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La diabetes nos conecta

Adapting Evidence-Based Diabetes Prevention for the Spanish Context: ES-DPP

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Introduction

Type 2 diabetes (T2D) is a highly prevalent chronic condition and a public health concern worldwide **[1]**. In Spain with 4.7 million adults live with diabetes, placing a substantial burden on morbidity, quality of life, and healthcare expenditures [2]. There is an urgent need for effective and scalable prevention strategies within the Spanish public health system [3]. Primary Care Centers (PCCs) provide a strategic setting due to their accessibility, continuity of care, and population reach.

The Diabetes Prevention Program (DPP) demonstrated that modest weight loss (5–7%) combined with at least 150 minutes per week of moderate-intensity physical activity reduces the incidence of type 2 diabetes [4,5]. Given its alignment with the theoretical mechanisms established in the original DPP and its structured curriculum, PreventT2 can be considered a potentially appropriate intervention model for Spanish primary care. However, its direct transfer to Spanish primary care may compromise its acceptability and feasibility due to differences in cultural relevance, healthcare organization, and delivery structures.

Therefore, rather than directly transferring the intervention, systematic, theory-informed adaptation to Spanish primary care is required to ensure contextual fit while preserving the core components and mechanisms of action responsible for its effectiveness. For all of the above, the aim of this study was to apply the theory-informed framework Intervention Mapping to Adapt (IM-ADAPT) [6], to systematically adapt the *PreventT2* curriculum for implementation in Spanish primary care to ensure cultural and contextual fit while preserving its core mechanisms of action.

Methods

The adaptation process, which resulted in the intervention **PreveniDOS**, was guided by the IM-ADAPT framework

STEP 1 Assess needs and assets

- **1.1** Assess needs and develop a logic model of the problem
- **1.2** Develop a logic model of change
- **1.3** Assess PCCs capacity to implement the intervention
- **1.4** Define program goals

STEP 2 Review evidence and assess basic fit of PreventT2 to Spanish PCCs

- **2.1** Assess evidence on the effectiveness and implementation of the DPP and DPP-based adaptations
- **2.2** Judge basic fit of PreventT2 for Spanish PCCs

STEP 3 Assess fit and plan adaptations

- **3.1** Describe materials, activities, design, delivery and content; Create a logic model of the PrevenT2
- **3.2** Compare the logic model of change with the logic model of the PreventT2
- **3.3** Assess implementation fit and identify necessary adaptations preserving core components

STEP 4 Adapt intervention components

- **4.1** Prepare design documents for the adaptations
- **4.2** Adapt materials and conduct pretesting
- **4.3** Final production of materials and adapted activities of the **PreveniDOS** program

Results

PreventT2 Curriculum	PreveniDOS
Program duration: 12 months (weekly → quarterly → monthly)	9 months (weekly → quarterly → monthly)
Session duration: 60 minutes	60 - 90 minutes
Lifestyle coach profile: Anyone	Healthcare professional at PCC
Health asset mapping: Not included	Included for physical activity and healthy eating
Social support strategies involving family and friends: Not included	Included in sessions 8 and 20
Examples, activities, resources: U.S.-centric	Spanish/local-centric
Language and tone: simple, familiar and approachable	Simple, familiar and approachable. Using a neutral tone in Spanish (addressing participants with the second-person singular “tú” or the second-person plural “vosotros”)
Physical activity and dietary recommendations: Aligned with the WHO and American Dietary Association guidelines, respectively	Aligned with the Spanish Ministry of Health, and Ministry of Consumers Affairs, respectively. The latter including advice on sustainable diet.

Core change methods were preserved during the adaptation of the intervention in **PreveniDOS**

- Goal-setting
- Feedback
- Active learning
- Self-monitoring
- Planning coping responses

Conclusions

IM-ADAPT enabled the adaptation of PreventT2 to Spanish primary care (**PreveniDOS**), preserving core behavior change methods. A pilot study will assess feasibility and acceptability.

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References