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The Dose Adjustment For Normal Eating (DAFNE) Trial: What makes people with Type 1 diabetes agree/decline to participate?

Speight J¹ and Bradley C¹ for The DAFNE Study Group*

* Amiel S, Beveridge S, Gianfrancesco C, Heller S, James P, McKeown N, Oliver L, Reid H,

- Roberts S, Robson S, Rollingson J, Scott V, Taylor C, Turner E, Thompson G, Wright F.
- ¹ Dept of Psychology, Royal Holloway, University of London, Egham, Surrey, TW20 0EX, UK.

Background: The DCCT showed that improving glycaemic control reduces risk of long-term complications but increases frequency of severe hypoglycaemia. A 5-day training course in flexible, intensive insulin management with unrestricted diet in Germany and Austria improved glycaemic control without increasing severe hypoglycaemia. *Aim:* To assess the feasibility of recruiting people to the UK Dose Adjustment For Normal Eating (DAFNE) trial of this approach.

Methods: 1016 people with Type 1 diabetes (HbA_{1c} 7.5-12%) registered with diabetes services at King's College Hospital, London, Northern General Hospital, Sheffield and Northumbria Healthcare Trust were invited to participate. 583 (57.4%) returned feedback forms. Analysis compared the multiple-choice responses of 299 volunteers and 188 non-volunteers.

Results: Significant differences between volunteers and non-volunteers were identified for 7 of 9 reasons for "interest" and 2 of 10 reasons for "concern" about DAFNE. There were no between-centre differences. Most commonly endorsed reasons for "interest" were preserving long-term health, improving glycaemic control and increasing dietary freedom. Most frequently indicated reasons for not volunteering were finding time to attend and satisfaction with current treatment (despite sub-optimal HbA_{1c}). Even those not volunteering perceived benefits.

Conclusions: People with Type 1 diabetes are likely to participate in future DAFNE initiatives, encouraged by prospects of improving glycaemic control and long-term health, together with improvements in quality of life due to increased dietary freedom. Improved patient information and evidence for the success of the initial trial are likely to increase future recruitment to DAFNE.