

Impact of communicating familial risk of diabetes using a web-based tailored advice on preventive behaviour.

Gepubliceerd: 07-08-2009 Laatste bijgewerkt: 18-08-2022

The main objective of this study is to investigate how the collection of a diabetes family history, interpretation and communication of familial risk information using a web-based tool affects health behaviour, and to explore the possible negative...

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON23302

Bron

NTR

Verkorte titel

PreDiCT

Aandoening

Effectiveness of a preventive web-based advice for people at (familial) risk for type 2 diabetes.

Ondersteuning

Primaire sponsor: EMGO institute for Health and Care Research, VU University Medical Center, Amsterdam, the Netherlands

Overige ondersteuning: Centre for Society and Genomics (CSG) in the framework of the Netherlands Genomics Initiative (NGI)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Mean physical activity level will be measured by the self-administered short version of the International Physical Activity Questionnaire (IPAQ). Time points: Baseline, 3 months;

2. Mean saturated fat intake using a validated short food frequency questionnaire, the short Fat list. Time points: Baseline, 3 months;

3. Testing for diabetes: the percentage of people who test for diabetes after the risk information and attitudes towards taking a yearly or regular test for diabetes. Time points: Baseline, 3 months.

Toelichting onderzoek

Achtergrond van het onderzoek

Family history is an important and independent risk factor for many common chronic diseases, reflecting the consequences of genetic predisposition, shared environment, and common behaviour. It is seen as a useful tool for disease prevention in public health and preventive medicine, and may be used for tailoring behavioural messages. Internet is seen as an effective way to improve health and disseminate information among the public, even when people do not perceive themselves at risk for disease. In this study type 2 diabetes is taken as an example. The main objective of this study is to investigate how the collection of a diabetes family history, interpretation and communication of familial risk information using a web-based tool affects health behaviour, and to explore the possible negative implications for individuals and their families.

Research questions are:

1. What is the impact of the collection of a family history of diabetes and communicating familial risk information of diabetes in a web-based tailored intervention on preventive behaviour?
 - A. What is the effect on health behaviour change (saturated fat intake, physical activity, test for diabetes)?
 - B. To what extent does the information affect causal beliefs, personal control, and perceived susceptibility?
 - C. Are people without a positive family history falsely reassured about their risk for diabetes, when the emphasis in the diabetes risk communication is on familial risk?
2. What are possible implications for the individual; s freedom of choice, feelings of stigmatisation and discrimination, worries about confidentiality of the information, and

impact on family relationships?

Doel van het onderzoek

The main objective of this study is to investigate how the collection of a diabetes family history, interpretation and communication of familial risk information using a web-based tool affects health behaviour, and to explore the possible negative implications for individuals and their families.

Onderzoeksopzet

Baseline, 1 week and 3 months.

Onderzoeksproduct en/of interventie

The (web-based) intervention consists of:

1. Familial risk assessment, in addition to diabetes risk based on general risk factors, personal risk communication containing familial risk information and lifestyle recommendations (intervention group);
2. Diabetes risk assessment based on general risk factors, personal risk communication and lifestyle recommendations (control group).

Contactpersonen

Publiek

P.O.Box 7057, VUMC
Miranda Pijl
P.O.Box 7057, VUMC
Amsterdam 1007MB
The Netherlands
+31204448381

Wetenschappelijk

P.O.Box 7057, VUMC
Miranda Pijl
P.O.Box 7057, VUMC
Amsterdam 1007MB
The Netherlands
+31204448381

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Healthy people from the general population aged 35-65 years will be recruited. Inclusion criteria:

1. 35 to 65 years;
2. Body Mass Index (kg/m²) $\leq$ 25;
3. People with or without a positive (at least 1 first degree relative) family history of diabetes;
4. Access to a computer and internet.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Exclusion criteria (assessed when people are invited for the study):

1. People with diagnosed diabetes type 1 or 2;
2. People unable to read and complete questionnaires in Dutch;
3. Hindus, Turks, Creoles and Moroccans, since these populations require a specific diabetes risk intervention, due to their higher than average risk of getting diabetes.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland
Status: Werving gestopt
(Verwachte) startdatum: 19-05-2009
Aantal proefpersonen: 1110
Type: Werkelijke startdatum

Ethische beoordeling

Positief advies
Datum: 07-08-2009
Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL1828
NTR-old	NTR1938
Ander register	Scientific Committee of the EMGO Institute for Health and Care Research. : WC2008-011
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

N/A