Strategy 1075751/saved

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1. A protocol for the development and piloting of quality measures to support the Healthier You: The NHS Diabetes Prevention Programme.

Authors Kokab, Farina; Foskett-Tharby, Rachel; Hex, Nick; Gill, Paramjit
Source BJGP open; Jan 2018; vol. 1 (no. 4); p. bjgpopen17X101205
Publication Date Jan 2018
Publication Type(s) Journal Article
PubMedID 30564690
Database Medline
Available at BJGP open from Unpaywall
Abstract BackgroundThe increasing prevalence of type 2 diabetes in the UK creates an additional, potentially preventable burden on health care and service providers. The Healthier You: NHS Diabetes Prevention Programme aims to reduce the incidence of type 2 diabetes through the identification of people at risk and the provision of intensive lifestyle change support. The provision of this care can be monitored through quality measurement at both the general practice and specialist service level.AimTo develop quality measures through piloting to assess the validity, credibility, acceptability, reliability, and feasibility of any proposed measures.Design & settingThe non-experimental mixed design piloting study consists of consensus testing and exploratory research with GPs, commissioners, and patients from Herefordshire, England.MethodA mixed-method approach will be used to develop and validate measures for diabetes prevention care and evaluate their performance over a 6-month pilot period consisting of consensus testing using a modified RAND approach with GPs and commissioners; four focus groups with 8-10 participants discussing experiences of non-diabetic hyperglycaemia (NDH), perceived ability to access care and prevent diabetes, and views on potential quality measures; and piloting final measures with at least five general practices for baseline and 6-month data.ResultsThe findings will inform the implementation of the diabetes prevention quality measures on a national scale while addressing any issue with validity, credibility, feasibility, and cost-effectiveness.ConclusionHealthcare professionals and patients have the opportunity to evaluate the reliability, acceptability, and validity of measures.

2. Stakeholders' perceptions and experiences of the National Health Service diabetes prevention programme in England: qualitative study with service users, intervention providers and deliverers, commissioners and referrers.

Authors Rodrigues, Angela M; Haste, Anna; Penn, Linda; Bell, Ruth; Summerbell, Carolyn; White, Martin; Adamson, Ashley J; Sniehotta, Falko F
Source BMC health services research; Apr 2020; vol. 20 (no. 1); p. 307
Publication Date Apr 2020
Publication Type(s) Journal Article
PubMedID 32293424
Database Medline
Available at BMC health services research from BioMed Central
Available at BMC health services research from Europe PubMed Central - Open Access
Available at BMC health services research from SpringerLink
Available at BMC health services research from ProQuest (Health Research Premium) - NHS Version
Available at BMC health services research from Unpaywall

Abstract BACKGROUNDThe National Health Service diabetes prevention programme in England, (NHS DPP) aims to identify people at high risk of type 2 diabetes (T2D) and offer them a face-to-face, group-based, behaviour change intervention for at least 9 months. The NHS DPP was rolled out in phases. We aimed to elicit stakeholders' perceptions and experiences of the factors influencing implementation of, and participation in, the programme during the development phase.METHODSIndividual, semi-structured telephone interviews were conducted with 50 purposively sampled stakeholders: service users (n = 20); programme commissioners (n = 7); referrers (n = 8); and intervention deliverers (n = 15). Topic guides were structured using a pragmatic, theory-informed approach. Analysis employed the framework method.RESULTSWe identified factors that influenced participation: Risk communication at referral - stakeholders identified point of referral as a window of opportunity to offer brief advice, to provide an understanding of T2D risk and information about the programme; Perceived impact of the NHS DPP - service users highlighted the positive perceived impact on their behaviour change, the peer support provided by participating in the programme, the option to involve a relative, and the 'knock on' effect on others. Service users also voiced disappointment when blood test results still identified them at high risk after the programme; and Behavioural maintenance - participants highlighted the challenges linked to behavioural maintenance (e.g. discontinuation of active support). Factors influencing implementations were also identified: Case finding - stakeholders suggested that using community involvement to identify service users could increase reach and ensure that the workload was not solely on GP practices; Adaptability: intervention deliverers acknowledged the need to tailor advice to service users' preferences and needs; Accountability - the need to acknowledge who was responsible for what at different stages of the NHS DPP pathway; and Fidelity - stakeholders described procedures involved in monitoring service users' satisfaction, outcome data collection and quality assurance assessments.CONCLUSIONSThe NHS DPP offers an evidence-informed behavioural intervention for T2D prevention. Better risk communication specification could ensure consistency at the referral stage and improve participation in the NHS DPP intervention. Cultural adaptations and outreach strategies could ensure the NHS DPP contributes to reducing health inequalities.

