PEARLS

Practical Evidence About Real Life Situations

New Zealand GUIDELINES GROUP
Te Rōpū Rarangi Tohutohu
Promoting Effective Health and Disability Services

Il peut être important que le traitement des maladies chroniques et les instructions aux patients suivent des approches spécifiques aux différentes cultures. Malheureusement, on ne rencontre que fort peu d'études dans ce domaine relevant typiquement de la médecine de famille. Certaines connaissances sont affirmées pour le diabète mais les évidences sont minces en ce qui concerne l'asthme. Je vous renvoie à ce sujet à une étude intéressante de Trisha Greenhalgh sur le diabète: *Greenhalgh T, Collard A, Begum N. Sharing stories: complex intervention for diabetes education in minority ethnic groups who do not speak English. BMJ 2005;330:628–32. Available from: http://www.bmj.com/cgi/reprint/330/7492/628.*

Bernhard Rindlisbacher

Culturally appropriate health education for type 2 diabetes is effective in the short term

PEARLS No. 95, September 2008, written by Brian R McAvoy

Clinical question: How effective is culturally appropriate diabetes health education for important outcomes in the management of type 2 diabetes?

Bottom line: Compared to "usual care", culturally appropriate diabetes health education appears to have short term effects (up to 6 months) on glycaemic control and knowledge of diabetes and healthy lifestyles. This health education includes using community-based health advocates, delivering information within samegender groups or adapting dietary and lifestyle advice to fit a particular community's likely diet.

Caveat: None of the other clinical outcome measures, such as cholesterol, blood pressure or weight, showed any improvement, nor were there any improvements in quality of life outcomes for patients. The benefits were not sustained one year later. The participants originated from developing countries but lived in uppermiddle or high income countries. None of the studies were long term (only 3 followed up at one year, the others were 6 months or less), and so clinically important long term outcomes, such as development of diabetic complications, death rates and costs of the education programmes, could not be studied. The heterogeneity of the studies made subgroup comparisons difficult to interpret with confidence.

Context: In upper-middle and high income countries, minority ethnic groups often suffer a higher prevalence of type 2 diabetes than the local population. They also tend to come from lower socioeconomic backgrounds, with attendant difficulties in accessing good quality healthcare. In some cases, cultural and communication barriers increase the problems minority ethnic communities experience in accessing good quality diabetes health education, a vital aspect contributing to patient understanding, use of services, empowerment and behaviour change towards healthier lifestyles.

THE COCHRANE COLLABORATION®

Cochrane Systematic Review: Hawthorne K et al. Culturally appropriate health education for type 2 diabetes mellitus in ethnic minority groups. Cochrane Reviews 2008, Issue 3. Article No. CD006424. *This review contains 11 studies involving 1603 participants.*

Culture-specific programmes for minority groups who have asthma improve some outcomes

PEARLS No. 92, July 2008 written by Brian R McAvoy

Clinical question: How effective are culture-specific programmes for children and adults from minority groups who have asthma?

Bottom line: Compared to generic asthma programmes or usual care, culture-specific programmes for children and adults from minority groups who have asthma are more effective in improving quality of life in adults and asthma knowledge in children. These programmes did not improve or significantly affect clinical outcomes including rates of hospital admission, emergency department presentations and need for oral corticosteroids.

Caveat: There was insufficient data to be confident about the impact on the rate of exacerbations, or whether culture-specific programmes are beneficial in all settings. The evidence is limited by the small number of eligible studies and the lack of reported outcomes.

Context: People with asthma who come from minority groups have poorer outcomes and more asthma-related visits to emergency departments. Various programmes are used to educate and empower people with asthma, and these have been shown to improve certain asthma outcomes, such as quality of life, lung function measurements and hospital admissions. Models of care for chronic diseases in minority groups usually include a focus on the cultural context of the individual, and not just the symptoms of the disease.

Cochrane Systematic Review: Bailey EJ et al. Culture-specific programs for children and adults from minority groups who have asthma. Cochrane Reviews 2008, Issue 2. Article No. CD006580. *This review contains three trials involving 396 participants, aged from 7 to 59 years.*