DIABETES EVIDENCE

The evidence base for using technology to enhance care is large, complex and continuing to grow rapidly. TECS is a complex intervention involving people, process and technology, therefore results are dependent on all these elements. The evidence is based on a range of methodologies and can – in some contexts – provide mixed messages on the clinical and cost-effectiveness of TECS. It would therefore be impractical and unhelpful to try and provide a definitive list of all studies on all TECS in all clinical areas.

This database provides a list of individual studies as well as a link to a single key paper for selected as selected clinical areas. The lists are limited to the most recent studies and may not be exhaustive. They are intended to help those considering TECS how these solutions might best address their needs. Some resources may need to be purchased and in many cases the link is to a summary of the paper rather than the full content.

Key paper:
Home telehealth for diabetes management: a systematic review and meta-analysis
http://heart.bmj.com/content/early/2013/05/15/heartjnl-2013-303811.abstract

Additional papers:


28. Mobile applications for diabetics: a systematic review and expert-based usability evaluation considering the special requirements of diabetes patients age 50 years or older. [http://www.ncbi.nlm.nih.gov/pubmed/24718852]


38. Use of a text message program to raise type 2 diabetes risk awareness and promote health behavior change (part II): assessment of participants’ perceptions on efficacy. [http://www.ncbi.nlm.nih.gov/pubmed/24356359]


44. Trial to examine text message-based mHealth in emergency department patients with diabetes (TExT-MED): a randomized controlled trial. http://www.ncbi.nlm.nih.gov/pubmed/24225332

45. Behavioral health coaching for rural veterans with diabetes and depression: a patient randomized effectiveness implementation trial http://www.biomedcentral.com/1472-6963/14/191