

DIABETES, ENDOCRINOLOGY, NUTRITION AND NURSING MANAGEMENT

June 24-25, 2019 | Philadelphia, USA

Eduardo J Simoes, J Diabetol 2019, Volume 3



Eduardo J Simoes

University of Missouri-Columbia, USA

BIOGRAPHY

Eduardo J Simoes research includes investigating the prevention of infectious, environmental and chronic diseases, health promotion, health care and health informatics. He has published 135 peer-reviewed publications, 11 book chapters and 32 official reports covering topics in public health and medicine. He has made 157 presentations at health-related conferences and serves as a reviewer for 17 peer-reviewed journals. He is the Associate Editor of *International Scholarly Research Network* and *Frontiers in Public Health*.

simoese@health.missouri.edu

THE EFFECT OF HEALTH INFORMATION TECHNOLOGY (HIT) AND STANDARD TREATMENT FOR TYPE 2 DIABETES PA- TIENTS (T2D) COMBINED AND HIT ALONE ON CARDIOVASCULAR OUTCOMES OF T2D PATIENTS

Background: CVD is the most frequent cause of morbidity and mortality among patients with diabetes. HIT are effective in reducing HbA1c; however, their effect on cardiovascular risk factor management for patients with T2D has not been evaluated. This research identified a common effect of health information technologies (HIT) on the management of cardiovascular disease (CVD) risk factors among people with type 2 diabetes (T2D) across randomized control trials (RCT).

Methods: Researcher's implemented a meta-analysis of the effect of HIT on CVD risk factors using data from randomized clinical trials in the past 30 years. They identified 21 eligible studies (23 estimates) with measurement of SBP, 20 (22 estimates) of DBP, 14 (17 estimates) of HDL, 14 (17 estimates) of LDL, 15 (18 estimates) of triglycerides and 10 (12 estimates) of weight across databases.

Results: They found significant reductions in SBP, DBP, LDL and TG and a significant improvement in HDL associated with HIT.

Conclusions: As adjuvants to standard diabetic treatment, HIT can be effective tools for improving CVD risk factors among patients with T2D, especially in those whose CVD risk factors are not at goal.