

# Susceptibility to type 2 diabetes: perceptions and family communication regarding inheritance and primary prevention

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<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Glucose metabolism disorders (incl diabetes mellitus)
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON30717

### Source

ToetsingOnline

### Brief title

Family communication on type 2 diabetes

### Condition

- Glucose metabolism disorders (incl diabetes mellitus)

### Synonym

non-insulin dependent diabetes mellitus, type 2 diabetes mellitus

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Vrije Universiteit Medisch Centrum

**Source(s) of monetary or material Support:** Ministerie van OC&W, Diabetesfonds Nederland

## Intervention

**Keyword:** family communication, inheritance, primary prevention, type 2 diabetes

## Outcome measures

### Primary outcome

The primary outcome will be diabetes related family communication in high risk diabetes families.

### Secondary outcome

Secondary outcome variables are: (a) knowledge of patients and family members on inheritance of diabetes and primary prevention, (b) their need for information on these issues, and (c) ideas of professionals in diabetes care regarding informing type 2 diabetic patients on inheritance and primary prevention.

## Study description

### Background summary

With the increasing number of type 2 diabetic patients in the future, it is necessary to take preventive actions, especially directed at those most at risk. A family history of type 2 diabetes reflects inherited genetic susceptibilities as well as shared environmental, cultural, and behavioural factors. In that way, family history may serve as a good predictor of diabetes risk. People at risk can delay or possibly prevent getting diabetes by following a healthy lifestyle. We wonder whether this information is known by type 2 diabetic patients and whether they (are able or willing to) share it with their relatives.

### Study objective

Aim of this study is to explore diabetes related family communication within

high-risk families. By including type 2 diabetic patients, their relatives, and diabetes professionals in this study, we might be able to identify effective strategies using family communication, which can be implemented in health promotion and diabetes prevention programs.

## **Study design**

This research consists of six descriptive sub studies. In two survey studies, we will investigate what type 2 diabetic patients and their relatives know about diabetes, inheritance and primary prevention, and whether they talk about these issues within the family. Also, the need for information on these topics will be explored. We will use focus group sessions with patients and in-dept interviews with family members to gather more detailed information on factors that stimulate or impede talking about diabetes, inheritance and primary prevention in high risk families.

We are also interested in the role of patients\* physicians; is inheritance a topic during consultations and do physicians stimulate patients to inform family members? These questions will be asked in a short email survey. In focus group sessions with diabetes professionals, ideas and practical implications regarding informing patients on inheritance and primary prevention will be discussed.

## **Study burden and risks**

By participating in this study, respondents will be confronted with the fact that relatives of type 2 diabetic patients are at increased susceptibility developing diabetes. This may cause commotion within the families. Therefore, respondents receive an information letter with evidence based information on risk factors (including inheritance) of type 2 diabetes and the possibilities of primary prevention. The physicians and general practitioners of the diabetic patients in this study receive similar information. However, respondents who do experience problems can contact the researchers, an independent physician or a psychologist (provided by the research team).

## **Contacts**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

### **Inclusion criteria**

Patients: diagnosed with type 2 diabetes; receiving treatment from general practitioner or specialised physician in hospital; 18-years or older.

Familymembers: first- or second degree relatives of type 2 diabetes patients in first sub-study; 18-years or older.

Diabetes professionals: physicians specialised in diabetes, who are members of the 'Nederlandse Vereniging voor Diabetes Onderzoek' (NVDO); general practitioners, who are members of the 'Diabetes Huisartsen Advies Groep' (DiHAG); nurses specialised in diabetes, who are members of the 'Eerste Associatie van Diabetes Verpleegkundigen' (EAVD); dieticians, who are members of the 'Nederlandse Vereniging van Dietisten' (NVD).

### **Exclusion criteria**

Patients: physician or general practitioner indicates patient as not approachable (for example severe personal problems, illness in the family).

Familymembers (sub study 5, interviews): incensed family dynamic because of relational or psychiatric problems.

Diabetes professionals: email address not available or not working.

## **Study design**

## Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Prevention

## Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-07-2006

Enrollment: 1200

Type: Anticipated

## Ethics review

Approved WMO

Application type: First submission

Review commission: METC Amsterdam UMC

## 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**

CCMO

**ID**

NL12694.029.06