**Title of Intervention:** Diabetes in Self-Control (DISC)

**Intervention Strategies:** Individualized Education

**Purpose of the Intervention:** To improve adolescents' self-management of insulin-dependent diabetes mellitus (IDDM)

**Population:** 12 to 19 year olds with IDDM

**Setting:** Health care facility-based

**Partners:** Computer software development company

**Intervention Description:**
- Individualized Education: DISC was a tri-component system consisting of the following content: 1) a data management and review component for storing, compiling and reviewing blood glucose and other self-monitored data, 2) computer-assisted factual and applied diabetes education concerning the relationship of these factors to diabetes management procedures and 3) a problem-solving and goal-setting tool to improve the diabetes management practices and glycemic control. The DISC system provided a structure for gradual improvement of diabetes management activities and metabolic control.

**Theory:** Not mentioned

**Resources Required:**
- Staff/Volunteers: Interdisciplinary team to create program
- Training: Not mentioned
- Technology: Computer program, computers
- Space: Computer station
- Budget: Not mentioned
- Intervention: DISC program
- Evaluation: Knowledge test, materials to collect and analyze blood glucose

**Evaluation:**
- Design: Randomized controlled trial
- Methods and Measures:
  - Blood glucose was measured several times throughout the intervention to assess metabolic control.
  - Factual and applied diabetes knowledge was assessed through tests.

**Outcomes:**
- Short Term Impact: Not measured
- Long Term Impact: The DISC group showed clinical improvement in frequency of blood glucose testing and reported more behavioral change. Additionally, the DISC group displayed both statistically and clinically significant improved pre-lunch and dinner glucose levels.

**Maintenance:** Not mentioned

**Lessons Learned:** A structured computer program can be effective in educating adolescent populations in dealing with IDDM.

**Citation(s):**