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Original research

What follow-up care and self-management support do patients with type 2 diabetes want after their first acute coronary event? A qualitative study

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ABSTRACT

Aims: Despite diabetes patients' efforts to control their disease, many of them are confronted with an acute coronary event. This may evoke depressive feelings and self-management may be complicated. According to the American Diabetes Association, the transition from hospital to home after an acute coronary event (ACE) is a high-risk time for diabetes patients; it should be improved. Before developing an intervention for diabetes patients with an ACE in the period after discharge from hospital, we want to gain a detailed understanding of patients' views, perceptions and feelings in this respect.

Methods: Qualitative design. Two semi-structured focus groups were conducted with 14 T2DM patients (71% male, aged 61–77 years) with a recent ACE. One focus group with partners (67% male, aged 64–75 years) was held. All interviews were transcribed verbatim and analyzed by two independent researchers.

Results: Patients believed that coping with an ACE differs between patients with and without T2DM. They had problems with physical exercise, sexuality and pharmacotherapy. Patients and partners were neither satisfied with the amount of information, especially on the combination of T2DM and ACE, nor with the support offered by healthcare professionals after discharge. Participants would appreciate tailored self-management support after discharge from hospital.

Conclusions: Patients with T2DM and their partners lack tailored support after a first ACE. Our findings underpin the ADA recommendations to improve the transition from hospital to home. The results of our study will help to determine the exact content of a self-management support program delivered at home to help this specific group of patients to cope with both conditions.

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1. Introduction

Self-management by patients and their families plays a crucial role to prevent complications in type 2 diabetes (T2DM). Despite the patients' efforts to control their diabetes, they may be confronted with an acute coronary event (ACE); 19–23% of the ACE patients have a history of diabetes [1–3]. This confrontation may evoke depressive feelings, not only because of the physical problems, but also because people may experience a loss of control and decreased self-efficacy. In addition, self-management may be complicated, since patients also have to cope with the ACE in daily life [4,5]. Diabetes and cardiac disease both are associated with a decreased quality of life (QOL) [6,7] and the combination of diabetes and an ACE results in an even more decreased QOL from directly after discharge from the hospital up until several years later [8,9]. Better self-management capabilities can help patients in the period after discharge to cope with the combination of T2DM and ACE.

According to the American Diabetes Association (ADA), the transition from the hospital to home after an ACE is a high-risk time. The ADA states that diabetes discharge planning should be part of an overall discharge plan for all hospitalised patients with diabetes, which comprises a variety of aspects such as medication reconciliation, scheduling follow-up visits with the different healthcare providers and talking about medication adherence and health status [10].

Cardiac rehabilitation is widely recommended for patients with an ACE. However, benefit of the rehabilitation program on physical functioning is significantly lower in type 2 diabetes patients than in patients without diabetes [11]. Appointment adherence is lower and attrition is greater in type 2 diabetes patients as well [12].

Interventions aimed at increasing self-management capabilities can help T2DM improve functioning in daily life after discharge from hospital after an ACE. However, to the best of our knowledge, self-management support for people with the combination of these conditions in this period is scarce. Such an intervention should be tailored to the patient's wishes, and should take their preferences and preserved capacities into account [13,14]. Treating patients according to their preferences might improve treatment adherence and thus clinical outcomes [15]. It is not known what patients with T2DM want regarding follow-up care after an ACE. Because the partners have also to deal with the new situation, their opinions should be examined as well.

We developed an intervention to support patients with T2DM and an ACE in the period after discharge from hospital. A trained diabetes nurse will visit the patient three times at their home, starting within three weeks after discharge from hospital, to increase their self-efficacy and improve self-management. To determine the exact content of the intervention and to tailor it to the needs of this specific groups of patients, we examined in a qualitative study how T2DM patients experienced the follow-up care after an ACE, and to what extent patients with T2DM and their partners need support on several important topics. Besides, we assessed their ideas of the acceptability and efficacy of an intervention consisting of three home visits by a diabetes nurse, and we gave patients the opportunity to do suggestions for its content.

This article describes the results of the focus groups. The research questions were (1) how did T2DM patients experience the follow-up care in the period after discharge from hospital after an acute coronary event? and (2) What topics should be addressed in a self-management support program after discharge from hospital for to T2DM patients and their partners? The results of the focus groups are used to determine the exact content of the above mentioned intervention.

2. Methods

2.1. Research design

Semi-structured focus groups. Because of the exploratory character of the study, focus groups were conducted, providing the opportunity to explore experiences about follow-up care and opinions and expectations about a new supportive intervention. In addition, the interaction between participants in the groups led to the expression of a wider variety of opinions than might be the case if participants were interviewed individually or completed questionnaires [16]. Grounded theory underpinned the study, as it is explorative in nature and can be used to generate an hypothesis [17].

2.2. Participants/sampling

Two focus groups were organized with a total number of 14 patients with T2DM and a recent first ACE. All patients were asked to invite a close relative to attend a separate focus group for partners. However, only three partners participated. Reasons for not participating were travel distance, other activities/no time or no interest (Fig. 1). We conducted separate focus groups for patients and their partners to avoid unwanted influence of the absence or presence of a spouse on the patients' active participation in the group. Participants were recruited through convenience sampling *via* their cardiologists in two hospitals from the Northern and Western part of the Netherlands. Inclusion criteria were: (1) a history of T2DM for longer than a year; (2) discharged from hospital after a first ACE 3–6 months before invitation; (3) sufficient physical and mental condition to attend the focus group; and (4) sufficient understanding of the Dutch language. For pragmatic reasons, the composition of the two groups was based on the distance between the place where participants were living and the venue of the focus group. We were not able to segregate focus groups by gender, type of ACE or age, but the groups did not differ on mean age and all types of ACE were represented in both groups.

2.3. Data collection

During the focus group, the aim and procedure of the meeting were explained to the participants. The participants were informed about the occupations of the researchers and about their interest in doing research. The experienced moderator (KG, general practitioner/assistant professor) was aware of the study objectives and led the discussion by means of a semi-structured interview guide. The observer (MK, MSc in Neurosciences, BSc in Psychology) took field notes and