Exploring the lifeworld experiences, lifestyle changes, and well-being, of individuals with type 2 diabetes who consume alcohol

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APPENDICES

APPENDIX I

Publications

1. Mantzouka C., Morrall P., Gilmartin J., & Waite-Jones, J., 2017. Well-being, type 2 diabetes and alcohol consumption: a literature review. *Primary Health Care*, 27(3), 26-30.

TYPE 2 DIABETES

Well-being, type 2 diabetes and alcohol consumption: a literature review

Mantzouka C, Morrall P, Gilmartin J et al (2017) Well-being, type 2 diabetes and alcohol consumption: a literature review. Primary Health Care. 27, 3, 26-30. Date of submission: 15 June 2016; date of acceptance: 4 October 2016. doi: 10.7748/phc.2017.e1181

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None declared

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Abstract

A diagnosis of type 2 diabetes is associated with lifestyle modifications, one of which concerns alcohol consumption. However, many if not all aspects of an individual's lifestyle have personal historic, symbolic and ritual qualities and patterns as well as wider social contexts. Therefore, any alteration of lifestyle has wider, possibly major and negative consequences for that individual, such as social alienation and psychological turmoil, undermining the individual's feeling of well-being. This article describes the significant themes from a literature review that aimed to identify the relationship between lifestyle modifications and type 2 diabetes. The findings may help to shed light on the issues and challenges nurses face in delivering support to individuals with type 2 diabetes in clinical practice.

Keywords

alcohol consumption, lifestyle modifications, literature review, nursing care, social networks, type 2 diabetes, well-being

Introduction

There is a steady increase in the incidence of type 2 diabetes worldwide (Long 2011, World Health Organization (WHO) 2016). Type 2 diabetes is increasing in the US, Australia and Europe, with the number of cases predicted to almost double by 2040 (International Diabetes Federation (IDF) 2015, Siddiqui et al 2015). This expected significant global increase of type 2 diabetes will make it the seventh-biggest cause of death worldwide (Long 2011, WHO 2016).

In the UK, it is estimated that incidence of type 2 diabetes will double by 2040, causing 16% of deaths (Diabetes UK 2011, Basu et al 2014, IDF 2015). It is the UK's fifth-biggest cause of death and accounts for approximately one tenth of NHS expenditure (Paulweber et al 2010, Hex et al 2012, WHO 2016).

Type 2 diabetes is linked to lifestyle choices such as unhealthy diet (sugar consumption) and increased alcohol consumption (Baliunas et al 2009, Ginter and Simko 2012). NHS guidelines (2015) state that to keep the risk of alcohol-related harm low, individuals should not drink more than 14 units of alcohol per week and should spread this amount of alcohol consumption evenly over three or more days. Excessive alcohol consumption (more than advised in NHS guidelines) can produce detrimental effects contributing to the onset and exacerbation of chronic conditions such as type 2 diabetes (Athyros et al 2007-2008). Self-regulation of excessive drinking and alteration of detrimental habits such as binge drinking are essential for individuals to manage type 2 diabetes complications (Tang et al 2008, Inzucchi et al 2015).

Lifestyle modifications are important for those with type 2 diabetes and are pursued through the development of structured education, lifestyle advice and self-monitoring training sessions (National Institute for Health and Care Excellence (NICE) 2009, NHS 2013). However, these enabling mechanisms require appropriate staff training, sufficient time, proper resources and a pertinent emphasis on psychosocial aspects relating to type 2 diabetes. These four elements are not always available, limiting the implementation of already developed guidelines for supporting individuals (Nakar et al 2007, Home et al 2009, Hex et al 2012).

The highest alcohol consumption levels among individuals aged above 15 years are found in Europe and the Americas, while the lowest levels are found in south east Asia and the eastern Mediterranean, with alcohol the third most important risk factor for disease burden in Europe (Mason et al 2009, WHO 2016). The UK is ranked 15th in the world for alcohol consumption, with an estimated 1.6 million people considered alcohol-dependent, 1.2 million alcohol-related hospital admissions

per year and 8,748 deaths directly related to alcohol in 2015 (Office for National Statistics 2017, NHS 2012).

The term 'well-being' describes the happiness of individuals, signifies the presence of positive feelings and denotes the absence of negative feelings, portraying lives filled with joy and affection, which makes those lives pleasant (Deci and Ryan 2008, Kahneman and Deaton 2010). Alcohol consumption and type 2 diabetes can negatively affect someone's notion of well-being. Those with type 2 diabetes are twice as likely to exhibit negative feelings and diminished levels of well-being, and these are further intensified when type 2 diabetes is combined with over-consumption of alcohol (Schram et al 2009, Brook et al 2011).

Aim and methods

The literature review described in this article aimed to explore the relationship between type 2 diabetes, lifestyle modification such as alcohol use/misuse and well-being, and how to develop mechanisms that might offer nurses more insight into better ways of helping people to modify their lifestyles.

An electronic search was undertaken using the BNI, CINAHL, Medline, Embase, Global Health, PsycINFO and Ovid Medline databases to retrieve relevant articles. The search was further refined using advanced filters limiting the search to articles written in English and published between 2008 and 2014. This time frame was selected because 2008 is the point when a series of updates, strategy developments and service integration processes occurred regarding type 2 diabetes, alcohol management and well-being in the UK that significantly altered provision of care (Department of Health 2008, NICE 2009). A search of grey literature was also conducted at www.greylit.org, http://library.leeds.ac.uk/grey-literature and www.opengrey.eu using the same keywords and search strategy and looking only for conference documents, dissertations and government reports.

The searches retrieved 1,374 articles from mainstream databases and 79 from grey literature databases. A total of 1,453 relevant articles were retrieved and assessed using the inclusion/exclusion criteria, with 187 duplicates then removed. The titles and abstracts were reviewed: 112 met the inclusion criteria and of these 24 full-text studies and six grey literature documents fully met the criteria, for a total of 30 papers and documents. All the studies from mainstream databases were assessed for quality using the appraisal framework of Hawker et al (2002) and the grey literature was assessed using the checklist devised by Tyndall (2008).

Findings and discussion

The review used the format of Bettany-Saltikov (2012) for extracting data, and followed guides for the analysis and synthesis of reviews devised by Finfgeld-Connett (2010) and Thomas and Harden (2008). Five themes emerged from the analysis.

Theme one: type 2 diabetes and alcohol consumption

Findings from the studies reviewed suggested that low to moderate consumption of alcohol may reduce the risk of developing type 2 diabetes. However, this hypothesis is controversial as it is difficult to measure alcohol consumption as the literature defines it differently and different types of alcohol may have different effects (Baliunas et al 2009, Rehm and Shield 2014). This hypothesis is also susceptible to bias as it cannot distinguish between lifetime abstainers and former drinkers, and lacks generalisability (Rehm and Shield 2014).

It is unclear whether low alcohol consumption is a protective factor or if moderate drinking is a marker for healthy lifestyle choices that may account for the observed protective effect (Shield et al 2014).

Nevertheless, a relationship between alcohol consumption and type 2 diabetes appears to exist. Higher levels of alcohol consumption increase the risks of developing and exacerbating type 2 diabetes (Drinkware 2016). Alcohol consumption and type 2 diabetes have physical, psychological, social-cultural and environmental interconnectedness, so dealing with alcohol consumption and type 2 diabetes requires treatments tailored to the individual (European Observatory on Health Systems and Policies Series 2008, Diabetes UK 2017).

Theme two: well-being of individuals with type 2 diabetes

Kneck et al (2012) highlighted the tension between the way individuals with type 2 diabetes want to live and the way they should live. This tension creates a disharmony between their idealised and actual lives, leading to negative sentiments. Providing information and education to individuals, while necessary, is of itself insufficient to enable them to cope with type 2 diabetes. Learning to live with type 2 diabetes and harmoniously adjusting lifestyles to it requires more than education.

Online archive
For related information, visit **primaryhealthcare.com** and search using the keywords

FAST FACTS

15th
The UK's ranking in the world for alcohol consumption

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million people are alcohol-dependent

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8,748
deaths directly related to alcohol (Office for National Statistics 2017, NHS 2012).

Cultural and community expectations, and the inability to meet these expectations due to type 2 diabetes, trigger a sense of uneasiness, lack of fulfilment and inadequacy that adversely affect well-being (Manderson and Kokanovic 2009).

Wu et al (2011) linked cultural aspects of expressiveness and social interaction to well-being. They concluded that cultural unwillingness to share and discuss experiences related to type 2 diabetes may lead people to stoically accept the condition without rationalising it. As a result, they become unhappy, demotivating them from trying to improve their quality of life.

Theme three: illusion of change as a barrier to genuine lifestyle modification

Johansson et al (2009) said newly diagnosed individuals want to discuss their conditions or feelings, not because they have accepted it or adjusted well, but because they want to appear unaffected by the situation, accepted by others as healthy and avoid being characterised as unhealthy. This implies that this adaptation is false or illusory.

Ahlin and Billhult (2012) maintained that people with type 2 diabetes are disillusioned by change and persist in living with the illusion that they do not have diabetes or do not have to make lifestyle changes. The main point is that lifestyle changes are not easy and that individuals continuously struggle with to make them. Healthcare professionals should therefore not confuse adaptation with a facade of acceptance of the need to change.

Handley et al (2010) said people with type 2 diabetes face continuous emotional turmoil, ranging from denial to fear, when confronted with the need to change their lifestyle. Grado (2013) suggested that alcohol consumption is associated with maladaptation to having type 2 diabetes. Jansink et al (2010) concluded that lifestyle counselling is at the core of caring and is essential to overcome barriers to lifestyle modification.

Thus, those with type 2 diabetes find it difficult to modify their lifestyles, often have an illusion of change and often seem to prefer this illusory adaptation instead of genuine adaption, as genuine lifestyle changes create great levels of inner tension and struggle.

Theme four: healthcare professionals' support role

Providing information and the development of knowledge help individuals with type 2 diabetes to overcome barriers and modify their lifestyles to attain a better quality of life (Collins et al 2009, Hicks 2010). Gorter et al (2011) concluded that most of its study participants were ill-prepared by healthcare professionals to take responsibility and were unwilling to set treatment targets. This inevitably led to misunderstandings between patients and healthcare professionals, and limited patients' sense of 'owning' the treatment processes.

Partnership between individuals with type 2 diabetes and healthcare professionals situates the notion of empowerment at the centre of care. Dutton et al (2014) and Hicks (2010) suggested that people with type 2 diabetes feel they have little input in decisions and this adversely effects their potential to cope with it. Those with higher education were self-motivated, exhibited greater potential to cope and were readier to adapt (Turner 2008, Hicks 2010, Gorter et al 2011).

However, it would be self-defeating and unfulfilling to accept that healthcare professionals have only a limited, if any, contribution to make in helping people to develop coping strategies and that the ability to cope may be due to individual characteristics. Schulman-Green et al (2012) asserted that the problem for healthcare professionals is that they focus on the management of illness rather than the emotional or existential challenges of having type 2 diabetes. Lamers et al (2010) concluded that the quality of care can be improved by paying greater attention to the emotional aspects of diabetes.

The role of healthcare professionals is to assist those with type 2 diabetes to manage themselves and take responsibility for treating their own condition. However, patients are frequently unwilling to set treatment targets and healthcare professionals are the ones who usually set them instead (Collins et al 2009, Hicks 2010, Gorter et al 2011). This inevitably leads to misunderstandings and means patients have a limited sense of ownership of their treatment. Therefore, healthcare professionals should focus on addressing patients' emotional and existential challenges (Vassilev et al 2011, Schulman-Green et al 2012). Patients will only achieve personal growth and maturity when healthcare professionals tailor their relationships with patients and coach them in re-evaluating their lives by constructing new meaning in their modified lifestyles.

Theme five: stigma, social networks and well-being

Social networks are not always supportive, because they define normalcy and deviance from normalcy. Positive social networks can

create supportive mechanisms for people with type 2 diabetes when they modify their lifestyles. However, negative social networks can remind people with type 2 diabetes of their responsibility for lack of control and poor management of their health, resulting in blaming and stigmatising attitudes (White et al 2009, Vassilev et al 2011, Schiøtz et al 2012, Nash 2014).

Strengthening and supporting the positive social networks of people with type 2 diabetes can help to overcome stigma from negative social networks (Schiøtz et al 2012, Nash 2014). Nonetheless, social networks can stigmatise patients for their unwillingness to modify unhealthy lifestyles (Williamson 2012), inhibiting their potential to alter their lifestyle and achieve well-being.

Conclusion

The literature accessed in this review showed that immoderate alcohol consumption exacerbates type 2 diabetes complications and affects the well-being of individuals (Baliunas et al 2009, Johansson et al 2009). Dealing with the physical, psychosocial and environmental aspect of lifestyle changes and type 2 diabetes requires individualised treatments that include education. Support is required for rationalising the condition and achieving a balance between the idealised and the actual lifestyle. Eventually, these supportive approaches can create preconditions for individuals with type 2 diabetes to move on and increase their sense of well-being.

The role of healthcare professionals includes addressing the emotional and existential challenges of living with type 2 diabetes and assisting patients in gaining benefits from their treatment. Lifestyle modifications can be impeded by social networks that stigmatise the individual for a lack of control and poor management of type 2 diabetes and their lifestyle. The healthcare professionals' role includes supporting positive social networks to enable patients to make changes.

