

Lifestyle Medicine, Group Visits, and Diabetes: An Ongoing Practice at Middlesex Health Family Medicine Residency

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Introduction

- 38.4 million Americans are estimated to have diabetes mellitus type two, which cost \$413 billion in 2022
- Education and lifestyle management are fundamental elements of diabetes care
- Group visits have been shown to be successful in lowering A1C and increasing patient knowledge of diabetes
- Middlesex Health Family Medicine Residency piloted group visits for diabetes in the spring of 2024 with the goals of:
 - Increasing confidence in glucose management
 - Utilizing the lifestyle-focused group visit model to reducing disease burden
 - Develop practices and policies to facilitate future group visits

Group Visit Document



Organizing and Planning Document



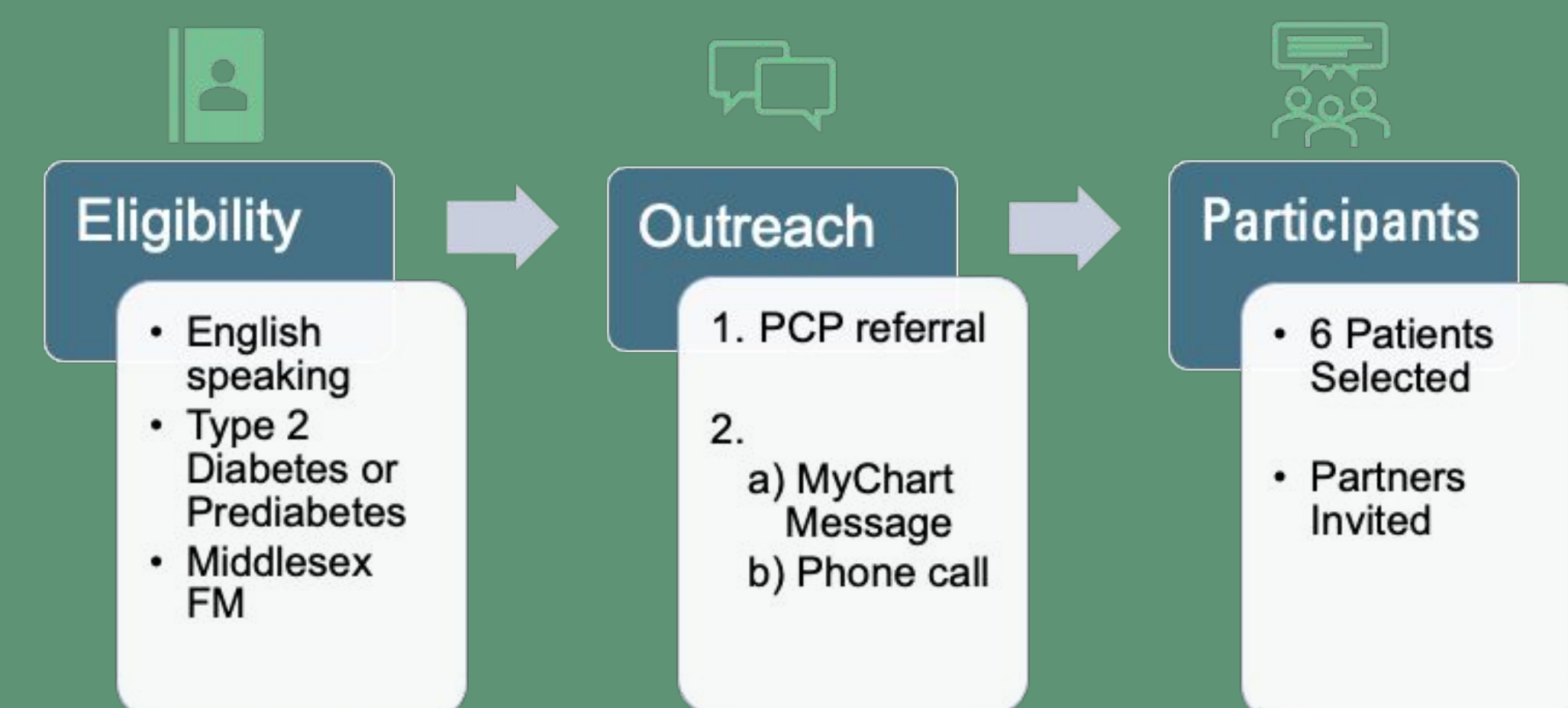
Acknowledgments

A special thank you to Drs. Harabasz, Hagglund, Gale, and Wallach for providing didactic education and organizing activities for patients. Thank you to my colleagues who provided feedback on putting together this poster.

