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| Host department: QMUL |
| Project Title: Digital self-management interventions for those with early onset type 2 diabetes |
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| Proposed supervisory team: |
| Dr Jamie Ross (QMUL) Senior Lecturer in Primary Care Sciences with expertise in development and implementation of complex interventions for the prevention and management of long term health conditions, digital health and qualitative research methods.  Dr Ratna Sohanpal (QMUL) Health Services Researcher with expertise in use of qualitative methods involved in the development and evaluation of complex interventions and interest in improving stakeholder participation in research and evidence-based health services offered in routine care using mixed-methods.  Professor Stephanie Taylor (QMUL) Professor of Public Health and Primary Care with expertise in complex interventions for chronic conditions directed at improving quality of life and reducing morbidity.  Dr Patricia Schartau (UCL) Academic Clinical Lecturer in Primary Care, with expertise in primary care research, self-care, and digital health. |
| Potential for cross consortium networking and educational opportunities: |
| There are excellent opportunities for collaboration and learning:   * Leading multidisciplinary centres (QMUL & UCL) conducting world leading primary care research * NIHR School for Primary Care Research (national links) * Links with Diabetes UK and other organisations |
| Project description: |
| The prevalence of type 2 diabetes (T2DM), traditionally considered a condition of mid-to-late adulthood, is increasing in younger adults (aged 18–39 years, inclusive). It is estimated that these individuals with ‘early-onset’ T2DM now represent up to 15–20% of the adult T2DM population worldwide.  The impact of early onset T2DM is extensive. The individuals are likely to be obese, have a multigenerational family history of T2DM, lead a sedentary lifestyle, be of black or minority ethnic (BME) origin and come from a socially deprived group. They have a heightened risk of the premature development of microvascular and macrovascular complications, in addition to psychological morbidity, during their working life. The impact on service delivery is also substantial with a need to recognize and cater for the complexity and specific needs of individuals with early onset T2DM. From a societal perspective, the costs are huge, with estimates suggesting that the direct and indirect cost of T2DM for 2010–2011 in the UK was approximately £21 billion. This is estimated to rise in real terms to £35.6 billion in 2035–2036.  Lifestyle interventions to reduce weight and increase exercise are advocated for the management of T2DM and to reduce the risk of future T2DM related complications. However, there is a paucity of understanding about how self-management best be supported in this population, with the views and perspectives of early onset individuals largely missing from the literature on the development, evaluation and implementation of self-management interventions for T2DM. Several studies outline that younger people with type 1 diabetes are less likely to engage with healthcare services and there is evidence this may also apply to those with early-onset type 2 diabetes.  It is suggested that there are unique challenges to engaging this group in self-management interventions, thus the importance of recognising and addressing the distinct challenges in delivering healthcare to those with early-onset type 2 diabetes has been stressed. Self-management support delivered via digital platforms are likely to have appeal in this younger age group.  Furthermore, the use of newer digital mediums (including podcasts and social media) for health information and behaviour change support is increasing, especially in younger populations, offering potential novel ways to support self-management in this population.  The proposed PhD will explore the role of self-management interventions, with a particular focus on digital health interventions, for individuals with early onset T2DM. The overall aim will be to develop an evidence-base in this unresearched area, and produce outputs to inform future intervention development.  Methods will include: a systematic review of interventions to support self-management of early onset T2DM; a qualitative interview study with patients to examine in-depth the tools and support that is needed to support diabetes self-management as well as the barriers and facilitators to self-management. Focus groups with patients to evaluate the suitability of existing digital self-management interventions and potential adaptations and optimisation.  We will work with the successful candidate to identify in more detail the focus of study. |
| Indicative project costs: |
| Training and development provision by host: |
| *Formal training:*  A wealth of training opportunities exist for PhD candidates at QMUL. Details of training can be accessed: <https://www.qmul.ac.uk/doctoralcollege/phd-students/training/>  Bespoke training specific to the candidate needs and professional development will be identified, this may include for example, training in undertaking systematic reviews and qualitative research methods. |
| *Informal training:*  Successful candidates will be encouraged and supported to take up informal training opportunities such as attendance at workshops and seminars across the University and school. |
| *PPIE*:  The supervisory team have established PPIE networks which can be drawn upon to provide input into the PhD, and the candidate will also be encouraged and supported to establish new links. There are many PPIE training opportunities at QMUL: https://www.qmul.ac.uk/publicengagement/support/training/ |