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APPENDIX II

Conference Presentations (*oral & poster presentations*)

1. Humanising Care, Health and Wellbeing Conference, University of Bournemouth, Bournemouth, UK, 21 June 2018 "Exploring the lifeworld experiences, lifestyle changes, and well-being, of individuals with type 2 diabetes who consume alcohol". (Oral Presentation)
2. The RCN international nursing research conference 2016, Edinburgh International Conference Centre, “Exploring type 2 diabetes, alcohol use and lifestyle modifications: a systematic literature review”. (Poster)
3. Healthcare PGR Conference 2015, University of Leeds, Leeds, UK, 21 October 2015 “Exploring the experiences and the well-being of individuals diagnosed with type 2 diabetes and use alcohol”. (Oral presentation)
4. Faculty of Medicine and Health Conference, University of Leeds, Leeds, UK, 23 June 2014 “Exploring patients’ and health care professionals’ perception concerning health needs of individuals with type 2 diabetes, substance abuse and depression”. (Poster)
5. Healthcare PGR Conference, University of Leeds, Leeds, UK, 24 October 2014 “Exploring the life-world approaches of individuals with diabetes type 2 who engage in alcohol over-consumption in the North of England”. (Poster)

Number 1

Humanising Care, Health and Wellbeing Conference, University of Bournemouth, Bournemouth, UK, 21 June 2018 "Exploring the lifeworld experiences, lifestyle changes, and well-being, of individuals with type 2 diabetes who consume alcohol". (Oral Presentation)

Humanising Care, Health and Wellbeing
Bournemouth University
3rd floor, Executive Business Centre, 89 Holdenhurst Road, BH8 8EB
21st-22nd June 2018

Programme DAY 1

9.30	**Registration**	
9.50	Dr Caroline Ellis-Hill	Welcome
10.00	Dr Sophie Mackenzie	Mosaics, ambiguity and quest: constructing stories of spirituality with people with expressive aphasia
10.20	Dr Sara White & Dr Desi Tait	Critical Care Nursing – a humanised approach
10.40	Dr Sally Lee	Humanisation theory in social work education
11.00	Julie Galbally and Sarah Paterson	The Worm and the Woodpecker: Our life experiences of developing a relationship centred approach in stroke care.
11.20	**Coffee**	
11.50	Professor Ann Hemingway	The Mechanism of Action of an Equine Assisted Intervention: A Pilot Study
12.10	Hanne Morkenborg Bové , Dr Marianne Lisby, Dr Annelise Norlyk,	Scheduled care – as a way of caring. A phenomenological study of being cared for when suffering from alcohol use disorders.
12.30	Marta Paglioni, Dr. Katherine Curtis, ' Dr. Jonny Branney & Janine Valentine	A mixed methods investigation into the impact of ICCI (Intentional Compassionate Communication Interventions) for older people in A&E
12.50	Dr Mel Hughes	Humanising social work practice. Reflections on writing a book with service users and carers. A Guide to Statutory Social Work Interventions: The lived experience.

1.10	**Lunch**	
2.10	Dr Michele Board, Dr Laura Phillips; Rebecca Mitchell &and Prof. Jane Murphy	Seeing the Person not the Diagnosis – a humanised approach to dementia care through simulation-based education
2.30	Dr Jim Cowan	Realising potential through support and consciousness
2.50	Dr Jan Mojsa	Dignity and 'Other' - ethical and spiritual issues. Humanisation musings from the chaplaincy bedside
3.10	Tea	
3.30	Christine Mantzouka	Exploring the lifeworld experiences, lifestyle changes, and well-being, of individuals with type 2 diabetes who consume alcohol
3.50	Karen Cooper, Lucy Stainer, Sharon Waight, Dr Sara White	Academic Advisor (personal tutor) role modelling a humanising approach: how & why?
4.10	Dr Michelle Heward, Dr Michele Board, Ashley Spriggs, Dina Blagden and Prof Jane Murphy	'Walking in someone else's shoes': humanising dementia care through simulated learning.
4.30	**Feedback, thanks and close – Day 1**	

Number 2

The RCN international nursing research conference 2016, Edinburgh International Conference Centre, “Exploring type 2 diabetes, alcohol use and lifestyle modifications: a systematic literature review”. (Poster)

The RCN international nursing research conference 2016, Edinburgh International Conference Centre, “Exploring type 2 diabetes, alcohol use and lifestyle modifications: a systematic literature review” (Poster)

RCN International Nursing Research Conference and Exhibition 2016
Wednesday 6 – Friday 8 April 2016
Edinburgh International Conference Centre, Edinburgh

Royal College of Nursing

Programme at a glance

Wednesday 6 April 2016

08.00 - 10.00 — **Registration, refreshments, exhibition and poster judging/ viewing**
Strathblane Hall

10.00 - 10.05 — **Chair's welcome and introduction to the conference**
Pentland Auditorium
Professor Daniel Kelly, RCN Professor of Nursing Research, Cardiff University, United Kingdom

10.05 - 10.20 — **Welcome to Edinburgh**
Pentland Auditorium
Theresa Fyffe, Director, RCN Scotland, United Kingdom
Dr Sheila Rodgers, Senior Lecturer, University of Edinburgh, United Kingdom

10.20 - 11.00 — **Keynote | Nursing at the extremes: navigating the emotions of care**
Pentland Auditorium
Professor Pam Smith, Professorial Fellow in Nursing Studies, the School of Health in Social Science, University of Edinburgh, United Kingdom

11.00 - 11.30 — **Refreshments, exhibition viewing, poster judging/viewing**
Strathblane Hall

11.30 – 12.55 — **Concurrent session 1**

	11.30 - 11.55	5 minutes transitional break	12.00 - 12.25	5 minutes transitional break	12.30 - 12.55
1.1 Action research Room: Fintry (level 3) Chair: Ruth Northway	1.1.1 Abstract number 142 **Working Together: action research with service users to improve person-centred care** *Dr Juliet MacArthur, NHS Lothian, United Kingdom*		1.1.2 Abstract number 199 **In search of improved pressure injury risk assessment for patients admitted to hospital: evaluation of a clinical-judgement-based tool** *Professor Lin Perry, University of Technology Sydney, Australia*		1.1.3 Abstract number 400 **Shared Outcomes in Neurorehabilitation - supporting person centred care and multi-disciplinary working - the Neurorehabilitation Outcomes Management System (NROMS).** *Dr Carina Hibberd, Stirling University, United Kingdom*

	Poster number 34 **The development of the Chinese Health Improvement Profile (CHIP) for improving the physical health of people diagnosed with severe mental illness** (Abstract number 6) *Dr Daniel Bressington, The Hong Kong Polytechnic University, Hong Kong*
Poster tour H **Public health** Leaving registration at: 13.30 Led by: *Dr Julie McGarry, University of Nottingham, United Kingdom*	Poster number 35 **The impacts of a health education programme on primary school teacher's knowledge and attitudes towards Type 1 Diabetes Mellitus in children in Saudi Arabia** (Abstract number 266) *Buthaina Aljehany, University of Salford, United Kingdom*
	Poster number 36 **Healthy Conversation Skills: an intervention to improve the nursing workforce's skills in supporting behaviour change** (Abstract number 334) *Julia Hammond, University of Southampton, United Kingdom*
	Poster number 37 **Binaural beat technology: Can it really affect cardiovascular stress response?** (Abstract number 378) *Lieutenant Colonel Melisa Gantt, Landstuhl Regional Medical Center, Germany*
	Poster number 38 **Exploring type 2 diabetes, alcohol use and lifestyle modifications: a systematic literature review** (Abstract number 323) *Christine Mantzouka, United Kingdom*
	Poster number 39 **An integrated literature review to explore the factors which facilitate and impede the implementation and reach of lay health worker programmes aimed at promoting influenza vaccination** (Abstract number 324) *Dr Sherrill Snelgrove, Swansea University, United Kingdom*
Poster tour J **Primary and community care** Leaving registration at: 13.30 Led by: *Professor Austyn Snowden, Edinburgh Napier University, United Kingdom*	Poster number 40 **How community nurses perceive the use of health plans in the communication of health needs of children and young people with learning disabilities** (Abstract number 244) *Lucy Riggs, United Kingdom*
	Poster number 41 **Promotion of oral health in elderly residential care: a review of the literature** (Abstract 457) *Brendan Garry, Guy`s and St Thomas' NHS Foundation Trust, United Kingdom*
	Poster number 43 **How prepared are informal carers of patients with advanced COPD and what are their support needs?** (Abstract number 364) *Dr Morag Farquhar, University of Cambridge, United Kingdom*
	Poster number 44 **Can we enable patients to express support needs in advanced non-malignant disease? Testing a prototype tool for use within a new support needs approach for patients** (Abstract number 370) *Dr Morag Farquhar, University of Cambridge, United Kingdom*

Number 3

Healthcare PGR Conference 2015, University of Leeds, Leeds, UK, 21 October 2015
“Exploring the experiences and the well-being of individuals diagnosed with type 2 diabetes and use alcohol”. (Oral presentation)

Healthcare PGR Conference 2015, University of Leeds, Leeds, UK, 21 October 2015 “Exploring the experiences and the well-being of individuals diagnosed with type 2 diabetes and use alcohol”. (Oral presentation)

School of Healthcare
FACULTY OF MEDICINE AND HEALTH

UNIVERSITY OF LEEDS

POSTGRADUATE RESEARCH STUDENT CONFERENCE

Programme

Theme Research Impact

Abstracts and Posters

Wednesday 21st October 2015

DRIVING POSITIVE CHANGE

School of Healthcare
Postgraduate Research Student Conference

Theme: Research Impact

Wednesday 21st October 2015

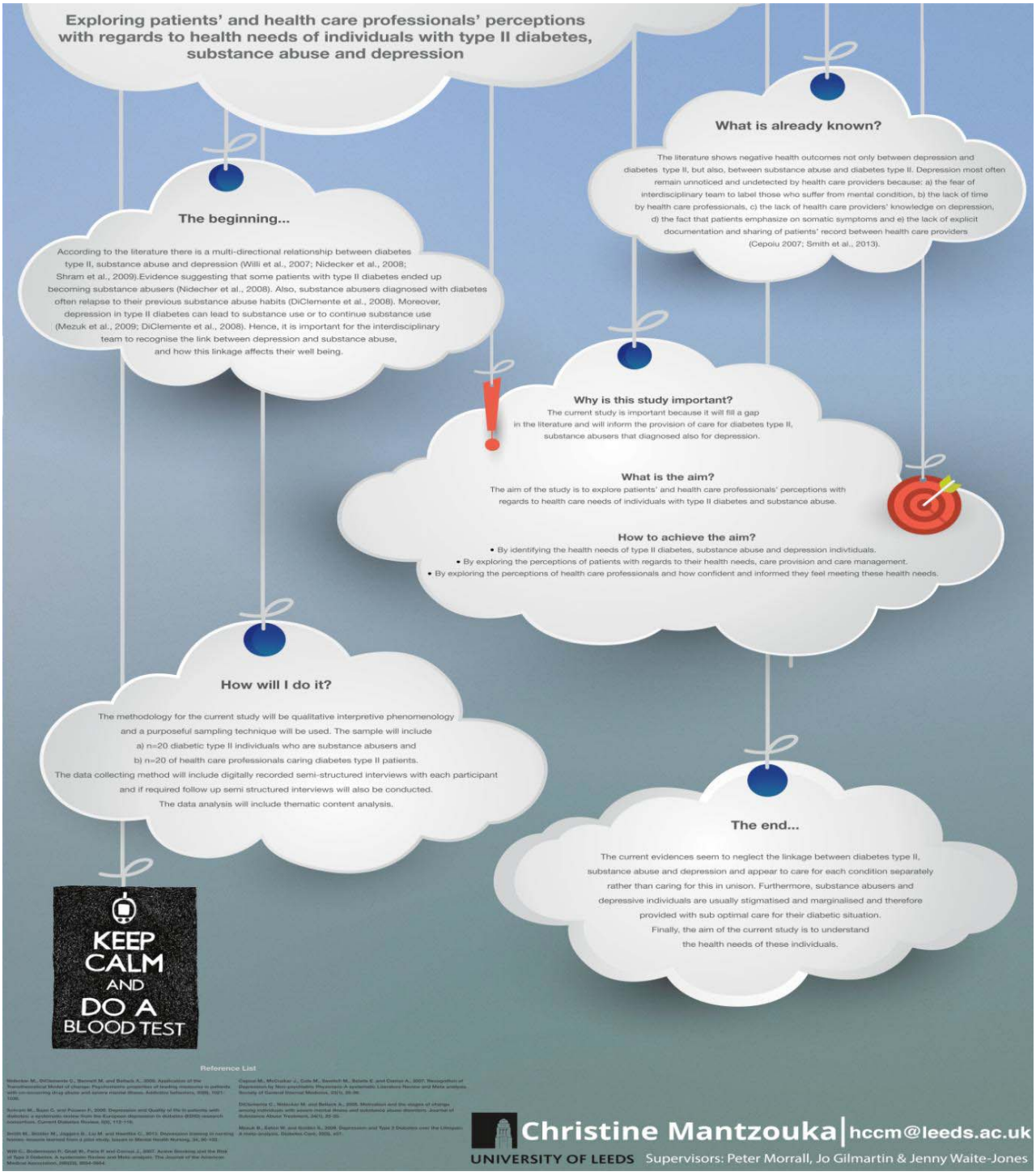
Conference venue (Presentations): Baines Wing – Room 2.10
Posters – Baines Wing 3.20