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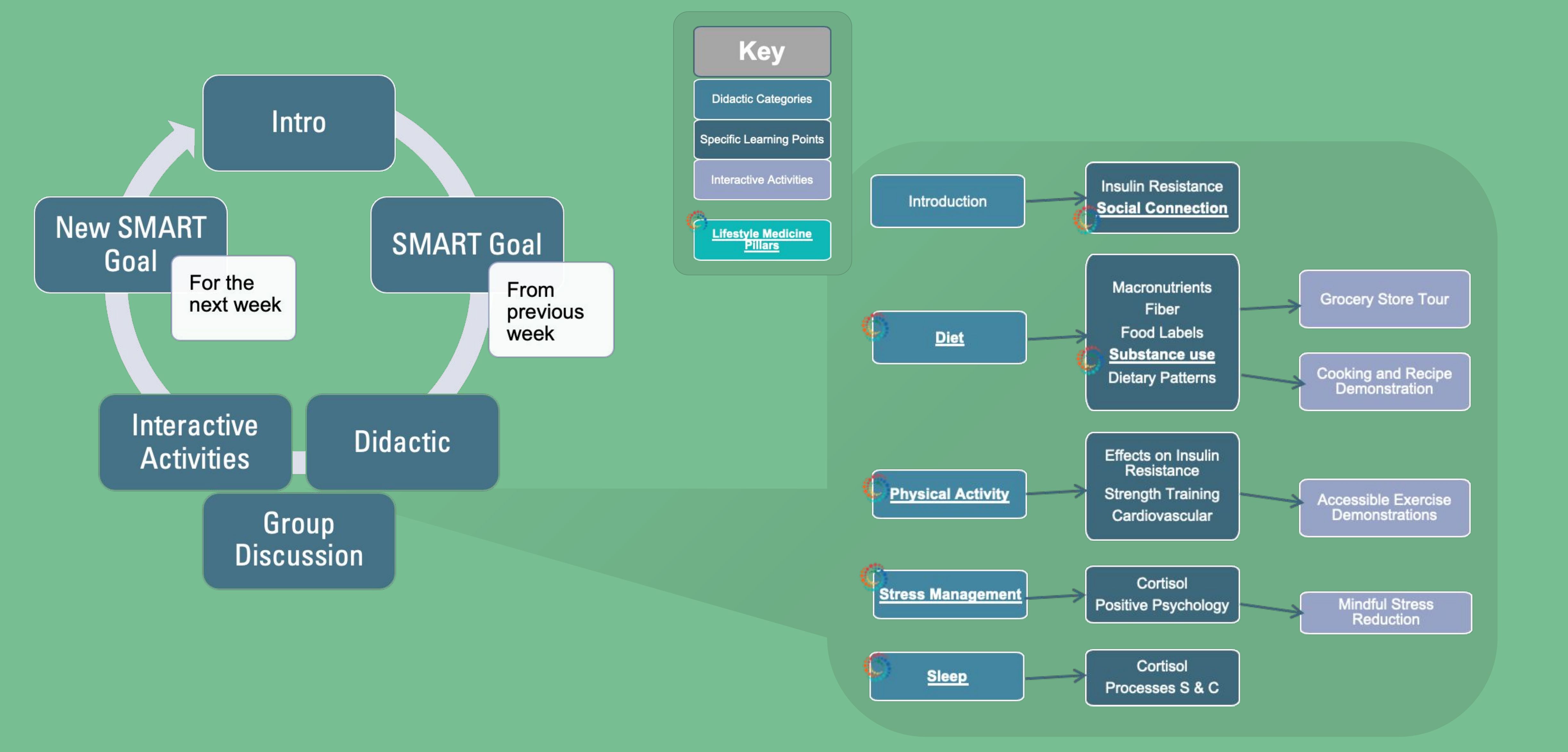
Recruitment



