**METHODS**

**Data sources:** Medline, CINAHL, HealthSTAR, ERIC, Science Citation Index, PsycINFO, CRISP, and a database on the American Association of Diabetes Educators website (http://www.aadnet.org).

**Study selection and assessment:** randomised controlled trials (RCTs) that were published from 1990–2000 in English, evaluated educational interventions in adult outpatients with diabetes, and reported on glycated haemoglobin (HbA1c) concentrations before and after the intervention and at ≥12 weeks after the intervention. An educational intervention was defined as any non-pharmacological educational technique that used physical, intellectual, or psychosocial means to improve the health of patients with diabetes.

**Outcomes:** glycaemic control (HbA1c concentrations).

**MAIN RESULTS**

21 RCTs (28 educational and 21 control interventions) met the selection criteria. 5 studies had >1 intervention group. Study size ranged from 23–320 patients (total 2439 patients). 20 interventions were used in patients with type 2 diabetes. 5 in patients with type 1 diabetes, 2 in patients with either type 1 or type 2 diabetes, and 1 study did not specify the type of diabetes. Follow up ranged from 3–15 months. Various educational techniques were used (didactic teaching [n = 23 interventions], goal setting [n = 10], goal setting negotiated teaching [n = 12], situational problem solving [n = 15], cognitive reframing [n = 4], and other unique teaching methods [n = 13]). In addition, the content of the educational interventions varied (dietary topics [n = 25], exercise [n = 18], self monitoring of blood glucose [n = 15], basic diabetes knowledge [n = 10], medication adherence [n = 8], psychosocial topics [n = 7], and other topics [n = 19]). A fixed effects model was used to combine studies. At the first assessment reported after ≥3 months of follow up, the intervention group had better glycaemic control than the control group (net HbA1c change −0.32%, 95% CI −0.57 to −0.07). In separate meta-analyses, the net change was −0.29% (CI −0.68 to 0.09) at 12 weeks, −0.49% (CI −0.92 to −0.05) at 24 weeks, and −0.33% (CI −0.76 to 0.10) at 52 weeks. The improvement in glycaemic control was statistically significant at the first assessment after the educational intervention and at 24 weeks. Meta-regression analysis showed that interventions using face to face delivery, cognitive reframing, and exercise content were more likely than other intervention types to improve glycaemic control.

**CONCLUSION**

Patient education interventions, particularly those providing face to face delivery, cognitive reframing, and exercise content, improve glycaemic control in adults with diabetes.