3. Waiting for diabetes: perceptions of people with pre-diabetes: a qualitative study.

Authors Troughton, Jacqui; Jarvis, Janet; Skinner, Chas; Robertson, Noelle; Khunti, Kamlesh; Davies, Melanie
Source Patient education and counseling; Jul 2008; vol. 72 (no. 1); p. 88-93
Publication Date Jul 2008
Publication Type(s) Research Support, Non-u.s. Gov't Journal Article
PubMedID 18367365
Database Medline
Available at Patient education and counseling from ScienceDirect Available to PHE and Local Authority staff
Abstract OBJECTIVESThis study sought to inform the development of an educational intervention for people with pre-diabetes in the UK by ascertaining individuals' experience of screening and diagnosis, their appraisal of the condition, and experience of health service delivery from diagnosis to 1 year post-diagnosis.METHODSQualitative interviews directed by framework methodology. Fifteen people diagnosed with pre-diabetes from the community (Midlands, UK) as part of a screening programme.RESULTSRespondents consistently expressed the need for education and support at diagnosis. Dominating all respondents' narratives was the theme of 'uncertainty', which linked to two further themes of seriousness and taking action. These themes were influenced by respondents' prior experience and appraisal of both diabetes and pre-diabetes and their interpretation of health professionals' attitudes and actions towards them.CONCLUSIONSPatients identified as having pre-diabetes currently emphasise their uncertainties about their diagnosis, its physical consequences and subsequent management. Interventions to enable the increasing numbers of individuals with pre-diabetes to manage their health optimally should evolve to address these uncertainties.PRACTICE IMPLICATIONSThose delivering services to those at risk of, or diagnosed with, pre-diabetes should be aware of patient needs and tailor care to support and shape perceptions to enhance health-maintaining behaviours.

4. The community pharmacy setting for diabetes prevention: A mixed methods study in people with 'pre-diabetes'.

Authors Katangwe, Thando; Family, Hannah; Sokhi, Jeremy; Kirkdale, Charlotte L; Twigg, Michael J
Source Research in social & administrative pharmacy : RSAP; Aug 2020; vol. 16 (no. 8); p. 1067-1080
Publication Date Aug 2020
Publication Type(s) Research Support, Non-u.s. Gov't Journal Article
PubMedID 31734102
Database Medline
Available at Research in social & administrative pharmacy : RSAP from ScienceDirect Available to PHE and Local Authority staff
Available at Research in social & administrative pharmacy : RSAP from Ovid (Journals @ Ovid)
Available at Research in social & administrative pharmacy : RSAP from Unpaywall

Abstract BACKGROUNDDiabetes Prevention Programs (DPPs) comprising intensive lifestyle interventions may delay or even prevent the onset of type 2 diabetes in people with pre-diabetes. However, engagement with DPPs is variable with session times and transportation being reported amongst barriers; this may be addressed by community pharmacy (CP) involvement given its recognition for accessibility.OBJECTIVESTo explore factors influencing engagement with the National Health Service (NHS) DPP and the role of CP in diabetes prevention.METHODSNine hundred and sixty-two questionnaires were posted to people with pre-diabetes identified from five general practices in Norfolk, England between November 2017 and May 2018. Follow-up semi-structured interviews (n = 10) and a focus group (n = 6) were conducted with a sample of questionnaire respondents. Questionnaire data were analysed quantitatively using SPSS and qualitative data analysed inductively using thematic analysis. Themes relating to engagement and the role of CP in pre-diabetes were further analysed using the COM-B model of behaviour change.RESULTSA total of 181 (18.8%) questionnaire responses were received, a quarter of whom reported to have either dropped out or declined attending the national DPP. DPP engagers were more likely to report the program location and session times as convenient. Community pharmacy was perceived as an acceptable setting for delivering diabetes prevention services (DPS) and a preferable alternative for regular pharmacy users and people with work and social commitments. Participants felt that opportunity to engage with CP DPS is enhanced by its accessibility and flexibility in making appointments. Knowledge about the DPS provided in CP and previous experience with CP services were central influences of capability and motivation to engage respectively.CONCLUSIONSThis research outlines factors that could influence engagement with community pharmacy-based DPS and provides evidence to inform intervention development. Further research would be required to determine the feasibility and cost-effectiveness of such interventions.