9.45 – 10:15	Tea/coffee and poster viewing (Baines Wing room 3.20)	
10:15 – 10.20	Welcome and introduction	Professor Andrea Nelson (Head of School)
10.20 – 10:55	Opening presentation	Professor John Baker, Chair Mental Health Nursing, School of Healthcare
10:55 – 11:20	Presentation 1	Anadari Astuti
11:20 – 11:45	Presentation 2	Amy Hunter
11.45 – 12:10	Presentation 3	Marianne Hvistendahl-Allday
12:10 – 13:10	Lunch and poster viewing (Baines Wing room 3.20)	
13:10 – 13:35	Presentation 4	Christine Mantzouka
13:35 – 14:00	Presentation 5	Charlotte Scott
14:00 – 14:25	Presentation 6	Su Wood
14:25 – 15:15	Tea/coffee and poster viewing (Baines Wing room 3.20)	
15:15 – 15:40	Closing presentation	Dr Veronica Swallow, Associate Professor, School of Healthcare
15:40 – 16:00	Prize giving, closing remarks and thanks	Dr Paul Marshall

Number 4

Faculty of Medicine and Health Conference, University of Leeds, Leeds, UK, 23 June 2014 “Exploring patients’ and health care professionals’ perception concerning health needs of individuals with type 2 diabetes, substance abuse and depression”. (Poster)

Faculty of Medicine and Health Conference, University of Leeds, Leeds, UK, 23 June 2014 “Exploring patients’ and health care professionals’ perception with regard to health needs of individuals with type 2 diabetes, substance abuse and depression” (Poster)



Number 5

Healthcare PGR Conference, University of Leeds, Leeds, UK, 24 October 2014
"Exploring the life-world approaches of individuals with diabetes type 2 who engage in alcohol over-consumption in the North of England". (Poster)

Healthcare PGR Conference, University of Leeds, Leeds, UK, 24 October 2014
"Exploring the life-world approaches of individuals with diabetes type 2 who engage in alcohol over-consumption in the North of England" (Poster)

School of Healthcare
FACULTY OF MEDICINE AND HEALTH
UNIVERSITY OF LEEDS

Exploring the life-world approaches of individuals with diabetes type 2 who engage in alcohol over-consumption in the North of England

Background

Diabetes type 2

The prevention of type 2 diabetes related complications will avoid premature deaths, will reduce the costs of treating type 2 diabetes individuals, will increase the quality adjusted life years (QALY) of type 2 diabetes individuals and will positively affect their well being. Diabetes type 2 is primarily a lifestyle disease and relates to the increased urbanisation, the rise of obesity, the reduction of physical activity and the over-consumption of alcohol. Lack of support of type 2 diabetes individuals can lead to further healthcare complications in relation to diabetes and create a sense of unhappiness, lack of life satisfaction and a notion of ill-being. The required lifestyle modifications may create a sense of social alienation and an ecstential turmoil that inevitably influences the individual's well-being.

Alcohol

Alcohol abuse and alcohol dependence is defined by maladaptive patterns of alcohol use, leading to clinically significant impairment or distress. Therefore, high levels of alcohol consumption can and often have detrimental effects on the health and well-being of individuals. Lifestyle factors such as alcohol consumption are held mainly responsible for the increasing prevalence of type 2 diabetes as it may impede the adjustment to the new expectations in terms of lifestyle.

Well being

Indeed the literature uses well-being as to describe the happiness of individuals, generally defined as the presence of positive affect and the absence of negative affect and to focus on living a life in a fully and deeply satisfying way filled with experiences of joy, fascination, anxiety, sadness, anger, and affection that make one's life pleasant or unpleasant.
The well being is related with other aspects such as psychological, physical, social and spiritual well being. Well being is consisted by the positive holistic evaluation of one's life, considering the past experiences, the current life situation and the expectations in the future of the individuals.
In ecstential terms well being refers to feeling peacefully at home and associates mobility to individuals' thoughts, experiences and actions.

Aim and objectives

The aim of the current is the exploration of the life-world approaches and experiences of individuals with diabetes type 2 who engage in alcohol over-consumption in the North of England

The objectives of the study are:
1)To explore the approaches and experiences in coping with type 2 diabetes individuals who over-consume alcohol.
2)To gain in-depth understanding of the caring needs of type 2 diabetes individuals who over-consume alcohol in achieving an ecstential state of well-being
3)To gain a dialectical understanding of the life-world approach of type 2 diabetes individuals who over-consume alcohol in achieving quality adjustment life years

Methodology

The methodology for the current study will be qualitative interpretive phenomenology and a purposeful sampling technique will be used. The sample will include n=12 diabetes type 2 individuals who currently or previously they over-consumed alcohol. The data collecting method will include digitally recorded semi structured interviews with each participant and if required follow up semi structured interviews will also be conducted. The data analysis will include interpretive phenomenological analysis.

Lifeworld theory

The lifeworld theory will be used in this study. The lifeworld theory is the philosophical foundation for more humanised forms of care and emphasize in the lived experiences of individuals. Five elements of lifeworld theory have been articulated: a) temporality b) spatiality c) intersubjectivity d) embodiment and e) mood.

Christine Mantzoukas
e-mail: [redacted]

Supervisors: Peter Morrall, Jo Gilmartin, Jenny Wallis-Jones

POSITIVE CHANGE

APPENDIX III

Table of full text articles assessed using Hawker's appraisal framework - chapter 2

APPENDIX III

Hawker's appraisal framework - initial search

Articles	Abstract	Introduction and aims	Method and data	Sampling	Data analysis	Ethics and bias	Results	Transferability or generalisability	Implications and usefulness	Total score
Baliunas et al., 2009	Good (4)	Fair (3)	Good (4)	Good (4)	Fair (3)	Fair (3)	Good (4)	Poor (2)	Fair (3)	30
Wu et al., 2011	Good (4)	Good (4)	Good (4)	Good (4)	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	35
Yalcin et al., 2008	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Poor (2)	Fair (3)	Good (4)	Fair (3)	31
Gorter et al., 2011	Good (4)	Good (4)	Good (4)	Fair (3)	Fair (3)	Poor (2)	Fair (3)	Good (4)	Good (4)	31
Breton et al., 2013	Poor (2)	Good (4)	Good (4)	Good (4)	Fair (3)	Fair (3)	Fair (3)	Fair (3)	Fair (3)	29
Kneck et al., 2012	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Good (4)	Good (4)	Good (4)	Good (4)	35
Kalda et al., 2008	Good (4)	Fair (3)	Good (4)	Good (4)	Fair (3)	Fair (3)	Fair (3)	Good (4)	Fair (3)	31
Manderson and Kokanovic, 2009	Fair (3)	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Good (4)	Fair (3)	Fair (3)	32
Johansson et al., 2009	Good (4)	Good (4)	Fair (3)	Good (4)	Good (4)	Fair (3)	Good (4)	Fair (3)	Fair (3)	32
Ahlin and Billhult, 2012	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Fair (3)	Fair (3)	Fair (3)	Fair (3)	31
Handley et al., 2010	Good (4)	Good (4)	Good (4)	Good (4)	Poor (2)	Fair (3)	Good (4)	Good (4)	Fair (3)	32
Grado, 2013	Good (4)	Good (4)	Fair (3)	Fair (3)	Good (4)	Poor (2)	Good (4)	Fair (3)	Fair (3)	30
Malpass et al., 2009	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Fair (3)	Fair (3)	Good (4)	Fair (3)	32
Jansink et al., 2010	Good (4)	Fair (3)	Fair (3)	Fair (3)	Good (4)	Fair (3)	Good (4)	Fair (3)	Fair (3)	30
Collins et al., 2009	Good (4)	Fair (3)	Fair (3)	Fair (3)	Fair (3)	Fair (3)	Good (4)	Fair (3)	Fair (3)	29

Gorter et al., 2011	Good (4)	Good (4)	Fair (3)	Fair(3)	Fair (3)	Fair (3)	Good (4)	Fair (3)	Fair (3)	30
Turner, 2008	Fair (3)	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Good (4)	Fair (3)	Fair (3)	32
Dutton et al., 2013	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Fair (3)	Fair (3)	Good (4)	Fair (3)	32
Schulman- Green et al., 2012	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Fair (3)	Good (4)	Good (4)	Good (4)	34
Lamers et al., 2010	Good (4)	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Good (4)	Fair (3)	Good (4)	34
Vassilev et al., 2011	Good (4)	Good (4)	Good (4)	Good (4)	Fair (3)	Fair (3)	Fair (3)	Fair (3)	Fair (3)	31
White et al., 2009	Good (4)	Good (4)	Good (4)	Good (4)	Poor (2)	Fair (3)	Good (4)	Fair (3)	Fair (3)	31
Shiotz et al., 2011	Good (4)	Fair (3)	Good (4)	Good (4)	Good (4)	Poor (2)	Good (4)	Good (4)	Fair (3)	32
Nash et al., 2014	Good (4)	Fair (3)	Good (4)	Good (4)	Fair (3)	Fair (3)	Good (4)	Fair (3)	Fair (3)	31

Hawker's appraisal framework - follow-up search

Articles	**Abstract**	**Introduction and aims**	**Method and data**	**Sampling**	**Data analysis**	**Ethics and bias**	**Results**	**Transferability or generalisability**	**Implications and usefulness**	**Total score**
Boehm et al., 2015	Good (4)	Good (4)	Good (4)	Fair (3)	Fair (3)	Fair (3)	Fair(3)	Poor (2)	Fair (3)	29
Johansson et al., 2016	Good (4)	Good (4)	Good (4)	Good (4)	Good (4)	Good(4)	Good (4)	Poor (2)	Poor (2)	32
Benavides et al., 2017	Good (4)	Good (4)	Good (4)	Fair(3)	Fair (3)	Poor (2)	Good (4)	Poor (2)	Poor (2)	28

APPENDIX IV

Table of full text articles assessed using Tyndall's checklist - chapter 2

APPENDIX IV

Tyndall's checklist for appraising the grey literature

Articles	Authority	Accuracy	Coverage	Objectivity	Date	Significance
Shield et al., 2014	The authors are qualified (PhD, MSc and work in Centre for Addiction and Mental Health; University of Toronto)	Credible sources and documents, present similar results as studies in this similar field	Limitations were clearly presented	It is balanced and includes opinions of experts	Up to date literature and includes important material	It strengthen a current position, it is meaningful and representative
Saucedo, 2013	The author is qualified (MD, MPH, PhD c), presented by the World Health Organisation	Credible sources and documents, summarize similar results as studies in similar field	Presentation of limitations	It is balanced, published in WHO organisation and includes opinions of experts	Up to date literature including important literature	It is meaningful, and enriches to the current research
Katon, 2008	The author is qualified (MD Department of Psychiatry and Behavioral Sciences, University of Washington)	Credible sources and documents, concludes similar results and clearly states methodology	Clear presentation of limitations	It is balanced, published in American Journal of Medicine and includes opinions of experts	Up to date literature and important materials are included	It is meaningful and strengthen a current position
Min et al. , 2010	The author are qualified (Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore: A Collaborating Centre of the Joanna Briggs Institute)	Credible sources and documents, concludes similar result to similar studies and clear statement of methodology	No clear presentation of the limitations of the article	It is balanced and include opinions of experts in the field	Up to date literature and inclusion of important material	It is meaningful and enriches to the current research
Hicks, 2010	The author is qualified Nurse consultant in diabetes, in Enfield Community Services, London	Credible sources and documents and similar results to similar studies	No clear presentation of the limitations of the paper	It is balanced, published in Nursing Standards and includes opinions of experts	Up to date literature that includes important material	It is meaningful and enriches to the current research

APPENDIX V

Initial Interview Schedule (prior the piloting)

APPENDIX V

INTERVIEW SCHEDULE

i. Introduce myself
ii. Build rapport (allow the participant and the researcher to connect and feel comfortable)

ACTION QUESTIONS

1) Tell me about your experiences with type 2 diabetes?
   a) Can you tell me how you deal with type 2 diabetes?
   b) How have you fitted type 2 diabetes condition with your daily life routine?
   c) What is this routine for you? – Could you please give me an example?
2) What were you required to do as to deal with type 2 diabetes
   a) How would you describe the support received in dealing with type 2 diabetes
3) What would say has changed in your lifestyle after the diagnosis with type 2 diabetes? – Give me an example.
4) How has type 2 diabetes affected the levels of alcohol intake for you? – Give me an example.
   a) Can you tell me if you feel that modifying your alcohol patterns affected your social life? And in what ways
5) What kinds of support and resources have been most helpful to you in managing lifestyle modifications?
6) How is the relationship between you and the health professionals developed since the diagnosis and onwards?
7) How is your relationship with colleagues, friends, family, and neighbours?

KNOWLEDGE QUESTIONS

1) What do you know about type 2 diabetes and alcohol use?

a) *Can you expand (prompting)*
b) *How many units or glasses of alcohol did you drink per day and how many do you drink now (prompting)*

2) In what ways do you think your life has been affected by the diagnosis of type 2 diabetes
3) What do you think of the healthcare support you received in managing lifestyle changes for:
   a) type 2 diabetes
   b)moderate alcohol?
4) What challenges have you experienced with the changes with regards to lifestyle? / What do you think are the possible solutions to these challenges?

PERSONAL PHILOSOPHY QUESTIONS

1) Do you think that type 2 diabetes has changed you as a person
   a) *If yes, in what ways (prompting question)/ example*
2) To what degree (extent) do you feel that you have come to terms with the lifestyle changes required from type 2 diabetes
3) How do you feel with your current lifestyle
4) What are your plans for the future? How do you believe that lifestyle changes will affect these plans?
   - Anything else you would like to add
   - Thank the participant for the time and the sharing of information and experiences.

APPENDIX VI

Participant Information Sheet

APPENDIX VI

UNIVERSITY OF LEEDS

Faculty of Medicine and Health
School of Healthcare

Christine Mantzouka
PhD student
Baines Wing,
School of Healthcare,
University of Leeds,
Leeds, LS2 9UT
1th June 2015

Participant Information Sheet

Exploring the experiences and the well-being of people diagnosed with type 2 diabetes and who have or do use alcohol (not matter in what quantity).

