

S13 - A Multi-centre Peer Support Program for Patients with Type 2 Diabetes in Hong Kong

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Introduction: Despite good access to clinical care and medications for the treatment of diabetes in Hong Kong, there remains a huge care gap whereby more than 90% of patients with Type 2 diabetes fail to attain treatment targets. This is attributable to suboptimal self-management support to these patients who are faced with a complex disease which requires cognitive-psychological-behavioural skills to further optimize treatment targets.

Implementation: In 2015, we implemented a Multicentre Peer Support Programme co-ordinated by diabetes nurse educators from 7 Hospital Authority Diabetes Centres and social workers from Community Rehabilitation Network. Diabetes patients known to the Diabetes Centres to have exemplary metabolic control with good communication skills and positive attitude towards their disease were invited to participate in the programme as Peer Supporters. Selected Peer Supporters were provided with two half-day training workshops to equip them with skills to support their peers. Peers with suboptimal glycaemic control with evidence of emotional distress were identified and consented to participate in the Programme. The Multicentre Peer Support Programme was run for one year during which 5 peers were allocated to 1 peer supporter matched by age, gender and insulin use. Peer supporters were asked to contact peers at least 12 times during the 12-month intervention period using any medium of communication. The purpose for the contacts was to share their experiences, seek clarification and provide mutual support.

Outcomes: We enrolled 357 Peers and 92 Peer Supporters between Jul 2015 and Apr 2016 from 7 HA Diabetes Centres. Among the Peers recruited, the mean age was 61 years with mean disease duration of 16 years. With the exception of LDL-C, risk factor control was fair with 70% exhibiting uncontrolled hypertension. After participating in the programme, there were significant reductions in HbA1c (mean -0.76%) and total cholesterol and LDL-C (mean -0.11 mmol/L for both parameters). The proportion of patients with HbA1c <7% and LDL-C <2.6 mmol/L, rose from 6.7% to 23.6% and 69.3% to 77.2% respectively. Patients with higher HbA1c $\geq 8.0\%$ and ≥ 5 phone calls with peer supporters had greater reductions in HbA1c, diastolic BP and LDL-C.

Discussion: In this Multicentre 12-month Peer Support Programme across 7 Diabetes Centres, we demonstrated the feasibility and acceptability of using a telephone-based peer support programme to improve risk factors. This suggests that patients with suboptimal metabolic control harbouring emotional distress unresolved by conventional patient-doctor-nurse consultation could benefit from a Peer Support Programme to optimize their metabolic and psychological well-being.

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