Title of Intervention: The Finnish Diabetes Prevention Study (DPS)

Intervention Strategies: Supportive Relationships, Group Education

Purpose of the Intervention: To improve diet and exercise behaviors as well as glucose and lipid metabolism

Population: Overweight people from Finland with impaired glucose tolerance

Setting: Health care centers throughout Finland; health care facility-based, community-based

Partners: None mentioned

Intervention Description:
- Supportive Relationships: One-on-one nutritional counseling sessions occurred between participants and nutritionists. Participants also received personalized exercise routines that included resistance training.
- Group Education: Volunteer-led sessions provided cooking lessons and shopping tips.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Part-time staff of physician, nurse, nutritionist; exercise trainers
- Training: Not mentioned
- Technology: Not mentioned
- Space: Exercise facility, counseling space, kitchen facilities
- Budget: Not mentioned
- Intervention: Resistance exercise equipment, educational materials, foods for cooking classes, cooking equipment
- Evaluation: Questionnaires, equipment to measure weight and collect blood samples

Evaluation:
- Design: Randomized controlled trial
- Methods and Measures:
  - Questionnaires measured heart disease risk and leisure time physical activity.
  - Weight, plasma glucose, total cholesterol and triglycerides were measured.

Outcomes:
- Short Term Impact: Social support increased with the formation of group education sessions and voluntary exercise groups.
- Long Term Impact: The intervention group was less sedentary but the total amount of time reported spent being physically active did not change significantly. The intervention group also had significant improvements in all dietary intake factors. There was a significant weight reduction and improvement in plasma glucose, total cholesterol and triglycerides.

Maintenance: Not mentioned

Lessons Learned: Lifestyle interventions can prevent or postpone Type 2 diabetes and should be implemented in primary health care settings.

Citation(s):