You are invited to take part in the above named study but before you decide. The following information to help you decide whether or not you will be willing to participate in this research:

What is the purpose of this study?

The purpose of the study is to explore the experiences of people who have been diagnosed with type 2 diabetes and used or still use alcohol.

The aims of the study are to explore:

(1) the experiences of the treatment and support individuals who have been diagnosed with type 2 diabetes received from health care professionals

(2) how people live with diabetes and the challenges in adapting any lifestyle changes relating to potential alcohol use.

Who is doing the study?

The study will be undertaken by Ms. Christine Mantzouka as part of fulfilling her PhD degree requirements at the School of Healthcare, University of Leeds. The researcher will be supervised by Dr. Peter Morrall, Dr. Jo Gilmartin and Dr. Jenny Waite-Jones from the School of Healthcare, University of Leeds.

Why have I been asked to participate?

You have been invited to participate in this study because you are considered to have relevant knowledge and experiences as you have been diagnosed with type 2 diabetes for over six (6) months and asked to quit or moderate alcohol consumption.

What will be involved if I take part in this study?

If you choose to participate in the study, you will be invited to a single interview which will last approximately 60 minutes and will be audio-recorded. The interview will take place at a time convenient to you at the diabetes support group venue (or alternative suitable venue in the University of Leeds).

What are the possible advantages and disadvantages of taking part?

You will be asked questions about your experiences with regards type 2 diabetes and lifestyle changes in relation to alcohol consumption.

There is no direct benefit to you for taking part in this study, other than providing an opportunity to share your views and insights on the topic and providing insights that will assist health care professionals in determining the potential changes that might be needed in supporting lifestyle changes among people with type 2 diabetes.

Do I have to take part?

Your participation in this study is totally voluntary and it is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form.

Can I withdraw from the study at any time?

You are free to withdraw from the study without having to give a reason for withdrawing and with any consequences to you for your withdrawal. Even after the completion of the interview the participants can request up to 2 weeks post the interview to withdraw part or

all data collected. Furthermore, you will have an opportunity to discuss the study with the researcher who will provide you with the opportunity to ask any questions and queries after you have read the information sheet.

Will the information obtained in the study be confidential?

All information obtained from you will be kept strictly confidential and stored according to the data protection act. Your name will be removed from all interview transcriptions, which means only the researcher will know what you have said. The audio recording will be done using a digital device that has password protection and the password will be known only by the researcher (Christine Mantzouka) and supervisors. If requested you will have access to the interview data for the purpose of verification of transcription and analysis. The digitalised record of your interview will be deleted after transcription and the transcript held in a password protected secure network of the University of Leeds for a period of five years, after which, it will be deleted from the device on which it is stored. You will remain anonymous and only the researcher or the representative will know your personal information. You have the right to withdraw from the study up to two weeks after the interview. Furthermore, you will retain the right to withdraw from the study at any point during the interview without any consequences and you can also withdraw parts or all of the data you have provided during the interview for up to two weeks after the completion of the interview. Finally, your name will be removed from all the gathered information as to maintain anonymity in all cases.

What will happen to the results of the study?

Your responses and that of other participants will be analysed. Some quotes will be used from all participants' responses to illustrate the views of participants. However, these quotes will not be associated with your name but the researcher will use pseudonymous that will assure your confidentiality. The results of this study will be part of researcher's PhD thesis and will also be published in relevant scientific journals and be presented at conferences.

Who has reviewed this study?

Ethical approval has been granted by the School of Healthcare Research Ethics Committee *(state project reference number and date).*

If you at any point during this study become uncomfortable with any aspect of it, feel free to let me know and the interview will be terminated. Also, it is important to remember that

you will not have to answer any question you do not want to. Also, in the rare case you may require support following the interview please contact community diabetes service (Shaftesbury House, 480 Harehills Lane, Leeds LS9 6NG Tel: 0113 843 4200, Monday to Friday 8.30am to 4.30pm).

If you agree to take part, would like more information or have any questions or concerns about the study please contact

Ms. Christine Mantzouka
PhD Student,
School of Healthcare, Baines Wing, University of Leeds,
LS2 9UT, Leeds, UK.
Tel: 07543 380468 or email: hccm@leeds.ac.uk

Dr. Peter Morrall
Lecturer,
School of Healthcare, Baines Wing, University of Leeds,
LS2 9UT, Leeds, UK.
Tel: 0113 3431184 or email: p.a.morrall@leeds.ac.uk

Dr. Jo Gilmartin
Nursing Lecturer,
School of Healthcare, Baines Wing, University of Leeds,
LS2 9UT, Leeds, UK.
Tel: 0113 3431254 or email: j.gilmartin@leeds.ac.uk

Dr. Jenny Waite-Jones
Psychology Lecturer,
School of Healthcare, Baines Wing, University of Leeds,
LS2 9UT, Leeds, UK.
Tel: 0113 3431255 or email: j.m.waite-jones@leeds.ac.uk

Finally, if you agree to participate, please sign the attached informed consent form. A copy will remain with you.

Thank you for taking the time to read this information sheet.

APPENDIX VII

Information Poster

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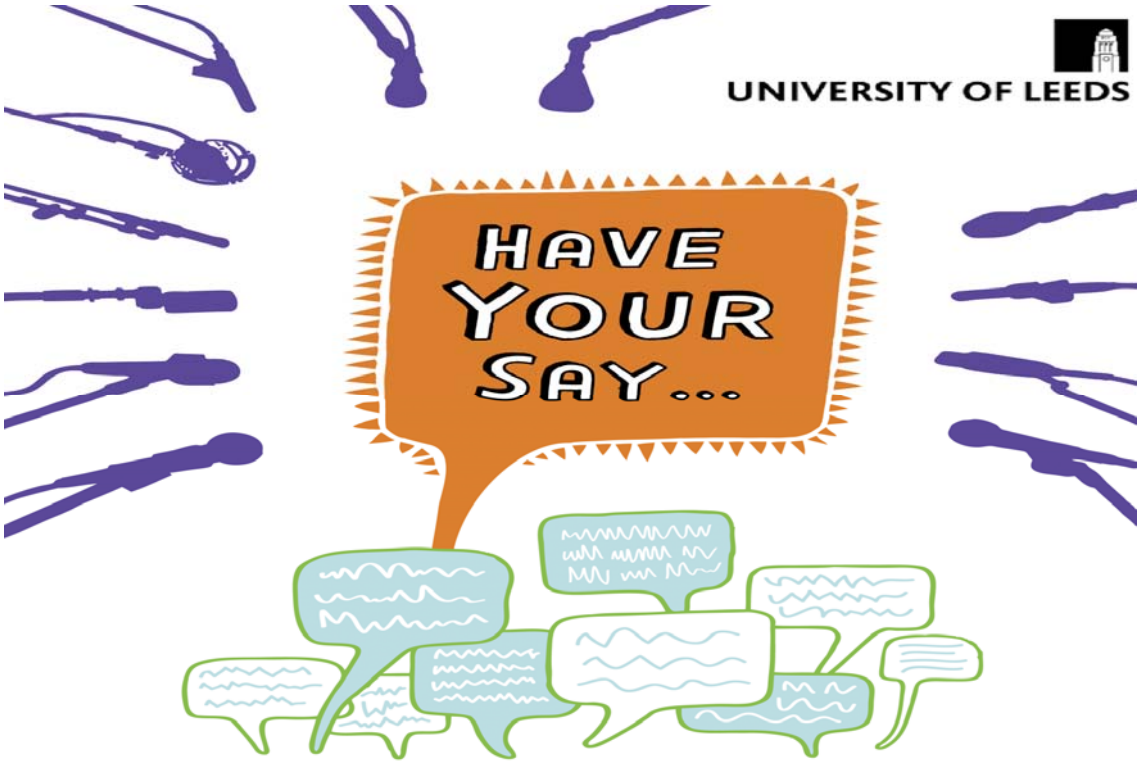

Have you been diagnosed with type 2 diabetes at least 6 months ago?

Have you or do you use alcohol (no matter in what quantity)?

Do you want your opinions about type 2 diabetes and alcohol use to be heard?

Do you want to help us improve care?

Take part in our research study. It provides an opportunity to talk and share experiences and you'll be helping to present insights about type 2 diabetes experience and improve care and health policy!

Contact: Ms. Christine Mantzouka
PhD Student,
School of Healthcare, Baines Wing, University of Leeds,
LS2 9UT, Leeds, UK.
Tel: 07543 380468 or email: hccm@leeds.ac.uk

APPENDIX VIII

Modified Interview Schedule

Interview Guide	Study Objectives Addressed
ACTION QUESTIONS 1) Tell me about your experiences with type 2 diabetes? a) Can you tell me how you deal with type 2 diabetes? b) How have you fitted type 2 diabetes condition with your daily life routine? c) What is this routine for you? – Could you please give me an example?	Study objective 2 and 3 addressed
2) What were you required to do to deal with type 2 diabetes a) How would you describe the support received in dealing with type 2 diabetes	Study objective 1 and 3 addressed
3) What would say has changed in your lifestyle after the diagnosis with type 2 diabetes? – Give me an example.	Study objective 2 and 4 addressed
4) How has type 2 diabetes affected the levels of alcohol intake for you? – Give me an example. a) Can you tell me if you feel that modifying your alcohol patterns affected your social life? And in what ways	Study objective 1, 4 and 5 addressed
5) What kinds of support and resources have been most helpful to you in managing lifestyle modifications?	Study objective 4 and 5 addressed
6) How is the relationship between you and the health professionals developed since the diagnosis and onwards?	Study objective 2 and 3 addressed
7) How is your relationship with colleagues, friends, family, and neighbours?	Study objective 2 and 5 addressed
KNOWLEDGE QUESTIONS 1) What do you know about type 2 diabetes and alcohol use? *a) Can you expand (prompting)* *b) How many units or glasses of alcohol did you drink per day and how many do you drink now (prompting)*	Study objective 1 and 2 addressed
2) What kinds of support and resources have been most helpful to you in managing lifestyle modifications?	Study objective 3, 4 and 5 addressed
3) What do you think of the healthcare support you received in managing lifestyle changes for: a) type 2 diabetes b)moderate alcohol?	Study objective 3 and 5 addressed
4) What challenges have you experienced with the changes with regards to the lifestyle? / What do you think are the possible solutions to these challenges?	Study objective 4
PERSONAL PHILOSOPHY QUESTIONS 1) Do you think that type 2 diabetes has changed you as a person *a) If yes, in what ways (prompting question)/ example*	Study objective 2 and 4
2) To what degree (extent) do you feel that you have come to terms with the lifestyle changes required from type 2 diabetes	Study objective 4 and 5
3) How do you feel with your current lifestyle	Study objective 2 and 4
4) What are your plans for the future? How do you believe that lifestyle changes will affect these plans? • Anything else you would like to add	Study objective 4 and 5

APPENDIX IX

Confirmation that Supervisors reviewed the data analysis and discussion sections

Number 1

Confirmation letter from my main Supervisors Dr Peter Morrall that he has reviewed and provided feedback/ comments on the analysis of the findings section and the writing of the discussion section, and that the researcher responded to these feedback/ comments.

UNIVERSITY OF LEEDS

Healthcare Studies
University of Leeds

17th July 2020

To whom it may concern,

I can confirm that within my capacity of PhD supervisor for Ms Christine Mantzouka during her PhD studies at the University of Leeds, that I have provided extensive reviews, and provided oral and written feedback on the analysis of her data and on the discussion of her findings for the study entitled "*Exploring the lifeworld experiences, lifestyle changes, and well-being of individuals with type 2 diabetes who consume alcohol*".

I can also confirm that Ms Christine Mantzouka acted upon the provided review and feedback, and constructively used it to finalise the analysis and writing of the study's findings.

[redacted]

Dr Peter [redacted]

[redacted]

Number 2

Email exchanges confirming supervisors reviews and provided feedback/ comments on the analysis of the findings section and the writing of the discussion section, and the researcher's responses to these feedback/ comments.

Re: First 4 analysis !

Peter [redacted]

Thu 03/11/2016 10:57

To: Christine Mantzouka <hccm@leeds.ac.uk>; Jo [redacted]

Thank you Christine. We can talk about this today when we meet but at first glance the coding looks promising [redacted] Peter

Dr Peter [redacted]

Number 3

Email exchanges confirming supervisors reviews and provided feedback/ comments on the analysis of the findings section and the writing of the discussion section, and the researcher's responses to these feedback/ comments.