5. How are health-related behaviours influenced by a diagnosis of pre-diabetes? A meta-narrative review.

Authors Barry, Eleanor; Greenhalgh, Trisha; Fahy, Nicholas
Source BMC medicine; Jul 2018; vol. 16 (no. 1); p. 121
Publication Date Jul 2018
Publication Type(s) Research Support, Non-u.s. Gov't Journal Article Review Systematic Review
PubMedID 30049283
Database Medline
Available at BMC medicine from BioMed Central
Available at BMC medicine from Europe PubMed Central - Open Access
Available at BMC medicine from SpringerLink
Available at BMC medicine from ProQuest (Health Research Premium) - NHS Version
Available at BMC medicine from Unpaywall

Abstract BACKGROUNDSeveral countries, including England, have recently introduced lifestyle-focused diabetes prevention programmes. These aim to reduce the risk of individuals with pre-diabetes developing type 2 diabetes. We sought to summarise research on how socio-cultural influences and risk perception affect people's behaviour (such as engagement in lifestyle interventions) after being told that they have pre-diabetes.METHODSUsing the RAMESES standards for meta-narrative systematic reviews, we identified studies from database searches and citation-tracking. Studies were grouped according to underlying theorisations of pre-diabetes. Following a descriptive analysis, the studies were synthesised with reference to Cockerham's health lifestyle theory.RESULTSIn total, 961 titles were scanned, 110 abstracts assessed and 35 full papers reviewed. Of 15 studies included in the final analysis, 11 were based on individual interviews, focus groups or ethnography and five on structured questionnaires or surveys. Three meta-narratives emerged. The first, which we called biomedical, characterised pre-diabetes as the first stage in a recognised pathophysiological illness trajectory and sought to intervene with lifestyle changes to prevent its progression. The second, which we called psychological, focused on the theory-informed study of the knowledge, attitudes and behaviours in people with pre-diabetes. These studies found that participants generally had an accurate perception of their risk of developing diabetes, but this knowledge did not directly lead to behavioural change. Some psychological studies incorporated wider social factors in their theoretical models and sought to address these through action at the individual level. The third meta-narrative we termed social realist. These studies conceptualised pre-diabetes as the product of social determinants of health and they applied sociological theories to explore the interplay between individual agency and societal influences, such as the socio-cultural context and material and economic circumstances. They recommended measures to address these structural influences on lifestyle choices.CONCLUSIONSThe study of pre-diabetes to date has involved at least three research disciplines (biomedicine, psychology and sociology), which up to now have operated largely independently of one another. Behavioural science and sociology are increasing our understanding of how personal, social, cultural and economic aspects influence health-related behaviours. An interdisciplinary approach with theoretically informed multi-level studies could potentially improve the success of diabetes prevention strategies.TRIAL REGISTRATIONProspero Registration Number: CRD42018088609 .

6. Prevention and reversal of Type 2 diabetes: highlights from a symposium at the 2019 Diabetes UK Annual Professional Conference.

