR

Health condition

Research has shown that diabetic patients have an increased risk for developing limited joint mobility (LJM). Limited joint mobility is used as an umbrella term for several musculoskeletal disorders such as adhesive capsulitis, carpal tunnel syndrome, dupuytren contracture and trigger finger. In primary care, diabetic patients are periodically screened for several diabetes related complications, e.g. neuropathy, nephropathy and retinopathy. However, screening for LJM is not incorporated in the periodic check-ups in primary care.

Sponsors and support

Primary sponsor: Dept. of Family Medicine, Maastricht University

Source(s) of monetary or material Support: no funding.

Intervention

Outcome measures

Primary outcome

Knowledge and awareness of general practitioners and nurse practitioners concerning the association between diabetes mellitus and musculoskeletal disorders.

Secondary outcome

none

Study description

Background summary

Background:

Diabetes mellitus (DM) is a worldwide health problem with an increasing incidence and prevalence during the last few years. Next to the well-known micro- and macrovascular complications, DM has been associated with musculoskeletal disorders, referred to as limited joint mobility (LJM). Limited joint mobility is used as an umbrella term for several musculoskeletal disorders of the upper joints such as adhesive capsulitis, carpal tunnel syndrome, dupuytren contracture and trigger finger. The overall prevalence of LJM in patients with diabetes is 11-30% compared to 2-5% in patients without diabetes. However, despite the reported higher prevalence of LJM in diabetic patients, LJM is not considered as a complication and consequently, screening for LJM is not incorporated in the diabetes follow-up in primary care.

The Dutch diabetes guidelines advise to screen diabetic patients periodically for several diabetes related complications, e.g. neuropathy, nephropathy and retinopathy. Since LJM is not mentioned in these guidelines, we expect that general practitioners and nurse practitioners are not aware of the association between LJM and DM, and therefore not screen for musculoskeletal complaints of the upper extremity during the diabetes follow-up.

Objectives:

The study has the following primary objectives:

1. To investigate whether general practitioners (GPs) and nurse practitioners are aware of the association between limited joint mobility (LJM) and type 2 diabetes mellitus.
2. To investigate whether GPs are aware that LJM is not incorporated in the Dutch guidelines.

Research question:

Are general practitioners and nurse practitioners aware of the association between limited joint mobility in the upper joints and diabetes mellitus type 2?

Study design:

Observational study

Population:

General practitioners and nurse practitioners of the diabetes care groups Meditta, ZIO and HuisartsenOZL in The Netherlands.

Intervention:

Between December 2017 and March 2018, a descriptive online survey that includes questions about knowledge and awareness of LJM in primary care, as well as questions related to a medical vignette describing a diabetic patient with LJM, will be conducted among 390 GP's and 245 nurse practitioners of the diabetes care groups Meditta, ZIO and HuisartsenOZL in The Netherlands. This survey will elucidate whether GP's and nurse practitioners relate LJM to DM, whether they are aware that LJM is not mentioned in the national diabetes guidelines, and their approach concerning a diabetic patient with LJM compared to a non-diabetic patient.

This survey will be conducted among 390 general practitioners and 245 nurse practitioners. An e-mail with a link to the survey will be sent to the medical directors of all three care groups who will further distribute the survey to their affiliated GP's and nurse practitioners.

After two and four weeks, the participants will receive a reminder

Recruiting countries:

This survey will be conducted in The Netherlands.

Study objective

General practitioners and nurse practitioners are not aware of the association between diabetes mellitus and limited joint mobility (LJM), and therefore do not screen diabetic patients for musculoskeletal complaints of the upper extremity.

Study design

The online survey will be conducted from December 2017 until March 2018. After 2 and 4 weeks, the participants will receive a reminder.

Intervention

Descriptive research: online survey. General practitioners and nurse practitioners of the diabetes care groups Meditta, ZIO and HuisartsenOZL in The Netherlands, will be asked to complete an online survey. This survey can be completed within 5 minutes. This online survey contains three elements: (1) demographic data, (2) one medical vignette and (3) questions about knowledge and awareness. The participants are not aware in advance that musculoskeletal disorders in diabetic patients are the main focus of the survey.

Contacts

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Eligibility criteria

Inclusion criteria

General practitioners and nurse practitioners of the diabetes care groups Meditta, ZIO and HuisartsenOZL.

Exclusion criteria

none

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	12-12-2017
Enrollment:	344
Type:	Actual

Ethics review

Positive opinion	
Date:	12-12-2017
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL6720

Register

NTR-old

Other

ID

NTR6899

: 17-N-165

Study results