Re: Feedback Analysis3

From: Jo [redacted]
Sent: 01 February 2018 11:40:53
To: Christine Mantzouka
Cc: Peter [redacted]
Subject: Feedback Analysis3

Hi Christtne, T[redacted]

Points to consider;

1. [redacted]
4. You still avow personality changes & I think you have very weak evidence to support such an inference (see feedback comments attached).
5. [redacted]
6. Some of the quotes are very good & others are weak & do not fit with the characteristics avowed in the aforementioned text.
7. [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted], Jo

[redacted]

APPENDIX X

Two coded transcripts (*Interviewee B and Interviewee C*)

Number 1

Coded transcript from interviewee B

KEY:

Interview B= InB, Line 1= L1, Codes 1= C1

Researcher= R

Study participant= SP

Text	Coding I 1st cycle coding	Coding 2 2nd cycle coding *What is this about?* *What does it mean?* *What is happening?* *What are the assumptions?* *(make abstract-touch test)*
R: Tell me about your experiences with Type 2 Diabetes. SP: Well I was supposed to inject (name of drug) once a day and take a B12 pill and a statin and...what's the other one...(name of drug) I think. I'm trying to diet down. Diet so I can get rid of this weight. So at the moment I'm just trying to find another job. As regards Diabetes I'm just trying to get as much exercise as I can and get rid of this weight, I've let it slip. I got diagnosed 10 years ago, 9th May 2006. I got my weight right down to 16 stone but it's crept back, so I've got to creep it off again.	1) Well I was supposed to inject (name of drug) once a day and take a B12 pill and a statin and...what's the other one 2) I'm trying to diet down. Diet so I can get rid of this weight. 3) I'm just trying to get as much exercise as I can and get rid of this weight 4) I got my weight right down to 16 stone but it's crept back, so I've got to creep it off again.	1+2+3+4 = lifestyle changes in type2 diabetes are difficult and require continuous effort (InBL1C1)
R: So what were you required to do to deal with Type 2 Diabetes? SP: The initial input was lose this weight and take the pills but initially I had got a lot of issues with the drugs to start with. My key area now is to get rid of this weight which has crept back again. You could do with something better than I've been doing because it's come back again and in 2006 I got it right down to 16 stone. The thing was I didn't feel very well, I was cold all the time and I think that's a lot to do with the drugs I was taking back then. So basically that's...and I used to inject a drug called	1) The initial input was lose this weight and take the pills 2) I had got a lot of issues with the drugs to start with 3) My key area now is to get rid of this weight which has crept back again... it's come back again and in 2006 I got it right down to 16 stone.	1+2+3+4+5+6 = Type 2 diabetes has significant impact in the way people live and feel (InBL2C1)

(name of the drug) and taking these three pills and trying to get my weight down and trying to do as much exercise as I can. It's exercise and diet are the key ones with this one.	4) The thing was I didn't feel very well, I was cold all the time and I think that's a lot to do with the drugs I was taking back then. 5) I used to inject a drug called (name of the drug) and taking these three pills and trying to get my weight down and trying to do as much exercise as I can 6) It's exercise and diet are the key ones with this one.	
R: Do you have any support? SP: I went and saw the nurse at...when I went to the thing and saw the nurse...the trouble...the issue of having the nurse thing is effectively you come out with a healthy plate with a little bit of like a pie chart of the different stuff you've got to eat. Have you seen the healthy plate? And you get told...when you see the nurse it's a bit vague and general and so in general you get an idea of what you should be eating and what you shouldn't be eating and so instead of 3 pork chops you have one pork chop and you cut the rind off and all the rest of it. Then if you compare it with what's in the media and what's coming out from a number of sources it's sometimes difficult to be clear what is the best way because fats and saturated fats have had a very bad press until recently and recently with....they've honed it more on trans-fats, certain kinds of fats. Years of going in one direction seem to be changing, appear to be changing, Dieticians appear to be changing direction a little bit. When I first got diagnosed I went on that expert course in 2006 where you saw the nurse, one or two nurses, to give me...the expert course, and there was a lot of dietary stuff involved in that but on Monday night, I think you'd gone by then, a Dietician came and she was going on about everything being up in the air and they've been told about four new diets and digging their heels in and not clear of the evidence and all this kind of thing. So I think the actual dietary things...there's an awful lot of stuff about your guts and your internal bacteria that seems to be in the media as well at the moment so....I'm really off the point here. The only person I've seen is this nurse recently and they just	1) the issue of having the nurse thing is effectively you come out with a healthy plate with a little bit of like a pie chart of the different stuff you've got to eat... The only person I've seen is this nurse recently and they just come out with the healthy plate and don't have too many calories and balance it with what's on the healthy plate and don't....keep off biscuits, chocolate and ice cream and cakes. 2) I haven't had one fizzy drink since 2006 but that's one thing I've been fantastic at, I've cut out all fizzy drinks. And well alcohol...a pint of lager is worse than a mars bar. 3) And you get told... 4) when you see the nurse it's a bit vague and general and so in general you get an idea of what you should be eating and what you shouldn't be eating 5) Then if you compare it with what's in the media and what's coming out from a number of sources it's sometimes difficult to be clear	1= Lack of follow up education and support from nurses (InBL3C1) 2= Understanding the detrimental of alcohol consumption (InBL3C2) 3+4= Lack of empowerment and clarity of type 2 diabetes individuals from health education (InBL3C3) 5= Mass media provide mixed messages in order to support consumption rather healthy lifestyles (InBL3C4) 6+7=Initial education is not sufficient to support people in undertaking lifestyle changes (InBL3C5)

come out with the healthy plate and don't have too many calories and balance it with what's on the healthy plate and don't....keep off biscuits, chocolate and ice cream and cakes. I haven't had one fizzy drink since 2006 but that's one thing I've been fantastic at, I've cut out all fizzy drinks. And well alcohol...a pint of lager is worse than a mars bar.	what is the best way because fats and saturated fats have had a very bad press until recently 6) Years of going in one direction seem to be changing, appear to be changing, Dieticians appear to be changing direction a little bit 7) When I first got diagnosed I went on that expert course...and there was a lot of dietary stuff involved in... a Dietician came and she was going on about everything being up in the air and they've been told about four new diets and digging their heels in and not clear of the evidence and all this kind of thing. So I think the actual dietary things...there's an awful lot of stuff...	
R: How much would you say you drink alcohol, how much maybe per day, per week? SP: Two or three pints every two or three days something like that. No doubt it will be too much shortly when they reduce the limit to nothing.	1) Two or three pints every two or three days something like that 2) No doubt it will be too much shortly when they reduce the limit to nothing.	1+2= Alcohol use remains part of lifestyle of type 2 diabetes (InBL4C1)
R: Has this changed since you've been diagnosed with Type 2 Diabetes? SP: Before I got diagnosed I drunk more. Then when I got diagnosed it went right down to next to virtually nothing. I think that helped. That got rid of the weight. Since I've been out of work it's crept up a bit, being out of work. You're so cheesed off being out of work, being out of work doesn't help. It helps in one way that you can get exercise rather than sat at a desk all day so it's fantastic for that but 8 hours sat at a desk is no good for you. On the other hand it's stressful relaxing sometimes thinking when I am going to find a job.	1) Before I got diagnosed I drunk more 2) Then when I got diagnosed it went right down to next to virtually nothing. I think that helped. 3) That got rid of the weight 4) Since I've been out of work it's crept up a bit, being out of work. You're so cheesed off being out of work, being out of work doesn't help. 5) It helps in one way that you can get exercise rather than sat at a desk all day so	1+2+3+4+5= Concurrent personal or professional issues affects the control of alcohol use (InBL5C1)

	it's fantastic for that but 8 hours sat at a desk is no good for you. On the other hand it's stressful relaxing sometimes thinking when I am going to find a job.	
R: How has the diagnosis with Type 2 Diabetes affected or changed at all your relationships with other SP: It doesn't make much difference I don't think. I drink a lot less now than I used to drink before I got diagnosed but I think it's still a bit too much. It's crept up again with the weight that's partly, not the whole thing.	1) It doesn't make much difference I don't think. I drink a lot less now than I used to drink before I got diagnosed but I think it's still a bit too much. 2) It's crept up again with the weight that's partly, not the whole thing.	1+2= Inability to self-regulate alcohol consumption (InBL6C1)
R: What kind of support do you think you would need in order to change your life-style SP: One thing is when I was up in the Midlands I tried joining Weight Watchers. There was about 50 women and 3 blokes so you felt totally swamped by millions and millions of...so if you go it's not very balanced. And so every week you'd pay £5 and they weigh you and if it's good... and they've got this general scheme on how to lose weight. From one week to the next I went down 7lbs and I thought crickey that's fantastic so I made another appointment and she said keep a food diary and you think if there's some nifty way of keeping a food diary that didn't involve.....if you could bar code everything you flipping ate into some gadget...you're right you keep a food diary for a bit but after a bit you thought it's a bit more laborious trying to remember every single thing you've had but....the resource you'd have...a free version of Weight Watchers where you all turn up and get weighed or say what you've eaten or...I think food if you got a daily food pack or something and that daily food pack had all you could eat...is everything in this food pack....this food pack had got 1900 calories in it and you think fantastic, the trouble is you wouldn't be able to go out and have a drink.	1) I tried joining Weight Watchers. There was about 50 women and 3 blokes so you felt totally swamped by millions and millions of...so if you go it's not very balanced. 2) And so every week you'd pay £5 and they weigh you and if it's good... and they've got this general scheme on how to lose weight. 3) From one week to the next I went down 7lbs and I thought crickey that's fantastic so I made another appointment and she said keep a food diary 4) if you could bar code everything you flipping ate into some gadget...you're right you keep a food diary for a bit but after a bit you thought it's a bit more laborious trying to remember every single thing you've had but 5) a free version of Weight Watchers where you all turn up and get weighed or say what you've eaten or...I think food if you got a daily food pack or something and that daily food pack had all you could eat...is everything in	1= Support groups need to be well thought and balanced in order to be successful (InBL7C1) 2= The financial cost of seeking support can become a deterrent in lifestyle changes (InBL7C2) 3+4= Daily routine erodes efforts for change (InBL7C3) 5= Crying out for help (InBL7C4)

	this food pack....this food pack had got 1900 calories in it and you think fantastic, the trouble is you wouldn't be able to go out and have a drink.	
R: How is the relationship between you and the Health Care developed since the diagnosis? SP: It's changed a bit. Before I got diagnosed you think doctors....but when I got diagnosed I was a bit unusual that I'd moved so the first the doctor saw of me was the day of this diagnosis so the first thing he gives you is a thing saying...so you fill the form in and get free prescriptions and then you get the NHS booklet which crushes all hope. You read that and you think right life's over. It's that bad is that little NHS booklet. I was reading the booklet thinking I think I'll become a monk and just give up. You feel that bad reading the NHS...I don't know if you've ever seen the NHS booklet? And you think this is awful, this is it, life's over. You really think...and the doctor said...because I had all these drugs (named the drugs) and he said you'll have to take these drugs for the rest of your life because you can't control this with diet and so I ended up having a very rough time with the drugs a rough time with (name), the second week I was diagnosed I was in Crete and he changed the (name of drug) another one and I didn't start taking it and I thought it was going to finish me off so I went to the local medical aid thing and he put me on a heart monitor and I said I think it's this drug I've just started taking. And you read the insurance thing and you find out you can't change your medication without telling them before and you think oh god is this drug finishing me off I won't be insured. But the doctor said well try taking half of one each day and he sent me to the hospital because my foot was going numb. So I went to this hospital, that was a grim experience because you read the NHS booklet about amputations, blindness, kidney disease all the horrors you can get from it and in one of the wards there was this woman laying on a bed with the sheet going flat off the end of her legs. That woman in that bed has got no feet. Oh god, it was a grim experience because they x-rayed my foot when we came back to the UK and....because I had trouble with these drugs in 2006 and I thought at one point these	1) first the doctor saw of me was the day of this diagnosis so the first thing he gives you is a thing saying...so you fill the form in and get free prescriptions and then you get the NHS booklet which crushes all hope. You read that and you think right life's over...I was reading the booklet thinking I think I'll become a monk and just give up. You feel that bad reading the NHS... And you think this is awful, this is it, life's over... he said you'll have to take these drugs for the rest of your life because you can't control this with diet and so I ended up having a very rough time with the drugs a rough time... this booklet from the NHS which destroys all hope 2) that was a grim experience because you read the NHS booklet about amputations, blindness, kidney disease all the horrors you can get from it and in one of the wards there was this woman laying on a bed with the sheet going flat off the end of her legs 3) because I had trouble with these drugs in 2006 and I thought at one point these drugs are just going to finish me off, so I was not getting anywhere with the doctor 4) they give you an anti-depressant drug and you feel the anti-depressant knocking you	1= Unfriendly reading material can crash hope and make the future unliveable (InBL8C1) 2=Shock of diagnosis (InBL8C2) 4+5+8= The medical profession tries to solve unsuccessfully type 2 diabetes with medication (InBL8C3) 3+5= The organisational structure of care for type 2 diabetes individuals is doctor centered and insufficient for lifestyle changes (InBL8C4) 6= The dominant culture is to blame the individual for now following the rules in order to change rather than the organisational structure (InBL8C5) 7= Taking responsibility for change leads to hope for better future (InBL8C6)

drugs are just going to finish me off, so I was not getting anywhere with the doctor, they give you an anti-depressant drug and you feel the anti-depressant knocking you out, but you think it's just one drug to knock out to make you unaware of what the other drugs are doing! I remember he gave me these (name of drug) and said you won't notice any affect with these for two weeks with these drugs and I noticed an affect with the first pill and so during that time ultimately I rang the Samaritans and NHS Direct and all the rest of it and everybody sits on their hands, no one will tell you anything, all they'll say is go and see your doctor. So all routes lead to your doctor, and your doctor is just saying oh well you'll get used to these pills. First of all they say it'll take a week, you come back after a week oh it'll take a month, you come back in a month oh it might take a few months, so after about three months I thought if I don't do something I feel as though these drugs are going to...and so I thought....I tried stopping taking it once and the day after I felt even worse and I thought this must be the withdrawal so I started taking it but I think what I'm going to do is I'm just going to stop taking it and get passed this withdrawal; so I stopped and it got really bad for a day or two but by the third day I started feeling a lot better again and I was monitoring my blood sugar level and I thought if it goes up I'll have to do something but it didn't go up and so I got diagnosed in May with this condition and by September I thought I had a doctor's appointment and I hadn't taken this drug for a week, I was on (name of drug) and I thought the doctor is going to kill me but I thought I don't care I'm going to tell him what I think. So I went to the doctor and said I'm not taking this drug, you know just the one thing is absolutely against the rules is to stop taking the medication and I hadn't taken it for a week so I went to see the doctor and said oh well don't take it for a month and see how you feel. And so I didn't take it for a month and for the following January about 4 months after taking...stopping all this my blood sugar levels were back down into the top of the normal range and you thought this is the doctor who said I'd have to take drugs for the rest of my life to control this and it's also the same doctor who just sat on his hands when I was about to jump off a building because I felt that bad and so at that point I started being a bit sceptical of doctors and nurses and another thing....when I say this booklet crushed all hope, one thing after I read that I started looking myself, going on the internet and looking, finding out what you can then finding out what books there are. And I remember finding one book I think it was a Harvard Medical	out, but you think it's just one drug to knock out to make you unaware of what the other drugs are doing! 5) ...ultimately I rang the Samaritans and NHS Direct and all the rest of it and everybody sits on their hands, no one will tell you anything, all they'll say is go and see your doctor. So all routes lead to your doctor, and your doctor is just saying oh well you'll get used to these pills. 6) I went to the doctor and said I'm not taking this drug, you know just the one thing is absolutely against the rules is to stop taking the medication 7) ...when I say this booklet crushed all hope, one thing after I read that I started looking myself, going on the internet and looking, finding out what you can then finding out what books there are... basically trying to find out information on what Type 2 Diabetes is all about and there's a bit in there saying that some in cases Diabetes can disappear. I thought a ray of hope! So I thought the way forward is to find out as much as you can yourself about this because doctors don't much care, or know 8) ...they've got their routine they're going to hit you with drugs because that's the cheapest for NICE and if the drugs really upset you ...then try an anti-depressant if you're still getting a bit anxious.	

