

Coalition Calls for Earlier Intervention in Type 2 Diabetes

Do not delay the start of insulin in type 2 diabetes.

BY CONNI BERGMANN KOURY, EDITOR-IN-CHIEF

A Consensus Report announced at the 42nd annual meeting of the European Association for the Study of Diabetes is calling for urgent action to drastically improve the management of diabetes. According to the coalition, the Consensus Report is a global call resulting from a meeting of 25 diabetes experts from 16 countries.¹

There are significant barriers to achieving optimal blood sugar control among those patients with type 2 diabetes.

The global epidemic of diabetes has a huge impact on the health care budgets of countries and is and threatening to reduce life expectancy, the report states. The coalition was formed to look at ways of addressing this global burden after learning about the results of the international Optimizing Control in Diabetes (Optimize) Survey. The survey questioned almost 1,500 people with type 2 diabetes from seven countries regarding their attitudes toward diabetes management. The survey concluded that there are significant patient barriers to achieving optimal blood sugar control.

A PROGRESSIVE DISEASE

“Diabetes is a progressive disease and almost all patients with type 2 diabetes who are currently controlling their condition through diet, exercise and oral therapy will ultimately require insulin, the gold stan-

dard treatment for the successful management of diabetes,” said William Cefalu, MD, of the Pennington Biomedical Research Center, Baton Rouge, La. “A treatment is only successful, however, if patients are willing to use it. Recent clinical research shows that half of patients for whom oral diabetes medicines are not sufficient for them to reach blood sugar targets are delaying for at least 4 to 6 years before commencing insulin treatment. Even patients who are suffering from the complications of uncontrolled diabetes . . . are still delaying insulin treatment,” he said.

In addition to reinforcing these data, the Optimize Survey revealed serious issues surrounding the acceptance of insulin that need addressing, Dr. Cefalu said.

“This has prompted my colleagues and I to form a coalition from which we have developed a consensus report, which we hope will heighten the awareness of the problem and prompt patients and health care professionals to adhere to guidelines for earlier intervention as required.”

CALL TO ACTION

The Optimize Consensus Report discusses key actions to help overcome the barriers to optimal blood sugar control. These include:

- Creating a receptive environment;
- Improving public awareness and patient empowerment;
- Health care professionals must receive better education about insulin and the barriers to treatment so they can communicate the importance of optimal blood sugar control to patients;
- Health care policymakers must understand the costs of diabetes;

- Communicating the importance of getting to goal;
- Helping improve patient understanding that insulin treatment may eventually be needed due to the nature of diabetes and should be discussed as early as possible;
- Insulin initiating appropriately and without delay; and
- Patient preference is important in all treatment decisions to encourage accurate self management.

POTENTIAL ROLE OF NONINJECTABLE INSULIN

Finding ways to increase patient acceptance of insulin therapy may help patients reach blood sugar goals. New treatment options, such as inhaled insulin, could lead to more successful outcomes for people with diabetes, the coalition said.

“Insulin is the most effective blood-sugar–lowering treatment available, but it is not being used effectively. Sadly, people with type 2 diabetes have learned to fear insulin rather than seeing it as an effective treatment that can help them maintain optimal blood sugar control,” said Professor Chantal Mathieu, of the University of Leuven, Belgium.

“This fear has been perpetuated by some doctors who use insulin therapy as a threat to promote compliance during the early stages of diabetes, but in fact insulin is the most effective and natural way of controlling blood sugar. The Optimize Consensus Report highlights that reluctance to use or intensify insulin treatment is often due to injection-related factors. We must dispel these fears and improve the management of diabetes, which includes increasing acceptance of insulin, by communicating its use as a viable optimal treatment, if we are to reduce the ever-increasing burden of this disease,” he said.

Professor Mathieu continued: “Patient self management is crucial to attaining a successful treatment outcome. If a patient is unhappy with their treatment they are unlikely to administer it as accurately as prescribed. All insulin regimens should be adapted to suit the needs of each patient. Through offering the appropriate range of treatment choices patient preference can be taken into account and may help to encourage more successful treatment outcomes.”

WORLDWIDE EPIDEMIC

Diabetes has reached unprecedented, epidemic levels — there are approximately 230 million people with diabetes worldwide and without further action this figure is predicted to rise to 350 million by 2025.²

Diabetes is the fourth leading cause of disease-related death worldwide. Treatment of diabetes-related complications accounts for most of the cost associated with diabetes. It is estimated to be about \$286 billion each year.³

The Optimize Survey was conducted by the global research firm Harris Interactive (Rochester, NY), on behalf of Pfizer (New York, NY), according to a news release. The survey was undertaken in July and August 2005, among 1,444 people with type 2 diabetes, with approximately equal representation from the United States, the United Kingdom, France, Germany, Spain, Mexico and Brazil.

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The Coalition is made up of 25 diabetes experts from 16 countries. The members include: Professor Maarten Kamp, Launceston, Tasmania, Australia; Elizabeth Fernando, MD, Philippines; Michael Walter Roden, MD, Vienna, Austria; Rima Tan, MD, Manila, Philippines; Professor Chantal Mathieu, Leuven, Belgium; Professor Wladyslaw Grzeszczak, Zabrze, Poland; Freddy Goldberg Eliaschewitz, MD, Sao Paulo, Brazil; Professor Jacek Sieradzki, Krakow, Poland; Jorge Gross, MD, Porto Alegre, Brazil; Professor Krzysztof Strojek, Zabrze, Poland; Keith Bowering, MD, Edmonton, Alberta, Canada; Javier Ampudia, MD, Valencia, Spain; Lawrence Leiter, MD, Toronto, Ontario, Canada; Pedro Luis de Pablos-Velasco, MD, Las Palmas, Canary Islands, Spain; Professor Bernard Charbonnel, Nantes, France; Professor Peter Diem, Bern, Switzerland; Professor Sotirios Raptis, Athens, Greece; Professor Nick Freemantle, Birmingham, UK; Bipin Kumar Sethi, MD, India; Professor Stephen Gough, Birmingham, UK; Professor Geremia Bolli, Perugia, Italy; William Cefalu, MD, Baton Rouge, Louisiana, US (Chair); Fernando Lavalley, MD, Mexico; Jaime Davidson, MD, Dallas, Texas, US; and Sergio Zuniga-Gujardo, MD, Mexico. ■

1. News conference. Consensus Report announced during the 42nd annual meeting of the European Association for the Study of Diabetes. Sept 14-17, 2006. Copenhagen.
 2. International Diabetes Federation. Accessed Sept. 27, 2006. Available at www.idf.org/home/index.cfm?unode=3B96906B-C026-2FD3-87B73F80BC22682A
 3. International Diabetes Federation. Diabetes Atlas 2nd edition. 2003.