

INPLASY PROTOCOL

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None declared.

Clinical Inertia in the Management of Type 2 Diabetes Mellitus: A systematic Review

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Review question / Objective: To establish, through the recent available literature, the prevalence of therapeutic intensification delaying and its sequences in poorly controlled T2DM patients by identifying the studies exploring the clinical inertia and its associated factors in the treatment of patients with T2DM.

Condition being studied: Type 2 Diabetes Mellitus.

Information sources: Electronic databases including Medline, Embase, and the Cochrane Central Register of Controlled Trials.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 16 September 2022 and was last updated on 16 September 2022 (registration number INPLASY202290068).

INTRODUCTION

Review question / Objective: To establish, through the recent available literature, the prevalence of therapeutic intensification delaying and its sequences in poorly controlled T2DM patients by identifying the studies exploring the clinical inertia and its associated factors in the treatment of patients with T2DM.

Condition being studied: Type 2 Diabetes Mellitus.

METHODS

Participant or population: Any patient ≥ 18 years, male or female, with T2DM.

Intervention: Any patient ≥ 18 years, male or female, with T2DM.

Comparator: N/A.

Study designs to be included: Any study design.

Eligibility criteria: All studies published in English language, conducted within clinical setting, and explored the prevalence of clinical inertia and the factors associated with it in the treatment of patients with T2DM.

Information sources: Electronic databases including Medline, Embase, and the Cochrane Central Register of Controlled Trials.

Main outcome(s): The earlier intensification in the T2DM treatment is appropriate to address the issues around therapeutic inertia.

Quality assessment / Risk of bias analysis: The title and abstract of searched-for studies were reviewed initially by two independent reviewers for relevance, which then followed by a full text review. Any conflict about the search results were resolved by a third reviewer, who was unaware of the determinations by previous reviewers, through discussion.

Strategy of data synthesis: We followed a systematic review approach.

Subgroup analysis: N/A.

Sensitivity analysis: N/A.

Language restriction: Only studies published in English language.

Country(ies) involved: Saudi Arabia (College of Medicine, King Saud University).

Keywords: Diabetes Mellitus, Type 2 Diabetes, T2DM, Clinical inertia, Inertia.

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