book...basically trying to find out information on what Type 2 Diabetes is all about and there's a bit in there saying that some in cases Diabetes can disappear. I thought a ray of hope! That was a ray of hope after reading all this stuff...you know this booklet from the NHS which destroys all hope. So I thought the way forward is to find out as much as you can yourself about this because doctors don't much care, or know, they've got their routine they're going to hit you with drugs because that's the cheapest for NICE and if the drugs really upset you ...then try an anti-depressant if you're still getting a bit anxious. I think doctors are in general quite knowledgeable but some of them are not that clued up on things and a lot of them aren't bang up to date either. There's an awful lot of rubbish on the internet and an awful lot of pointers and things going on which...you know because one thing I got prescribed was a B12 pill which is...which can be a side-effect which can carry on if you stop taking the drugs. So this B12 pills, the last 10 years I've been taking B12 pills and the number of doctors on the way saying what are you taking B12 pills for and I'll say because he prescribed them, because he's a different doctor and he says oh right, do they do anything these pills and you're like well your colleague prescribed them!		
R: So do you prefer to change your GPs and your nurses or do you prefer to have one GP and one nurse and work with them? SP: Well at the moment it used to be rigmarole. You used to see a different doctor and a different nurse each time, just a turnover of doctors. I think....you could see one doctor if you really had a good relationship, when I first got diagnosed there was one doctor for about...right until I moved, for about 18 months and yeah I got on alright with him, that was quite good yeah because I think he was dedicated to the Diabetic lot. We built up a bit of a relationship. It's better to build up a relationship with a doctor if he's a good doctor yeah. And the nurse.	1) You used to see a different doctor and a different nurse each time, just a turnover of doctors 2) . I think....you could see one doctor if you really had a good relationship, when I first got diagnosed there was one doctor for about...right until I moved... and yeah I got on alright with him, that was quite good yeah because I think he was dedicated to the Diabetic lot. We built up a bit of a relationship. It's better to build up a relationship with a doctor if he's a good doctor yeah...	1+2= Continuity of care is beneficial for dealing with the needs of type 2 diabetes (InBL9C1)
R: How is your relationship with colleagues, friends, family, neighbours?	1) Yes I told them about it yeah 2) a few of them decided to become the food	1+2= Losing individuality and being identified by the type 2

SP: Yes I told them about it yeah. So I remember when I first....a few of them decided to become the food police for me so people were handing out biscuits in the office they were saying you can't have any biscuits. So a lot of people decided they'd take...they'd help me with my dieting so if they saw me eating anything they'd tell me off, or if they were handing something out like cakes I wouldn't get a piece of cake but after...I did lose touch with one friend and I always wondered if it was turning to Diabetes or not, I don't know. I'm not sure is some people actually thinking well it's his own fault he's been overweight for so long he's got his rewards. I don't think it should effect any of it at the moment I don't think.	police for me so people were handing out biscuits in the office they were saying you can't have any biscuits. So a lot of people decided they'd take...they'd help me with my dieting so if they saw me eating anything they'd tell me off, or if they were handing something out like cakes I wouldn't get a piece of cake but after 3) I did lose touch with one friend and I always wondered if it was turning to Diabetes or not, I don't know 4) I'm not sure if some people actually thinking well it's his own fault he's been overweight for so long he's got his rewards.	diabetes condition (InBL10C1) 3= Type 2 diabetes lifestyle changes affect social relationships (InBL10C2) 4= The prevailing of blame culture for individuals with type 2 diabetes (InBL10C3)
R: What do you know about Type 2 Diabetes and alcohol use? SP: The latest things I've heard...alcohol...when you take a drink of alcohol it hits the liver so the liver gets a little bit preoccupied with detoxifying the alcohol out of your system so...passed that we can get....you take a drink and you can take a bit of a dip in your blood sugar levels but they shoot up again. If your liver's getting a bit...	1) latest things I've heard...alcohol...when you take a drink of alcohol it hits the liver so the liver gets a little bit preoccupied with detoxifying the alcohol out of your system so... you take a drink and you can take a bit of a dip in your blood sugar levels but they shoot up again	1= Uninformed about the correlation of type 2 diabetes and alcohol (InBL11C1)
R: So how do you know about this? SP: Personal search. They said don't take a drink because your blood sugar will shoot up and you read in the books and it can just go down initially. And it goes down because your liver is otherwise occupied because part of Type 2 is your liver brining too much glucose to the party and whilst it's busy detoxifying the alcohol initially after that it goes up but you can notice it go down a bit. So I tried it because you're finger pricking, when you take a drink you can see it going down a little bit. Not 10 pints of it!	1) Personal search 2) They said don't take a drink because your blood sugar will shoot up and you read in the books and it can just go down initially	1+2= Vagueness with regard the effects of alcohol consumption and type 2 diabetes (InBL12C1)
R: Has anyone supported you in changing your life-style especially in moderating alcohol? Does anyone help you control alcohol, or managing alcohol?	1) No one's helped.	1= Lack of professional support for lifestyle changes (InBL13C1)

SP: No one's helped.		
R: Did they ask you, the nurses I mean? SP: They said you want to get it down a bit	1) They said you want to get it down a bit	1= Healthcare support system does not emphasise on the correlation between alcohol consumption and type 2 diabetes (InBL14C1)
R: Was it written on your healthy plate? SP: It's not on the healthy plate, no. I'm surprised they don't actually sell...have you seen the healthy plate? A plastic plate with...there's no alcohol reference on there is there. I don't know if there's any more ways to research on alcohol or the liver or the rest of your system, I'm not sure if there's any new research on alcohol, I'm not clued up enough about it. Champagne is now coming out as quite a good thing to drink.	1) It's not on the healthy plate, no 2) I'm surprised they don't actually sell... A plastic plate with...there's no alcohol reference on there is there 3) I'm not clued up enough about it	1+2+3= Alcohol consumption is not part of the dietary consultation provided in people with type 2 diabetes (InBL15C1)
R: What challenges have you experienced with the changes with regard to life-style? SP: The challenging things were back in 2006. The challenging things were don't drink 5 pints a night anymore. So from about 5 pints a night to 2 or 3 halves. So 2006 I found difficult. Difficult keeping off Kit Kats, chocolate and cakes and all this...keeping off all those killer things and that's where I've...so I think I was good to start with and then I've slipped a little bit off the bandwagon but my diet is a lot better than it was before then. There's just still too many calories.	1) The challenging things were back in 2006. The challenging things were don't drink 5 pints a night anymore. So from about 5 pints a night to 2 or 3 halves. So 2006 I found difficult... keeping off Kit Kats, chocolate and cakes... keeping off all those killer things 2) then I've slipped a little bit off the bandwagon but my diet is a lot better than it was before then. There's just still too many calories.	1= The great difficulty in modifying lifestyle alone (InBL16C1) 2= Continuous support in order to maintain lifestyle changes is required as to avoid slippage back to old habits (InBL16C2)
R: Do you think being diagnosed with Type 2 Diabetes has changed you as a person? SP: I think it changed me in 2006 because before when I was at work I was quite sleepy and quite...when you lose a lot of weight you become more alert and alive but I think that's what I'm thinking now if I can get rid of this I'll be more alert and alive again. What else has it changed? I think in 2006 I went a bit crazy but I think it was the drugs but my view it was the drugs, in the doctor's view it was just anxious but	1) I think it changed me in 2006 because before when I was at work I was quite sleepy and quite...when you lose a lot of weight you become more alert and alive but I think that's what I'm thinking now if I can get rid of this I'll be more alert and alive again 2) in 2006 I went a bit crazy but I think it was	1= Trying to persuade oneself of the positive aspects of lifestyle changes (InBL17C1) 2+3= Medication are not a silver bullet for solving type 2 diabetes problems but can create new problems (InBL17C2)

my...like I said I told you you could be on this anti-depressant thinking well all a doctor can do is make an expert guess at what's going on inside me either it isn't these drugs...my view of myself from the field and what I feel like on the inside it does feel to be this drug because at some point you sort of felt so detached from yourself and you try coming off this drug and it gets even worse for a day and then you take it again and it's bad again but not quite as bad as ...but if you push yourself passed that, pass the couple of days and then third day you start feeling like your old self again and I thought I know what it's like to feel anxious and miserable and fed up and stressed but that was something else, it was a detached feeling, it was a detached feeling that felt like a different...but the doctor didn't particularly believe it. He eventually disappeared the doctor to get to that point because the doctor just, either didn't know or didn't care whether it was that or not...because that Summer I think I must have been the 'most wanted' poster up in surgery because I went back every 5 minutes saying I don't like this (name of drug) and the (name of drug) so I'd been through a whole basket full of drugs, they don't like me, Mr Side Effect after a bit.	the drugs but my view it was the drugs, in the doctor's view it was just anxious 3) my view of myself from the field and what I feel like on the inside it does feel to be this drug because at some point you sort of felt so detached from yourself and you try coming off this drug and it gets even worse for a day and then you take it again and it's bad again but not quite as bad as... I know what it's like to feel anxious and miserable and fed up and stressed but that was something else, it was a detached feeling, it was a detached feeling that felt like a different...but the doctor didn't particularly believe it. 4) He eventually disappeared... either didn't know or didn't care whether it was that or not...because that Summer I think I must have been the 'most wanted' poster up in surgery because I went back every 5 minutes saying I don't like this... so I'd been through a whole basket full of drugs, they don't like me, Mr Side Effect after a bit.	4= Health professionals' labelling of uncooperative individuals with type 2 diabetes affects adaptation to the condition (InBL17C3)
R: To what degree or extent do you feel you have come to terms with the life-style changes required from Type 2 Diabetes? SP: I think I did do but I lapsed and I need to come to terms with them again. I need to come to terms with them again. It would be good to have a camp on an island off the top of Scotland where there's no....you get ten tokens for the week and a token will buy you half a pint of weak beer and there's no sweet shops so there's no temptations at all and there's a whole load of you because I think if you build up a head of steam then you get through it and you get there then you have to try and stay on the wagon and I have to be honest I was....slipped off...but...	1) I think I did do but I lapsed and I need to come to terms with them again. I need to come to terms with them again 2) It would be good to have a camp on an island off the top of Scotland where there's no....you get ten tokens for the week and a token will buy you half a pint of weak beer and there's no sweet shops so there's no temptations at all and there's a whole load of you because I think if you build up a head of	1+2= The temptations as expressed in current consumerism society impede healthy lifestyles and changes for individuals with type 2 diabetes (InBL18C1)

	steam then you get through it and you get there then you have to try and stay on the wagon and I have to be honest I was....slipped off...	
R: How do you feel about your life-style at the moment? Are you happy with the life-style that you're following? SP: Not much no. I'm in limbo at the moment until I find another job. I'm cheesed off not having work.	1) Not much no. I'm in limbo at the moment until I find another job. I'm cheesed off not having work.	1= Successful lifestyle changes require personal satisfaction and gratification (InBL19C1)
R: Are you having any financial support? SP: When I left the other company in 2009/10 I had the option of kicking off the pension and all that was it pushed me out you know so I couldn't sign up for anything. So I was living like that for three and a half years it was a joke and now I've topped it up again and I'm back out so I can't sign on I'm afraid at the moment. I'm alright for this year but it's not ideal. It's only renting this crappy little room. I've got to do something. There's a financial doom lurking but not this week but there so lodging in this scrappy little room somewhere so just spending the day trawling the job opportunities and things. I actually went for a thing on Tuesday but didn't get it, I've put my name on a film extras website and they were recruiting and I was quite optimistic on the Tuesday. Over at Kirkstall they're recruiting for something...what was it called...I think it's called National Treasure they're filming and they wanted a stand in for Robbie Coltrane...that's a sure sign that I'm over weight, he's not exactly...you must...because he's Scottish isn't he. But I didn't get it because they wanted somebody who'd got stand-in experience...when they're filming and somebody stands in in-between them rehearsing that filming. But I didn't get it. they were filming next week with Julie Walters, Robbie Coltrane and Julie Walters running around Leeds next week.	1) When I left the other company... all that was it pushed me out you know so I couldn't sign up for anything... I'm alright for this year but it's not ideal... It's only renting this crappy little room. I've got to do something	1= Successful lifestyle changes require personal satisfaction and gratification (InBL20C1)

