

# Telephone intervention doesn't aid diabetes meds adherence

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intermediate outcomes of [diabetes care](#)," the authors write. "Wide use of this strategy may not be warranted, and alternative approaches to identify and improve medication adherence are needed."

**More information:** [Abstract](#)  
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(HealthDay)—Telephone outreach does not improve medication adherence or metabolic control in adults with diabetes, according to a study published online Oct. 14 in *Diabetes Care*.

Patrick J. O'Connor, M.D., M.P.H., from the HealthPartners Institute for Education and Research in Minneapolis, and colleagues evaluated 2,378 adults with [diabetes mellitus](#) who had recently been prescribed a new class of medication for treating elevated levels of glycated hemoglobin (A1C)  $\geq 8$  percent (64 mmol/mol), blood pressure  $\geq 140/90$  mm Hg, or low-density lipoprotein cholesterol  $\geq 100$  mg/dL. Participants were randomized to either usual care or to receive one scripted telephone call from a [diabetes](#) educator or clinical pharmacist to identify and address nonadherence to the new medication.

The researchers found that the intervention was not associated with significant improvement in primary adherence, medication persistence, or intermediate outcomes of care. Regardless of subgroups of patients defined by age, sex, race/ethnicity, and study site, and when limiting the analysis to those who completed the intended intervention, results remained similar.

"In summary, this low-intensity intervention did not significantly improve [medication adherence](#) or

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