Cochrane Clinical Answers

- A point-of-care clinical support tool for busy health professionals
- Distills high-quality evidence from Cochrane systematic reviews into practical answers to common clinical questions
- Designed to mimic the way health professionals gather information
- New questions are continually added to ensure broad coverage across a range of medical topics

CochraneClinicalAnswers.com
Cochrane Clinical Answers includes coverage of...

- Anesthesia & pain control
- Cancer
- Child health
- Complementary & alternative medicine
- Ear, nose, & throat
- Endocrine & metabolic
- Heart & circulation
- Infectious disease
- Kidney disease
- Lungs & airways
- Mental health
- Neurology
- Orthopedics & trauma
- Pregnancy & childbirth
- Rheumatology
- Skin
- Wounds

...with more topics to come!
Browse Clinical Answers by topic using the left-hand menu. Subject headings match those used on The Cochrane Library.
New Clinical Answers appear here when published. The site is updated with new questions and answers on a continual basis.
RSS functionality is available to track publication of new Clinical Answers.
Site Features

The site’s search feature is aligned with the new search functionality for *The Cochrane Library*.
New users can view a free clinical answer to assess the content before purchasing.
Questions and Answers

Topics are addressed in a question-and-answer format.

Each Clinical Answer links through to the original Review on The Cochrane Library.
Questions and Answers

Question:
What are the effects of self-monitoring of blood glucose (SMBG) in people with type 2 diabetes (T2DM) who are not taking insulin?

Clinical Answer:
Despite widespread clinical utilization of self-monitoring of blood glucose (SMBG) in type 2 diabetics who are not taking insulin, it is uncertain whether this practice makes a difference in patient-oriented outcomes when assessing the effects in subgroups of the diabetic population, assessed on the basis of duration of both their diabetes and their use of the intervention.

In people who are newly diagnosed with type 2 diabetes mellitus, there is a modest decrease in HbA1c when using SMBG for at least 6-12 months (mean difference -0.63, 95% CI -1.06 to -0.21). At 6 months of follow-up, the effects showed statistically significant heterogeneity, and so, no conclusions can be made. However, in people who have been diagnosed with type 2 diabetes mellitus for at least one year, the overall glycemic effects of SMBG appear small (mean difference -0.26, 95% CI -0.39 to -0.13) at six months and subsides after one year of follow-up. These conclusions are based on moderate quality evidence.

Related Clinical Answers
Q. In people with Graves’ hyperthyroidism, what are the benefits and harms of different antithyroid drug regimens?
Q. How non-pharmacological interventions (blood glucose) improve outcomes in people with type 2 diabetes mellitus?
Q. What are the effects of ayurvedic treatments in people with type 2 diabetes mellitus?
Full outcome data is available at the bottom of each Clinical Answer.

Click-to-expand function allows you to view further information.
The Population, Intervention, Comparator section at the bottom of the page describes people and interventions included in the trials to aid you in determining clinical relevance.
Outcome Data

Click below for full outcome data.

1. Self-monitoring of blood glucose versus usual care without monitoring or self-monitoring of urine glucose in people with diabetes duration greater than one year
   - OUTCOME 1.1: HbA1c, 6 months
   - OUTCOME 1.2: HbA1c, 12 months
   - OUTCOME 1.3: Health-related quality of life, well-being
   - OUTCOME 1.4: Patient satisfaction
   - OUTCOME 1.5: Diabetes complications
   - OUTCOME 1.6: Hypoglycemic episodes
   - OUTCOME 1.7: Adverse effects

Population, Intervention, Comparator

Population:
People diagnosed with type 2 diabetes at least 1 year before beginning SMBG who are not using insulin therapy

Intervention:
Instruction on self-monitoring of blood glucose levels, given individually to each participant in most trials by family practitioner or nurse educator

Comparator:
Usual care without monitoring (11 trials) or self-monitoring of urine glucose (1 trial) for 6 months to 1 year

Expand each outcome to view quality of evidence, narrative result, forest plot, and reference information.
Outcome Data

Each expanded outcome includes further information from the original Cochrane Review assessing quality of evidence, narrative result, forest plot, and reference information.

1. **Self-monitoring of blood glucose versus usual care without monitoring or self-monitoring of urine glucose in people with diabetes duration greater than one year**

   **OUTCOME 1.1: HbA1c, 6 months**

   **Quality of the evidence:**
   The reviewers performed a modified GRADE assessment of the evidence and suggested it was 'moderate' quality for this outcome. See Summary of findings from Cochrane review.

   **Narrative result:**
   Nine RCTs with 2324 participants found that self-monitoring of blood glucose reduced HbA1c compared with usual care without monitoring or self-monitoring of urine glucose.

   **Relative effect or mean difference:** Forest plot from Cochrane Review
   There was a statistically significant difference between groups, in favor of self-monitoring of blood glucose (mean difference -0.26, 95% CI -0.39 to -0.13).

   **Reference:**
Further Information

Additional information is available at the bottom of each Clinical Answer.

Click-to-expand function allows you to view publication dates, citation information, and a link to the original Cochrane Review.
Cochrane Clinical Answers provides...

- Instant access to high-quality Cochrane evidence
- Swift, authoritative answers to your clinical questions
- Broad coverage across a range of medical topics
- Practical evidence for healthcare decision-making
- Continually updated content to deliver the latest research
- Evidence-based answers when and where you need them

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