R: What are your plans for the future? What do you aim to do? SP: Plans for the future. Well an on-going wrestle to get rid of this weight and find some kind of work or employment or thing to do to reverse the money so I can live and also to get out of...I wouldn't dream...to move somewhere coastal....somewhere with a fabulous outdoor lido; Ilkley has an outdoor lido in the Summer and it's not heated. The Summer for three months it's fantastic because you go in there and I get quite a bit fitter and thinner when I get in there because it's unheated, it's quite cold so I wouldn't dream of moving somewhere coastal like Cornwall and get some kind of job, software development or anything else that might...twenty-seven years of software development I've got. I might do other things like film extra or...I do photography as well I don't know whether to get a decent camera because I've had a few cameras in the past.	1) Well an on-going wrestle to get rid of this weight and find some kind of work or employment or thing to do to reverse the money so I can live and also to get out of...I wouldn't dream...to move somewhere coastal....somewhere with a fabulous outdoor lido... get some kind of job, software development or anything else that might...twenty-seven years of software development I've got. I might do other things like film extra or...I do photography as well I don't know whether to get a decent camera because I've had a few cameras in the past.	1= Adapting to type 2 diabetes is a constant wrestle with the effects of type 2 diabetes and other life events (InBl21C1)
R: How do you believe that life-style changes will affect these plans? SP: I think the diet...I think a lot of eating is comfort eating, there's a lot of comfort eating involved. On Tuesday when I went to this thing I'd forgotten all about what I was going to have for tea...I just was thinking this is interesting, you hear about comfort eating...I think there's a lot of truth in comfort eating if you are directing yourself at something else then you forget about eating because you're engrossed in something else so I think if I got some positive way forward that would help get rid of this. the trouble with the last job was you're sat there for 8 hours a day at a desk so that's not good for you but also where it was you could only drive there so the place I was before.....when I got diagnosed one thing that changed...before I got diagnosed I always drove so I only walked a 100 yards a day so the first thing when I got diagnosed I thought right I won't bother driving there I'll go on foot and you use quite a bit of calories wandering to the bus, getting on the bus, it's not massive but it's better than just sitting in the car all day so this last job you couldn't easily get there on foot so you had to drive there. So if I get another job I have to make sure or build in a lot of exercise...if you're sat at a desk so I think it'd be good that it would take your mind off the eating but as long as there's no temptation....well if you keep off the...it's not too bad keeping off the biscuits and chocolate as long as you get some	1) I think the diet...I think a lot of eating is comfort eating, there's a lot of comfort eating involved. I think there's a lot of truth in comfort eating if you are directing yourself at something else then you forget about eating because you're engrossed in something else so I think if I got some positive way forward that would help get rid of this... So if I get another job I have to make sure or build in a lot of exercise...if you're sat at a desk so I think it'd be good that it would take your mind off the eating but as long as there's no temptation... it's not too bad keeping off the biscuits and chocolate as long as you get some exercise because the exercise is a key thing as well 2) the trouble with the last job was you're sat there for 8 hours a day at a desk so that's not good for you but also where it was you could	1= Adjusting dietary habits is difficult for individuals with type 2 diabetes due to the habit of eating unhealthy food to comfort (InBL22C1) 2+3= Modern professional lifestyle is linked to sedentary lifestyle that negatively affects type 2 diabetes condition (InBL22C2)

exercise because the exercise is a key thing as well. I think it would help with this.	only drive there so the place I was before 3) when I got diagnosed one thing that changed...before I got diagnosed I always drove so I only walked a 100 yards a day so the first thing when I got diagnosed I thought right I won't bother driving there I'll go on foot	

Number 2

Coded transcript from interviewee C

KEY:

Interview C= InC, Line 1= L1, Codes 1= C1

Researcher= R

Study participant= SP

Text	Coding I 1st cycle coding	Coding 2 2nd cycle coding *What is this about?* *What does it mean?* *What is happening?* *What are the assumptions?* *(make abstract-touch test)*
R: Tell me about your experiences with Type 2 Diabetes? SP: What happened was I was asked by my GP surgery to go for a general health check and I'd been treated by the GP for high blood pressure for several months before that. This was just a standard health check and I went back to the surgery and it was my GP and he just said you've got Type 2 Diabetes and I went oh right, okay. He was very helpful because the first thing he said to me was it's not your fault and I think that was so important and we had a very general discussion about life-style, about portion sizes and watching what I ate and he then said well we'll refer you to the Diabetic nurse who will give you lots more information. So that was fine but he was very good because he so reassured me and said there's absolutely no reason why you shouldn't live until you're 100 and so he was very good and reassuring. And I think he perhaps understood the impact it would have on me	1) I was asked by my GP surgery to go for a general health check and I'd been treated by the GP for high blood pressure for several months before that. This was just a standard health check and I went back to the surgery and it was my GP and he just said you've got Type 2 Diabetes 2) He was very helpful because the first thing he said to me was it's not your fault and I think that was so important and we had a very general discussion about life-style, about portion sizes and watching what I ate and he then said well we'll refer you to the Diabetic nurse who will give you lots more information. 3) …he was very good because he so reassured me and said there's absolutely no reason why you shouldn't live until you're 100 and so he was very good and reassuring. And I think he perhaps	1= The diagnosis of type 2 diabetes is an unexpected and surprising event (InCL1C1) 2+3= The initial support provided by healthcare professionals is dependent upon the individual traits of the professional rather than the structure of the organisation (InCL1C2) 4= Lack of support for the aftermath of the diagnosis in order to come to terms with the condition (InCL1C3)

before even I did because I was just in shock I guess and it was only as the days went by I sort of felt why has this happened to me or when you start hearing more about Diabetes oh I don't want to have an amputation, I don't want to have kidney problems. So it was really good that he was reassuring because I could look back on that conversation and get reassurance from it when I found out more about Diabetes.	understood the impact it would have on me before even I did because I was just in shock… So it was really good that he was reassuring because I could look back on that conversation and get reassurance from it when I found out more about Diabetes. 4) …as the days went by I sort of felt why has this happened to me or when you start hearing more about Diabetes oh I don't want to have an amputation, I don't want to have kidney problems	
R: Could you give me an example of your daily routine? Describe for me how you fit into your day your condition. SP: I'm on medication so I feel it doesn't impact too greatly on my life at the moment. It's something that I have to be aware of so I get up in the morning, get dressed and washed and everything. For breakfast I have porridge and I always have a glass of water for my tablets on the dining room table and then as soon as I've taken them I put the tablets away again so that I know that I've taken them. So I don't think oh I haven't taken them and take more by mistake. I'm lucky that I don't have to take tablets at lunchtime because that would be quite difficult because I'm never in one place at any one time because I do a lot of travelling around North Yorkshire. Then again when I come home and have my evening meal I again put the glass of water and my tablets on the table sit and eat my food and then again put the packet straight back away again. I'm also on statins and I take that before I go to bed at night. So when I'm in that routine it's fairly straightforward. The times I've forgotten to take my	1) I'm on medication so I feel it doesn't impact too greatly on my life at the moment. 2) I'm lucky that I don't have to take tablets at lunchtime because that would be quite difficult because I'm never in one place at any one time because I do a lot of travelling around North Yorkshire. 3) So when I'm in that routine it's fairly straightforward. The times I've forgotten to take my Diabetic medication is usually at the evening meal and it's either because I've gone and sat down and watched TV and I ate something and forgotten to go into the kitchen to find them at the table.	1+2+3= Medication intake is not a major lifestyle problem for individuals with type 2 diabetes (InCL2C1)

Diabetic medication is usually at the evening meal and it's either because I've gone and sat down and watched TV and I ate something and forgotten to go into the kitchen to find them at the table.		
R: What were you required to deal with Type 2 Diabetes? SP: Yeah, I think the biggest change was what I ate and cutting out snacks as well. I stopped eating as many pizzas, stopped eating Chinese take-aways, I stopped having toasted teacakes as a snack, I've added more fruit into my diet, I've cut down on bread at lunchtime, sometimes I do have a sandwich at lunchtime but I don't always, I have something else instead. It's making those changes into my diet that's been the biggest change.	1) Yeah, I think the biggest change was what I ate and cutting out snacks as well. I stopped eating as many pizzas, stopped eating Chinese take-aways, I stopped having toasted teacakes as a snack, I've added more fruit into my diet, I've cut down on bread at lunchtime... It's making those changes into my diet that's been the biggest change.	1) Dietary lifestyle changes constitute a major lifestyle challenge in individuals with type 2 diabetes (InCL3C1)
R: How would you describe the support you received? SP: In terms of support from professionals? Yeah it was important to have regular checks with the Diabetes nurse and she was very good because she was very encouraging. I felt that both my GP and the nurse had the right approach with me because they didn't try and tell me what to do because that wouldn't have worked, they made suggestions and because at the end of the day I know what's good to eat, I know what I should be eating so it's no good telling me that I already know that. It's I guess just encouraging me to keep going and also they were very practical both my GP and my nurse saying we don't expect you to not have any treats so that was very good and then I did lose quite a bit of weight and every time I went to see the nurse and I'd lost more she was	1) Yeah it was important to have regular checks with the Diabetes nurse and she was very good because she was very encouraging. I felt that both my GP and the nurse had the right approach with me because they didn't try and tell me what to do because that wouldn't have worked, they made suggestions and because at the end of the day I know what's good to eat, I know what I should be eating so it's no good telling me that I already know that. 2) It's I guess just encouraging me to keep going and also they were very practical both my GP and my nurse saying we don't expect you to not have any treats so that was very good and then I did lose quite a bit of weight and every time I went to see the nurse and I'd lost more she was really	1= Patient empowerment can achieve significant lifestyle changes in individuals with type 2 diabetes. (InCL4C1) 2= A supporting and rewarding environment is an element of successful lifestyle changes. (InCL4C2)

really encouraging and one of the things she said was I'm so proud of you and that really did boost my confidence I guess and encourage me to continue.	encouraging and one of the things she said was I'm so proud of you and that really did boost my confidence I guess and encourage me to continue.	
R: How would you say your life has changed after your diagnosis of Type 2 Diabetes? SP: I think the other change...the diet has been the biggest one definitely but then the other thing is I went to a Good to Go course which again my Diabetes nurse referred me to and during that course they told me about the healing project which I think is health, exercise, activity and....I can't remember exactly what it stands for but it was the heal project and they had a number of activities to do but they were all during the day and of course I still work but anyway one of them met me at a gym and showed me what was available and went through the gym programme and I guess showed me around the gym and I was encouraged and so I've been going to the gym for about 2 months now and I am fitting it into my life-style. It is a challenge to find the time. I think I'm quite motivated in going because I have to say I feel better after I've been to the gym; I feel more energetic. So that's been really positive, it's just sometimes when you've got a busy weekend and I haven't had time to go to the gym I feel oh no I haven't done what I should have done. That's the hardest thing, the time.	1) ...the other thing is I went to a Good to Go course which again my Diabetes nurse referred me to... 2) ...they had a number of activities to do but they were all during the day and of course I still work... 3) So that's been really positive, it's just sometimes when you've got a busy weekend and I haven't had time to go to the gym I feel oh no I haven't done what I should have done. That's the hardest thing, the time.	1+2= Supportive networks exist but are not directed to meet daily life routines of individuals with type 2 diabetes. (InCL5C1) 3= Sense of regret for not achieving what she knows she should have achieved in terms of lifestyle modifications (InCL5C2)
R: Before Diabetes did you used to drink at all or how much alcohol did you consume?	1) Did I drink, I tend...I haven't changed my drinking habits since diagnosis	1+2= Unaware of alcohol consumption habits and therefore unable to implement changes in alcohol

