

Comprehensive Care Seen as Burden in Diabetes

BY TIMOTHY F. KIRN
Sacramento Bureau

Many patients with diabetes might prefer to have some risk of minor complications from the disease than to live life saddled with the rigors of comprehensive diabetes management, according to a survey conducted by researchers at the University of Chicago.

In their 1-hour, face-to-face survey interviews with 701 patients with diabetes, investigators found that patients certainly preferred life with complications, Dr. Elbert S. Huang, of the section of general internal medicine at the University of Chicago, and his colleagues reported. But they also found that patients perceived comprehensive diabetes care as having many negative impacts on quality of life—impacts that they rated as about equal to a number of intermediate complications (Diabetes Care 2007;30:1-6).

Patients perceived comprehensive diabetes care as having negative impacts on quality of life—impacts they rated equal to some complications.

The researchers described comprehensive care to the study subjects as management that entailed cholesterol-lowering drugs, aspirin, intensive blood pressure control (perhaps with more than one agent), intensive glucose control (perhaps with insulin and oral agents, and close monitoring), and diet and exercise.

The patients ranked intensive control and comprehensive control significantly lower than conventional control. And, the mean rating for comprehensive care was not statistically different from the ratings for angina, diabetic neuropathy, and diabetic nephropathy.

The mean rating for intensive therapy, which was demanding but not quite as taxing as comprehensive care, was similar to that of diabetic neuropathy.

Despite those overall findings, Dr. Huang noted that there was much variation in the way the patients answered the questions. The majority actually rated life with treatments as being close to perfect health, and only 18% rated life with treat-

ments as being a significant burden on quality of life.

The study was conducted, Dr. Huang said, because although numerous studies have shown that intensive diabetes control reduces complications and much effort and money is expended to encourage intensive management, at least 20% of patients continue to have poor glycemic control, 33% have suboptimal blood pressure, and 40% have high cholesterol.

The survey may give some insight into

why patients with diabetes so often do not meet recommended treatment targets, he said.

The study used a quantitative scale to rate patient preferences, or “utilities,” so answers about treatments and complications could be compared.

The heterogeneity of responses indicates that doctors need to talk to their patients in the clinic and share decision making when making treatment plans, Dr. Huang said. ■

Cardiovascular Disease Affects 6 Million U.S. Diabetes Patients

BY MIRIAM E. TUCKER
Senior Writer

Cardiovascular disease affected approximately 6 million diabetic adults aged 35 years and older in the United States in 2005, according to the Centers for Disease Control and Prevention.

Researchers at the CDC analyzed data from the National Health Interview Survey on the prevalence of heart disease, stroke, and other cardiovascular diseases among persons with diabetes during 1997-2005. In that period, the age-adjusted prevalence of diagnosed diabetes in the United States increased 43%, from 3.7% in 1997 to 5.3% in 2005, according to the report (MMWR 2007;56:1129-32).

During 1997-2005, the annual number of survey respondents aged 35 and older who reported having both diabetes and CVD ranged from approximately 3,700 to 6,800 (out of a total of 31,000-36,000). Although the prevalence of individuals with both disorders did increase overall by 36% during the study period, the age-adjusted overall prevalence actually decreased by 11%, from 37% to 32.5%. The drop indi-

cates that the number of people diagnosed with diabetes during that time exceeded the number with both diabetes and CVD, the report explained.

Broken down by age group, the age-specific prevalence of self-reported CVD among those aged 35-64 years with diabetes decreased by 14%, from 31% in 1997 to 27% in 2005, while the prevalence did not change significantly over time in older groups (from 46% to 51% in individuals aged 65-74 and from 53% to 57% among those aged 75 and older).

Overall during the study period, the age-adjusted prevalence of CVD was higher among men than women, higher among whites than blacks, and higher among non-Hispanics than Hispanics. The age-adjusted prevalence decreased significantly in women (by 11%) but not in men, and in blacks (by 25%) but not in whites. It also decreased significantly among non-Hispanics (by 12%), while there was no clear trend among Hispanics, the CDC said.

The decrease in self-reported CVD prevalence among diagnosed diabetic patients may relate to the fact that the median duration of diabetes has declined significantly overall, the report noted. ■

During the study period, the age-adjusted prevalence of CVD was higher among men than women and higher among whites than blacks.

Clinical Endocrinology News®
Presents a continuing medical education supplement

**The Future of Diabetes Care:
The Impact of Inhaled Insulin on Glycemic Control**

Featuring:
William T. Cefalu, MD, FACP, FACP
Program Chairperson
Lawrence Blonde, MD, FACP, FACE
Vivian A. Fonseca, MD, FRCP

This supplement is available at
www.clinicalendocrinologynews.com/content/medicaleducationlibrary

Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of Purdue University, an equal access/equal opportunity institution. Purdue University is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation
Purdue University designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit®. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Term of Approval: November 2007 - November 30, 2008

Supported by an educational grant from **Pfizer**

Jointly sponsored by **PURDUE UNIVERSITY** and **THE PARTNERSHIP FOR MEDICAL EDUCATION**