Authors	Taylor, R; Valabhji, J; Aveyard, P; Paul, D
Source	Diabetic medicine : a journal of the British Diabetic Association; Mar 2019; vol. 36 (no. 3); p. 359-365
Publication Date	Mar 2019
Publication Type(s)	Research Support, Non-u.s. Gov't Clinical Conference Journal Article Review
PubMedID	30597609
Database	Medline
	Available at Diabetic medicine : a journal of the British Diabetic Association from Wiley Online Library Medicine and Nursing Collection 2019
	Available at Diabetic medicine : a journal of the British Diabetic Association from Ovid (Journals @ Ovid)
	Available at Diabetic medicine : a journal of the British Diabetic Association from Unpaywall
Abstract	AIMThis symposium covers the gamut of Type 2 diabetes prevention, reversing established Type 2 diabetes, population-level delivery of weight loss programmes and personal insights into achieving and retaining substantial weight loss.RESULTSThe NHS Diabetes Prevention Programme was launched in 2016 and rates of referral and attendance have both exceeded expectations. By March 2018, mean weight loss for completers (those attending more than 60% of sessions) was 3.2 kg reflecting considerable health benefits. Established Type 2 diabetes is now known to be a reversible condition in the early years, and the underlying mechanism is the removal of the excess fat from within liver and pancreas in these susceptible individuals. The Diabetes Remission Clinical Trial has shown that around half of a primary care population of people with Type 2 diabetes of less than 6 years' duration can be returned to non-diabetic blood glucose control which lasts at least 12 months. This raises the question of population-level intervention to achieve weight loss. The success of some mass weight loss programmes requires to be recognized. Reframing mass provision of weight loss support should be a vital part of our clinical strategy to prevent and treat Type 2 diabetes. However, the current obesogenic environment is a reality in which individuals must live. A personal account of achieving substantial and maintaining substantial weight loss provides an invaluable insight into practical problems encountered. All health professionals dealing with weight control should assimilate and reflect upon this understanding.CONCLUSIONSEffective prevention and long term reversal of Type 2 diabetes is feasible. The impact upon the individual must be considered during delivery of advice and support.

7. Referral of patients to diabetes prevention programmes from community campaigns and general practices: mixed-method evaluation using the RE-AIM framework and Normalisation Process Theory.

Authors	Knowles, Sarah; Cotterill, Sarah; Coupe, Nia; Spence, Michael
Source	BMC health services research; May 2019; vol. 19 (no. 1); p. 321
Publication Date	May 2019
Publication Type(s)	Journal Article
PubMedID	31113426
Database	Medline
	Available at BMC health services research from BioMed Central
	Available at BMC health services research from Europe PubMed Central - Open Access
	Available at BMC health services research from SpringerLink
	Available at BMC health services research from ProQuest (Health Research Premium) - NHS Version
	Available at BMC health services research from Unpaywall

Abstract BACKGROUNDEach year around 5-10% of people with non-diabetic hyperglycaemia will develop type 2 diabetes mellitus. Diabetes prevention is a national and global public health concern. Diabetes Prevention Programmes, which seek to identify at-risk individuals and support entry to health improvement initiatives, recognise that enhanced identification and referral of at-risk individuals is required within primary care and beyond, through community-focused prevention approaches. We report an evaluation of a demonstrator site for the NHS Diabetes Prevention Programme in the UK, which piloted an enhanced Primary Care referral programme (sampling from patients identified as at-risk from general practice databases) and a Community identification programme (sampling from the general population through opportunistic identification in community locations) in an effort to maximise participation in prevention services.METHODSWe used mixed-methods evaluation to assess the impact of the two referral routes on participation in the Diabetes Prevention Programmes in line with the RE-AIM Framework (Reach, Effectiveness, Adoption, Implementation and Maintenance). Individual level patient data was descriptively analysed to assess identifications and eligible referrals made in each route. Semi-structured interviews conducted with referral staff and key stakeholders were analysed using thematic analysis and informed by Normalisation Process Theory.RESULTSThe nurse facilitated primary care referral route provided 88% of all referrals to the telephone DPP, compared to the community referral route which provided 5%, and the proportion joining the programme was higher among primary care referrals (45%) than community referrals (22%), and retention rates were higher (73% compared to 50%). The nurse-facilitated route integrated more easily into existing clinical processes. The community programme was impeded by a lack of collaborative inter-agency working which obscured the intended focus on high-risk populations despite conversion rates (numbers identified at risk who entered prevention programmes) being highest in areas of high deprivation.CONCLUSIONSThe study demonstrates the interaction of components, with effective Adoption and Implementation necessary to support Reach. The NPT analysis demonstrated the importance of consensus around not only the need for such programmes but agreement on how they can be delivered. Future programmes should support inter-agency communication and collaboration, and focus identification efforts on areas of high-risk.