SP: Did I drink, I tend...I haven't changed my drinking habits since diagnosis because to be honest before I was diagnosed I didn't exactly drink a lot anyway because I only used to drink at a weekend and I'd maybe have 3 glasses each evening so I was probably say at the most 10 units a week. So I haven't altered that.	2) ...to be honest before I was diagnosed I didn't exactly drink a lot anyway because I only used to drink at a weekend and I'd maybe have 3 glasses each evening so I was probably say at the most 10 units a week.	consumption. (InCL6C1)
R: What did you find most useful in terms of support in modifying your life-style? SP: I guess the most useful thing has been the Diabetic nurse referring me to the Good to Go course because obviously they do mention...well there's a big focus on diet and they do mention alcohol and that was useful to remind me about the amount and the measures of alcohol because it's very easy to have a big wine glass isn't it so I guess I'm a little bit more conscious about not filling the wine glass quite as much but the other resource I think was obviously the Heal project and obviously going to...being a member of the Diabetes UK. I get their magazine Balance every month and that's got lots of useful information in it and lots of good recipes on their website which I've been using.	1) I guess the most useful thing has been the Diabetic nurse referring me to the Good to Go course because obviously they do mention... 2) there's a big focus on diet and they do mention alcohol and that was useful to remind me about the amount and the measures of alcohol because it's very easy to have a big wine glass isn't it so I guess I'm a little bit more conscious about not filling the wine glass quite as much... 3) ...the other resource I think was obviously the Heal project and obviously going to...being a member of the Diabetes UK. I get their magazine Balance every month and that's got lots of useful information in it and lots of good recipes on their website which I've been using.	1+2+3=Social media and volunteer support groups provide partial support in altering alcohol and dietary habits (InCL6C1)
R: How would you describe the relationship between you and the Health Care Professionals? SP: Very good yeah. I'm very pleased with the Health Professionals and I see a GP at the Priory Group Medical Centre and again he was very supportive in terms of giving me the diagnosis and reassuring me and putting it in a different view. The other thing he said is instead of	1) Very good yeah. I'm very pleased with the Health Professionals and I see a GP at the Priory Group Medical Centre and again he was very supportive in terms of giving me the diagnosis and reassuring me and putting it in a different view. 2) 'it's really important we've caught your diabetes now and I'm not having this	1+2= Support for individuals with type 2 diabetes is usually equated as early diagnosis (InCL7C1) 3= Collaborative work between nurse and type 2 diabetes patient can become a fertile environment for lifestyle modifications. (InCL7C2)

thinking oh I'm only 49 and I've got diabetes, he turned it around and said 'it's really important we've caught your diabetes now and I'm not having this conversation with you when you're 59 and you've had 10 years of undiagnosed diabetes'. And that was the other thing I felt was really positive. And again my diabetes nurse is excellent. She's very encouraging...and as I say they just know how to approach me without being bossy which wouldn't have worked with me. They're very good like that.	conversation with you when you're 59 and you've had 10 years of undiagnosed diabetes'. And that was the other thing I felt was really positive. 3) And again my diabetes nurse is excellent. She's very encouraging...and as I say they just know how to approach me without being bossy which wouldn't have worked with me. They're very good like that.	
R: Okay so you're having the same nurse? SP: Yeah, I feel that it's crucial. I mean I could...I've just got to go and have my next review soon and I really should be having it in March but I'm having it in April because I want to see (name of the nurse) so you I've made it so even though I've had to wait two weeks longer for the appointment I'd rather have the appointment with (name of the nurse) because she's seen me at the beginning of the diagnosis and she set us some goals which you know we did together and I just feel it's important that you have the same person there that you've set your original goals with and you can see them coming to fruition.	1) Yeah, I feel that it's crucial. ...so even though I've had to wait two weeks longer for the appointment I'd rather have the appointment with (name of the nurse) because she's seen me at the beginning of the diagnosis and she set us some goals which you know we did together and I just feel it's important that you have the same person there that you've set your original goals with and you can see them coming to fruition.	1= Named nurse and continuation of care is significant for individuals with type 2 diabetes empowerment and adaptation (InCL8C1)
R: How would you say the relationship is with your friends, colleagues, family since you have been diagnosed? SP: Nothing has changed, no. At home culturally it's as a taboo being diabetic is as ... being Diabetic is seen as you	1) At home culturally it's as a taboo being diabetic is as ... being Diabetic is seen as you are about to die soon... So yeah back home the diabetes issue is still not clear. So even if you would explain they would not have understood. 2) ...when I got diagnosed at first I had a	1+2= The multi-cultural reality of the UK perpetuates the stigma in relation to type 2 diabetes (InHL8C1)

are about to die soon and when I got diagnosed at first I had a relationship and the lady she didn't want to be in the relationship anymore because she saw it as I am going to die soon. So yeah back home the diabetes issue is still not clear. So even if you would explain they would not have understand.	relationship and the lady she didn't want to be in the relationship anymore because she saw it as I am going to die soon.	
R: What do you know about Type 2 Diabetes and alcohol? SP: Yeah because obviously...alcohol...does add calorie intake which if you are trying to maintain your weight doesn't help if you have a lot of alcohol. And obviously it's sugar and carbohydrate which then makes the pancreas work more so that doesn't help in terms of maintaining your diabetes level. So that's why I just stick to having some alcohol usually on a weekend, it has to be a special occasion if it's another time that I drink alcohol.	1) Yeah because obviously...alcohol...does add calorie intake which if you are trying to maintain your weight doesn't help if you have a lot of alcohol. And obviously it's sugar and carbohydrate which then makes the pancreas work more so that doesn't help in terms of maintaining your diabetes level. 2) ...having some alcohol usually on a weekend, it has to be a special occasion if it's another time that I drink alcohol.	1= Awareness of the physiological effects of alcohol consumption in type 2 diabetes (InCL9C1) 2= Unaware of the sociological effect of alcohol consumption (InCL9C2)
R: You said that the support you received was very nice. Is there anything else you might wish for from the Health Care Professionals? SP: No because I think the best thing was the Good to Go course which gave me all the knowledge. I also went on the Diabetes Information Day so in terms of my knowledge I think I know about Type 2 Diabetes, I know what to look out for in terms of potential kidney or liver...any tingling or pain in feet and fingers. I feel that I've got enough knowledge and I get enough support from the Health Professionals.	1) No because I think the best thing was the Good to Go course which gave me all the knowledge. ...went on the Diabetes Information Day so in terms of my knowledge I think I know about Type 2 Diabetes, I know what to look out for in terms of potential kidney or liver...any tingling or pain in feet and fingers. 2) I feel that I've got enough knowledge and I get enough support from the Health Professionals.	1+2= Health care professionals' support places greater emphasis on the pathophysiology rather than lifestyle changes in individuals with type 2 diabetes (InCL10C1)

R: Being diagnosed with Type 2 Diabetes has this changed you as a person? SP: I think the impact...you know at first I was shocked. I think there was a little bit of anger in terms of why me. I think the impact just makes you aware of your own mortality and you do worry because while you are thinking I'm well now and I'm managing it now it's how you manage it in the future or if you have...start to have problems in the future, that worries me. So I think that's what's changed and perhaps...I have asked to reduce my hours at work because I just feel it's...for me it's been more that I have a work/life balance.	1) I think the impact...you know at first I was shocked. I think there was a little bit of anger in terms of why me. I think the impact just makes you aware of your own mortality and you do worry... 2) ...start to have problems in the future, that worries me. 3) I have asked to reduce my hours at work because I just feel it's...for me it's been more that I have a work/life balance.	1= Initial shock of diagnosis with type 2 diabetes (InCL11C1) 2= Uncertainty for the future (InCL11C2) 3= The unavoidability of change in daily routine for individuals with type 2 diabetes (InCL11C3)
R: How many hours? SP: I work 30 which is 4 days a week and I'm wanting to just drop another afternoon. I don't know if work will let me do that yet but that's what I've requested; actually to support me going to the gym mid-week. And just you know having a bit more time for myself. It's made me think you only have one life and it's not all about work and your health is important.	1) ...and I'm wanting to just drop another afternoon. I don't know if work will let me do that yet but that's what I've requested; actually to support me going to the gym mid-week. 2) It's made me think you only have one life and it's not all about work and your health is important.	1=Type 2 diabetes diagnosis has a disruptive effect on social and professional life (InCL12C1) 2= Reassessing of life priorities once diagnosed with type 2 diabetes (InCL12C2)
R: To what degree do you think you have come to terms with the life-style changes? SP: Yeah I think I have come to terms with them. I think at the moment it's had a really positive effect being diagnosed with Type 2 because it has made me look at what I eat, I've lost a stone and a half so the health benefits of that hopefully are going to be good. So at the moment it's been quite positive and I've managed to cope with the life-style changes. I still have chocolate, I	1) Yeah I think I have come to terms with them... So at the moment it's been quite positive and I've managed to cope with the life-style changes. 2) ...a really positive effect being diagnosed with Type 2 because it has made me look at what I eat, I've lost a stone and a half so the health benefits of that hopefully are going to be good	1+2= Coming to terms with the diagnosis enables the movement towards a positive disposition on life (InCL13C1)

still have a dessert if I want one, I just maybe don't have one every....yeah I'm just very conscious if I have had a treat I try and make sure I'm good for the next two or three days afterwards or something like that.		
R: You said that you had some goals with your nurse. So do you think you have reached most of them? Are you setting new goals? SP: Yeah I have. She made me aware of the number that she wanted me to get down to in terms of the diabetes number and I've achieved that and also the blood pressure. She didn't set goals in terms of weight loss which I thought was quite good really and then my cholesterol level, now that's still got to be checked. But every time I was going to see her she would put the weight down at the side because I asked her to actually so that I could see that I was losing weight so she added that in as well which was good. So at the moment yes hopefully I'm achieving the good numbers if you like that she wants to see, so that's good.	1) Yeah I have. She made me aware of the number that she wanted me to get down to in terms of the diabetes number and I've achieved that... 2) She didn't set goals in terms of weight loss which I thought was quite good really... 3) . But every time I was going to see her she would put the weight down at the side because I asked her to actually so that I could see that I was losing weight so she added that in as well which was good. 4) So at the moment yes hopefully I'm achieving the good numbers if you like that she wants to see, so that's good.	1+2+3+4= Co-creating concrete goals with nurses leads to well adjusted condition (InCL14C1)
R: So you feel good, you seem to be achieving goals. That's nice. What are your plans for the future? Where do you see yourself in a few years? How do you see yourself in a few years? SP: Health wise, well hopefully I want to be as healthy as I am now really and I hope to maintain my weight or maybe even lose a little bit more and I want to still be going to the gym and doing some activity. I hope that I can reduce my hours if I can afford it, that's the thing. So I have some time to do work, it's a good structure to have	1) Health wise, well hopefully I want to be as healthy as I am now really and I hope to maintain my weight or maybe even lose a little bit more...I want to still be going to the gym and doing some activity... have enough time to make sure that I do eat properly, that I do exercise 2) One of the things I also do more obviously is cook for myself but again it's just fitting that into your routine.	1+2=The potential to self-care is empowering for adapting and materialising long term goals in type 2 diabetes (InCL15C1)

this being employed and useful if you've got a mortgage but have enough time to make sure that I do eat properly, that I do exercise. One of the things I also do more obviously is cook for myself but again it's just fitting that into your routine.		
R: Would you say that you prioritise your health over your job rather than working? SP: Yes. I think that's one of the things that the diagnosis of Type 2 has made me realise that you can't put work first, you've got to put yourself first.	1) Yes. I think that's one of the things that the diagnosis of Type 2 has made me realise that you can't put work first, you've got to put yourself first.	1= Rearranging of life priorities once diagnosed with type 2 diabetes (InCL16C1)
R: That's everything I wanted to ask you. Is there anything else you want to add? Or want to talk with me about? SP: No it's okay. No I don't think so. I think from reading more about Type 2 Diabetes one of the things Diabetes UK have mentioned is that there's 500,000 people still not diagnosed with it who have it. And I didn't have any symptoms of diabetes that I recognised as potential symptoms. The only thing I thought was that I was tired but I put that down to the job. There was no specific symptoms so that's why it was a shock I think but I think it would be great if the Health Service could have more ....to perhaps screen people more often with just a simple blood test rather than waiting for the health check because it's a good job the health check came through when it did or else I could have been still here today with diabetes and not knowing about it.	1) but I think it would be great if the Health Service could have more ....to perhaps screen people more often with just a simple blood test rather than waiting for the health check because it's a good job the health check came through when it did or else I could have been still here today with diabetes and not knowing about it.	1= A more proactive health care service prior the diagnosis can limit type 2 diabetes cases (InCL17C1)
R: How often do you have meetings with your GP or nurses? Is this standard or does it...?	1) ...she might put me down to a yearly review but it's 6 months since I've seen my diabetic	1= Satisfied with the nurse-client interaction (InCL18C1)

SP: It's just now down to the next time I go and see her she might put me down to a yearly review but it's 6 months since I've seen my diabetic nurse, because I don't need to.	nurse, because I don't need to.	
R: Do you think that the life-style changes...will affect your future plans ? SP: Do I don't think they'll affect me, in fact I think they will probably enhance them because I'll probably be healthier and fitter enough to do things that perhaps I wouldn't have done before so hopefully it's been really positive	1) I think they will probably enhance them because I'll probably be healthier and fitter enough to do things that perhaps I wouldn't have done before so hopefully it's been really positive.	1= A well adjusted type 2 diabetes individual can turn a negative situation into a positive one (InCL19C1)

APPENDIX XI

Ethics Committee Approval

Faculty of Medicine and Health

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UNIVERSITY OF LEEDS

14 October 2015

Christine Mantzouka
PhD student
School of Healthcare
Faculty of Medicine and Health
Baines Wing
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Dear Christine

Ref no: SHREC/RP/527

Title: Exploring the experiences and the well-being of alcohol dependent type 2 diabetes individuals

Thank you for submitting your documentation for the above project. Following review by the School of Healthcare Research Ethics Committee (SHREC), I can confirm a favourable ethical opinion based on the documentation received at date of this letter.

Document	*Version*	*Date Submitted*
Ethical Review Form_ Version 3	3	14/10/2015
Poster for interviews_ Version 2	2	24/09/2015
Participant information sheet_ Version 3	3	14/10/2015
Participant Consent Form _ Version 3	3	14/10/2015
Invitation letter _ Version 1	1	24/09/2015
Interview questions _ Version 1	1	24/09/2015
Fieldwork assessment form low risk _ Version 2	2	24/09/2015
RE SHRECRP527 Supervisors support for resubmission	1	24/09/2015

Please notify the committee if you intend to make any amendments to the original research as submitted at date of this approval. This includes recruitment methodology and all changes must be ethically approved prior to implementation. Please contact the Faculty Research Ethics Administrator for further information FMHUniEthics@leeds.ac.uk

Ethical approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The SHREC takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, and may be subject to an audit inspection. If your project is to be audited, you will be given at least 2 weeks notice.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

The committee wishes you every success with your project.

Yours sincerely

Kuldip Kaur Bharj

Dr Kuldip Bharj, OBE
Chair, School of Healthcare Research Ethics Committee