



ADC

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 **ADEA**

Assessment and Management of Obesity and Self-maintenance (AMOS): Outcomes of a multidisciplinary clinic for people living with type 2 diabetes and obesity

 Mon, August 08

 Great Hall 4

 Awards

Part of:

ADEA Best of the Best Orals Prize Session 1

Info

Abstract:

Background: Obesity is a prevalent and complex condition with genetic, environmental and behavioural determinants associated with comorbidities such as cancer, obstructive sleep apnoea, infertility, and cardiovascular disease. The Mean (M) BMI of adults attending Diabetes Clinics in regional Tasmania was 44.5 kg/m². Interdisciplinary support leads to sustained weight loss and improved metabolic markers. However, reduced access to health services, nutritious dietary and physical activity options in rural and remote areas can challenge bariatric and diabetes management.

Aim: To describe the effects of an interdisciplinary clinic focused on tailored bariatric management for people living with type 2 diabetes.

Method: Single-centre randomised control trial in rural-regional Tasmania between 2015 and 2019. Participants randomly assigned to routine care (usual diabetes centre appointment) or intervention (tailored person-centred interdisciplinary bariatric management focused on self-maintenance). Intervention was provided by a nurse practitioner and dietitian (baseline, 6- and 12-weeks, then 3-monthly intervals to 24 months), a physiotherapist (baseline, 1-, 6- and 12-months), a credentialed diabetes educator at weeks 2, 4, 8, 10 (delivering support phone-calls), and psychologist when required. Glucose-lowering medicines altered to weight-neutral/lowering medicines. Metabolic surgery offered to suitable participants after 12-months.

Results: 224 participants (113 intervention, 111 control). Mean age 60-years (24-73), 76.3% on disability/unemployment benefits and Indigenous Australians represented 7%. 16 had metabolic surgery (12 intervention, 4 control). Intervention participants showed greater weight loss (M=-4.2kg[MK1] (95% CI: -5.7, -2.6)) at 6-months; difference of -9.3kg (95%CI: -12.5, -6.2) at 24-month. HbA1c at 6-months showed greater reduction for intervention group (M=-0.37% (95%CI: -0.67%, -.06%)) and 24-months (-0.65% (95%CI: -1.07%, -.22%)). The rate of eGFR decline in the usual care group was 1.36ml/min/m²/year versus 0.23 ml/min/m²/year (difference 1.14ml/min/m²/year (95%CI -0.34, 2.63; P=0.14).

Conclusion: The interdisciplinary bariatric management compared to usual care resulted in greater weight loss and improved glycaemia and differences were sustained for up to 2-years.

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