8. Influences on the uptake of diabetes screening: a qualitative study in primary care.

Authors Eborall, Helen; Stone, Margaret; Aujla, Navneet; Taub, Nicholas; Davies, Melanie; Khunti, Kamlesh
Source The British journal of general practice : the journal of the Royal College of General Practitioners; Mar 2012; vol. 62 (no. 596); p. e204
Publication Date Mar 2012
Publication Type(s) Research Support, Non-u.s. Gov't Journal Article
PubMedID 22429438
Database Medline
Available at The British journal of general practice : the journal of the Royal College of General Practitioners from Europe PubMed Central - Open Access
Available at The British journal of general practice : the journal of the Royal College of General Practitioners from HighWire - Free Full Text
Available at The British journal of general practice : the journal of the Royal College of General Practitioners from Unpaywall
Abstract BACKGROUNDTo address the increasing global prevalence of type 2 diabetes healthcare organisations have been contemplating different screening and intervention strategies. Patient acceptability is a key criterion of a screening programme.AIMTo explore the perspectives of those invited to attend the MY-WAIST screening study for type 2 diabetes, particularly explanations for attending or not, and views on the specific screening strategy.DESIGN AND SETTINGQualitative study of 11 general practices in Leicestershire, UK.METHODSemi-structured interviews were conducted with 24 individuals (40-69 years) invited to attend the MY-WAIST screening study, comprising 13 who attended and 11 who did not attend the screening. Additional data included reply slips from 73 individuals who declined the offer of screening. Analysis was informed by the constant comparative method.RESULTSTwo categories of influence on the decision about attending screening emerged. 1) Beliefs about type 2 diabetes candidacy and type 2 diabetes was more common among those who had attended; lack of perceived severity of type 2 diabetes was more common among those who did not attend. 2) Practical aspects about the screening strategy: the lengthy, early morning screening appointments were a barrier to uptake; screening attendees found the procedure largely acceptable. Pre-screening waist self-measurement was more memorable than the remainder of the risk-score calculation; neither impacted on uptake.CONCLUSIONThe barriers to screening uptake highlighted contribute to current debates about different screening and diagnostic tests for type 2 diabetes and future risk of type 2 diabetes. The findings are useful for those contemplating implementation of screening programmes for identifying type 2 diabetes and pre-diabetes.

9. A randomised on-line survey exploring how health condition labels affect behavioural intentions.

Authors Thomas, Rae; Spence, Mark T; Roy, Rajat; Beller, Elaine
Source PloS one; 2020; vol. 15 (no. 10); p. e0240985
Publication Date 2020

Publication Type(s) Research Support, Non-u.s. Gov't Randomized Controlled Trial Multicenter Study Journal Article
PubMedID 33104739
Database Medline
Available at PloS one from Europe PubMed Central - Open Access
Available at PloS one from Public Library of Science (PLoS)
Available at PloS one from ProQuest (MEDLINE with Full Text) - NHS Version
Available at PloS one from ProQuest (Health Research Premium) - NHS Version
Available at PloS one from Unpaywall

Abstract OBJECTIVESWe examined the effect of 'labels' versus 'descriptions' across four asymptomatic health conditions: pre-diabetes, pre-hypertension, mild hyperlipidaemia, and chronic kidney disease stage 3A, on participants' intentions to pursue further tests. There were four secondary objectives: 1) assessing confidence and satisfaction in their intention to test further; 2) revealing psychological drivers affecting intentions; 3) exploring whether intentions, confidence and satisfaction differ by label vs. description and health condition; and 4) producing a perceptual map of illnesses by label condition.METHODSPractitioner validated health-related scenarios were used. Two variants of each condition were developed. Participants were recruited through Qualtrics from Australia, Ireland and Canada and randomly assigned two 'labelled' or two 'descriptive' scenarios.RESULTSThere was no significant difference in intentions to test between label and description conditions (95% CI -0.76 to 0.33 points, p = 0.4). Confidence and satisfaction were both positively associated with intentions: regression coefficient (β) for confidence β = 0.58 points (95% CI 0.49 to 0.68, p < .001) and for satisfaction 0.67 points (95% CI 0.57 to 0.77, p < .001). Predisposition to seek healthcare (β = 0.72; 95% CI 0.47 to 0.98), attributing illness to bad luck (β = -0.16 points; 95% CI -0.3 to -0.02), and concern about the health condition (β = 0.51; 95% CI 0.38 to 0.65) also significantly predicted intentions.CONCLUSIONSUnlike studies investigating symptomatic illnesses, the disease label effect on behavioural intentions was not supported suggesting that reducing demand for medical services for borderline cases cannot be achieved by labelling. The average intention to test score was higher in this sample than previous symptomatic health-related studies and there was a positive relationship between increased intentions and confidence/satisfaction in one's decision. Exploratory insights suggested perceptions of the four labelled asymptomatic illnesses all shifted toward greater levels of dread and concern compared to their respective description condition.TRIAL REGISTRATIONACTRN12618000392268.

