

Obesity, Diet and Lifestyle Theme**Case Study**

New remission care pathway: Diabetes Adaptive Weight management Network (NewDAWN).

Background

For people recently diagnosed with type 2 diabetes who are overweight, losing weight can put their diabetes into remission. Remission means they have normal blood glucose without needing diabetes medications. However, diabetes may come back in the future so they would still have annual diabetes checks at their practice. Our study aims to find out whether offering people a new treatment service (NewDAWN) can help more people achieve remission, compared with the current best treatment offered by the NHS.

What we did

To seek input on our ideas for NewDAWN, we carried out open interviews with 14 ethnically diverse public contributors, two focus groups with community groups affected by type 2 diabetes, and a discussion with members of the BRC's Diversity in Research Group. We briefly described the NewDAWN service and the idea of including different weight loss interventions. We asked people to tell us their experiences of managing their diabetes and any weight loss interventions for type 2 diabetes they had tried, and the attributes or characteristics they would like to see that would encourage them to try the weight loss programme. Later, we asked for feedback on the information that we planned to communicate to study participants.

What difference did it make

People who wanted a food-based approach or flexibility with meal replacements were particularly strident in not wanting to have only meal replacements as an intervention. This firmed our belief in the need to develop a food-based, low-calorie intervention.

The PPI input also led to several changes to our study design, participant information and dissemination plans. For example, we noted that nobody mentioned rapid weight loss or very marked weight loss. We thought this was important given that the degree of weight loss is the primary determinant of remission, and early (rapid) weight loss is a good predictor of overall weight loss. We therefore included an additional randomised study to test whether providing information about the relationship between weight loss and type 2 diabetes remission might help encourage people to take up the offer of the intensive weight loss programmes in the NewDAWN service.

We received very useful feedback to help us describe types and characteristics of weight loss programme. For example, making sure we carefully described fasting-type interventions (e.g. intermittent fasting) in terms to make it clear it is a safe medical intervention.

Our PPI also raised other issues about type 2 diabetes remission interventions that have led us to develop new research ideas. For example, there is a lack of genuinely culturally appropriate programmes for remission. We are actively seeking opportunities to fund some participatory research with underserved communities which would address this gap, and have been awarded

a programme development grant to co-design culturally appropriate programmes with underserved communities.

A key message from our PPI groups has been that it is critical that we let them know how their time and input has influenced the work we are doing. Our outputs will include a lay version of our trial paper to be published alongside the academic trial manuscript and a “You said, we did” leaflet for our PPI groups to describe how their input has influenced our work.