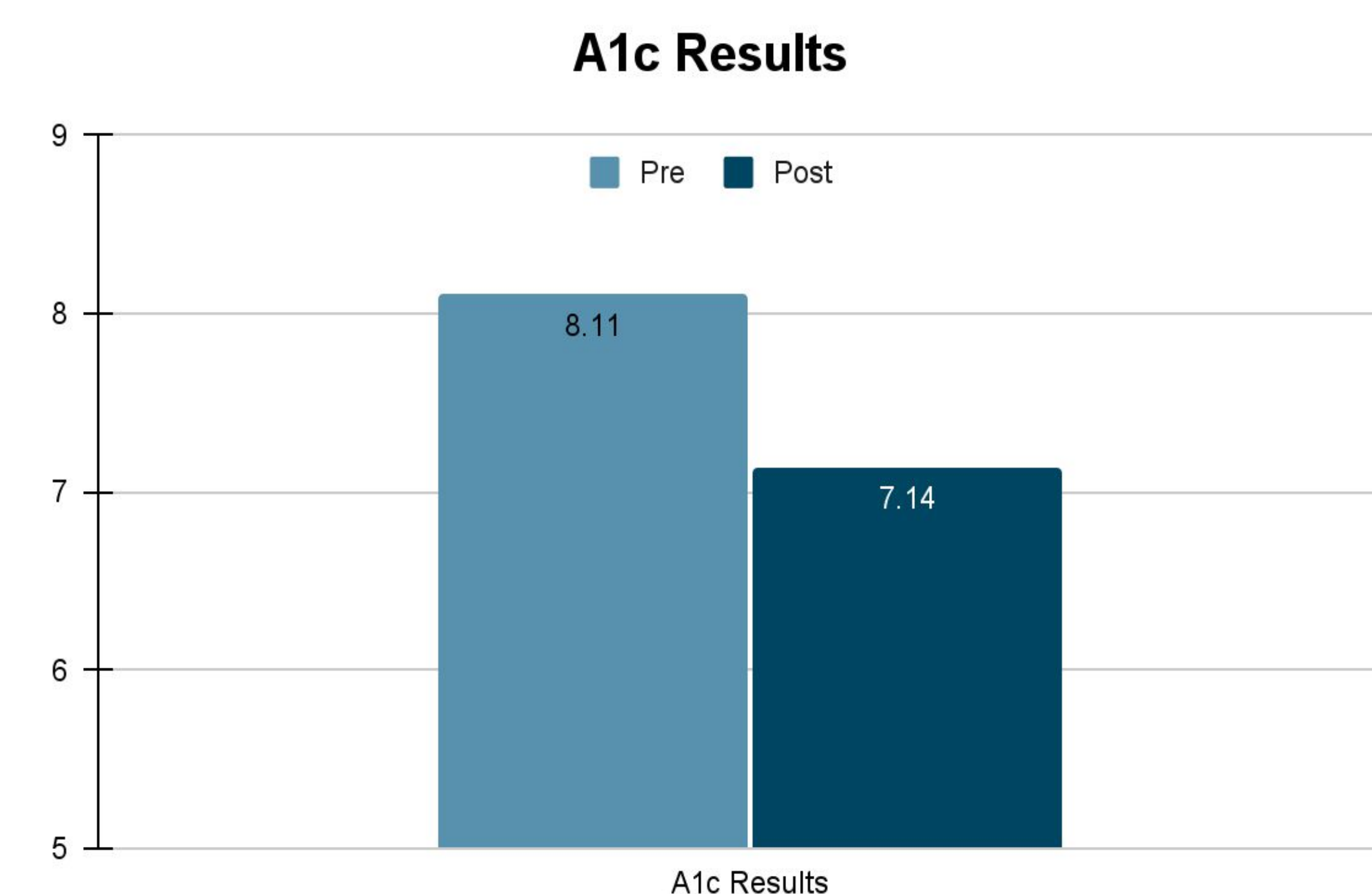
Pre:
-Hb A1C
-Pre-survey

Group Visit Content

Post
-Hb A1C
-Post-survey

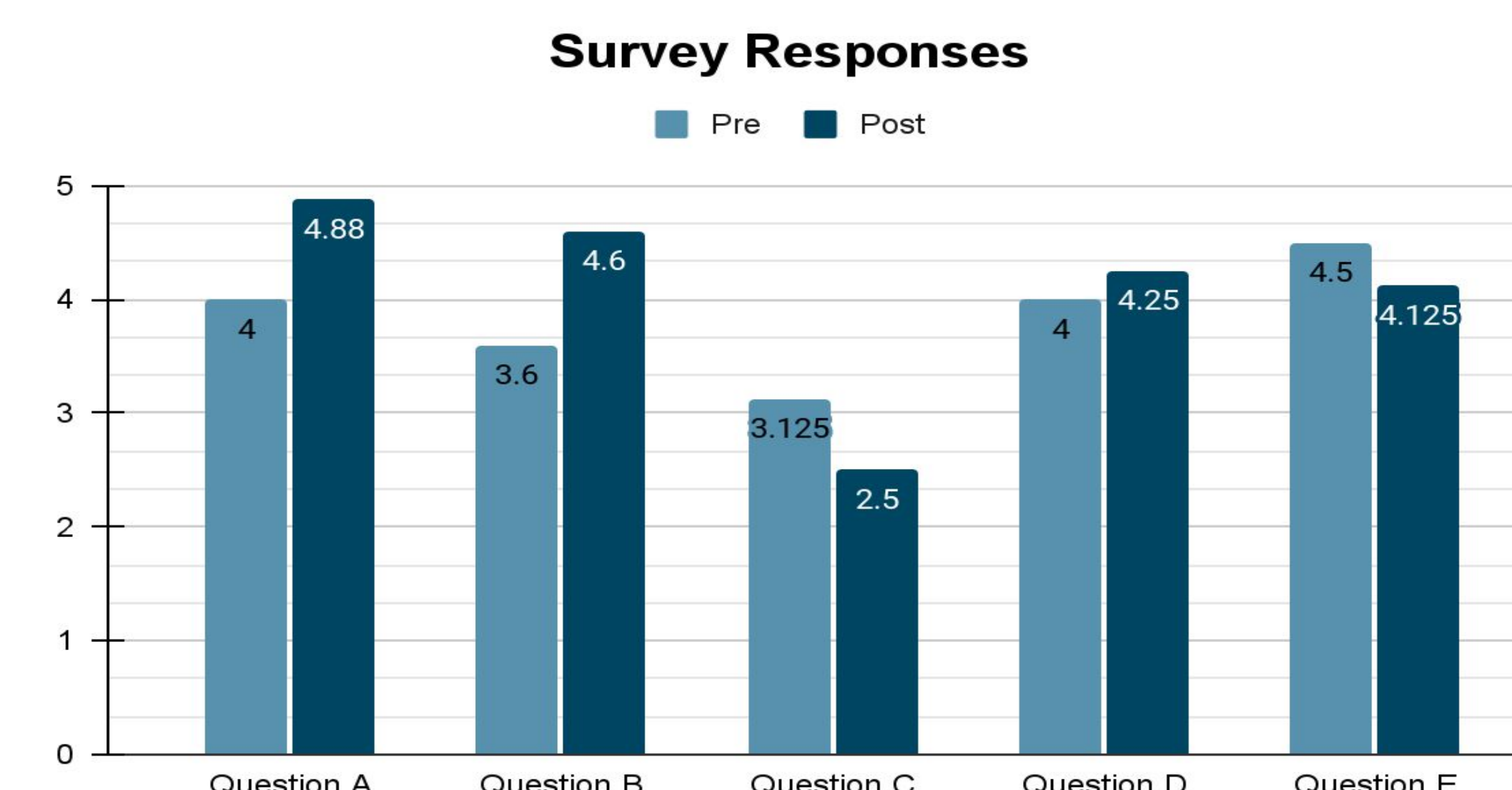


Results



Questions ranked on a 1-5 scale from 1 "Strongly disagree" to 5 "Strongly agree"

- A: "I know how my diet affects my blood sugar/diabetes"
- B: "I feel capable of managing my diabetes with lifestyle choices"
- C: "Diabetes is a major burden in my life"
- D: "I feel motivated to make changes to my diet, exercise, or lifestyle"
- E: "I feel my family/loved ones support my efforts to manage my diabetes"



Discussion

Data demonstrates improvement in objective A1c results as well as subjective confidence in understanding and management of diabetes.

Potential limitations to generalizability include small sample size and potential self-selection of highly motivated patients.

In future iterations:

- Consider implementing cutoffs on who would qualify for group visits
- Keep discussion of pathophysiology to a minimum
- Emphasize the effect of cortisol on insulin resistance
- Recruit partners for didactics
- Add interactive activities from other medical professions e.g. Physical Therapy, Nutrition/Dietetics, etc.