10. Experience of hypoglycaemia is associated with changes in beliefs about diabetes in patients with Type2 diabetes

Authors Malanda U.L.; Bot S.D.; Nijpels G.; Kostense P.J.; Dekker J.M.; French D.P.; Wade A.N.; Farmer A.J.
Source Diabetic Medicine; Nov 2011; vol. 28 (no. 11); p. 1395-1400
Publication Date Nov 2011
Publication Type(s) Article
PubMedID 21627685
Database EMBASE
Available at Diabetic medicine : a journal of the British Diabetic Association from Wiley Online Library Medicine and Nursing Collection 2019
Available at Diabetic medicine : a journal of the British Diabetic Association from Ovid (Journals @ Ovid)

Abstract Aim: Hypoglycaemia may have a detrimental impact on quality of life for patients with Type2 diabetes. There are few clinical studies exploring the impact of experiencing hypoglycaemia on beliefs about diabetes and health status. The aim of this study was to explore associations between experience of hypoglycaemia and changes in diabetes beliefs and self-reported health status in patients with non-insulin-treated Type2 diabetes using a blood glucose meter. Methods One-year prospective cohort analysis of 226 patients recruited to a randomized trial evaluating the impact of self-monitoring of blood glucose. Self-reported hypoglycaemia over 1year was categorized into three groups: (1) no experience of hypoglycaemia; (2) blood glucose measurements <4mmol/l with no associated symptoms of hypoglycaemia (grade1); and (3) symptomatic hypoglycaemia (grade2 and 3). Measures of beliefs about diabetes (Revised Illness Perception Questionnaire) and health status (EuroQol-5D) were assessed at baseline and 1year. Differences in mean changes over 1year were explored with analyses of covariance. Results There was a significant increase in mean score in beliefs about personal control (1.14; 95%CI 0.14-2.14) among those experiencing grade1 hypoglycaemia compared with those not experiencing hypoglycaemia. There were no significant differences in changes in health status between groups, with small overall changes that were inconsistent between groups. Conclusions This study does not provide support for a long-term adverse impact on beliefs about diabetes or health status from the experience of mild symptomatic hypoglycaemia, in well-controlled, non-insulin-treated patients with Type2 diabetes using self-monitoring of blood glucose. © 2011 The Authors. Diabetic Medicine © 2011 Diabetes UK.

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#	Database	Search term	Results
1	Medline	("diabetes type 2").ti,ab	1313
2	Medline	("type2 diabetes").ti,ab	201
3	Medline	("pre diabetes").ti,ab	1928
4	Medline	("NHS Diabetes Prevention Programme").ti,ab	16
5	Medline	("NHS DPP").ti,ab	16
6	Medline	(1 OR 2)	1512
7	Medline	(4 OR 5)	26
8	Medline	(3 OR 6 OR 7)	3435
9	Medline	(awareness).ti,ab	166239
10	Medline	(perception*).ti,ab	277709
11	Medline	(view*).ti,ab	492528
12	Medline	(recogni*).ti,ab	807987
13	Medline	(9 OR 10 OR 11 OR 12)	1644602
14	Medline	(8 AND 13)	263
15	Medline	(UK OR "United Kingdom" OR GB OR "Great Britain" OR England OR Scotland OR Wales OR Ireland).ti,ab	258886
16	Medline	(14 AND 15)	10
17	EMBASE	("pre diabetes").ti,ab	3687
18	EMBASE	("diabetes type 2").ti,ab	2509
19	EMBASE	("type2 diabetes").ti,ab	933
20	EMBASE	(18 OR 19)	3438
21	EMBASE	("NHS Diabetes Prevention Programme").ti,ab	29
22	EMBASE	("NHS DPP").ti,ab	18
23	EMBASE	(21 OR 22)	39

24	EMBASE	(17 OR 20 OR 23)	7105
25	EMBASE	(awareness).ti,ab	239222
26	EMBASE	(perception*).ti,ab	340845
27	EMBASE	(view*).ti,ab	628440
28	EMBASE	(recogni*).ti,ab	1033843
29	EMBASE	(25 OR 26 OR 27 OR 28)	2106725
30	EMBASE	(24 AND 29)	579
31	EMBASE	(UK OR "United Kingdom" OR GB OR "Great Britain" OR England OR Scotland OR Wales OR Ireland).ti,ab	551861
32	EMBASE	(30 AND 31)	33
33	EMCARE	("pre diabetes").ti,ab	921
34	EMCARE	("diabetes type 2").ti,ab	477
35	EMCARE	("type2 diabetes").ti,ab	116
36	EMCARE	(34 OR 35)	592
37	EMCARE	("NHS Diabetes Prevention Programme").ti,ab	8
38	EMCARE	("NHS DPP").ti,ab	11
39	EMCARE	(37 OR 38)	16
40	EMCARE	(33 OR 36 OR 39)	1512
41	EMCARE	(awareness).ti,ab	89344
42	EMCARE	(perception*).ti,ab	163271
43	EMCARE	(view*).ti,ab	174719
44	EMCARE	(recogni*).ti,ab	201764
45	EMCARE	(41 OR 42 OR 43 OR 44)	574562
46	EMCARE	(40 AND 45)	146
47	EMCARE	(UK OR "United Kingdom" OR GB OR "Great Britain" OR England OR Scotland OR Wales OR Ireland).ti,ab	164805
48	EMCARE	(46 AND 47)	11

49	PsycINFO	("pre diabetes").ti,ab	130
50	PsycINFO	("diabetes type 2").ti,ab	103
51	PsycINFO	("type2 diabetes").ti,ab	4
52	PsycINFO	(50 OR 51)	107
53	PsycINFO	("NHS Diabetes Prevention Programme").ti,ab	0
54	PsycINFO	("NHS DPP").ti,ab	3
55	PsycINFO	(53 OR 54)	3
56	PsycINFO	(49 OR 52 OR 55)	235
57	PsycINFO	(awareness).ti,ab	102156
58	PsycINFO	(perception*).ti,ab	312574
59	PsycINFO	(view*).ti,ab	307167
60	PsycINFO	(recogni*).ti,ab	211607
61	PsycINFO	(57 OR 58 OR 59 OR 60)	837522
62	PsycINFO	(56 AND 61)	45
63	PsycINFO	(UK OR "United Kingdom" OR GB OR "Great Britain" OR England OR Scotland OR Wales OR Ireland).ti,ab	80796
64	PsycINFO	(62 AND 63)	2
65	PubMed	("pre diabetes").ti,ab	2052
66	PubMed	("diabetes type 2").ti,ab	1285
67	PubMed	("type2 diabetes").ti,ab	237
68	PubMed	(66 OR 67)	1519
69	PubMed	("NHS Diabetes Prevention Programme").ti,ab	17
70	PubMed	("NHS DPP").ti,ab	16
71	PubMed	(69 OR 70)	27
72	PubMed	(65 OR 68 OR 71)	3579
73	PubMed	(awareness).ti,ab	169280

74	PubMed	(perception*).ti,ab	289725
75	PubMed	(view*).ti,ab	503830
76	PubMed	(recogni*).ti,ab	816160
77	PubMed	(73 OR 74 OR 75 OR 76)	1674431
78	PubMed	(72 AND 77)	281
79	PubMed	(UK OR "United Kingdom" OR GB OR "Great Britain" OR England OR Scotland OR Wales OR Ireland).ti,ab	262506
80	PubMed	(78 AND 79)	10