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Canadian Diabetes Study: A Wake-up Call

TORONTO, Ontario (September 20, 2005) – Data from the largest diabetes study of its kind in Canada show that one in two people with type 2 diabetes does not have their blood sugar under control. Moreover, the majority of patients have serious associated health conditions and complications, such as heart disease, stroke, kidney and eye disease. The Diabetes In Canada Evaluation (DICE) study also demonstrates that the prevalence of these diabetes-associated co-morbidities and complications is greater the longer a person has the disease. This “disease burden” makes type 2 diabetes extremely challenging to manage. The study results were made public today and will be published in the October 2005 issue of *Diabetes Research and Clinical Practice*.

“Blood sugar control is a key component of diabetes management; however, type 2 diabetes is a complex disease with many associated complications and co-morbidities – all of which need to be controlled. Our goal with this study was to gain a better understanding of how type 2 diabetes is being treated in Canada in the family practice setting and to explore the level of disease management among Canadian patients,” says Dr. Stewart Harris, DICE study co-author and Associate Professor, Schulich School of Medicine & Dentistry, The University of Western Ontario. “We were surprised with the findings. Even the recently diagnosed patients had already developed complications such as heart disease and stroke. This is a clear indication that we need to do more to help patients aggressively manage this disease.”

THE DICE STUDY

The study included 243 family physicians who completed records for 2,473 patients with type 2 diabetes. The goal was to evaluate diabetes management in the family practice setting, where the majority of patients are treated. The study evaluated four areas: blood sugar control, prevalence of complications, disease management and barriers to achieving treatment targets. Key study findings include:

- **Blood sugar control** – One in two patients in the DICE study was not achieving the blood sugar target recommended by the Canadian Diabetes Association’s Clinical Practice Guidelines (CPGs).ⁱ The picture is worse the longer a person has diabetes. Only 38 per cent of people with diabetes for more than 15 years or longer had their diabetes under control.

- **Prevalence of complications** – Up to 80 per cent of people with diabetes die as a result of cardiovascular disease.ⁱⁱ In the DICE study, the majority of patients were found to have cardiovascular risk factors such as high blood pressure (more than 60 per cent) and high cholesterol (almost 60 per cent). Nearly 30 per cent already had one or more macrovascular complications (e.g., heart attack or stroke), and almost 40 per cent already had one or more microvascular complications (e.g., kidney disease, nerve damage or eye disease). Study results show that the prevalence of co-morbidities and complications increases the longer a person has diabetes.
- **Disease management** – The DICE study indicates that many physicians use a “stepwise approach” – moving gradually from lifestyle modification to medication – to control blood sugar levels in patients. The study results show that more intensified therapy with anti-diabetic agents, as recommended by the CPGs^{i,iii}, is under-used, especially as patients’ diabetes progress. Intensified treatment was recommended for only 56 per cent of people not at target.
- **Barriers to achieving treatment targets** – The DICE study results suggest there is a gap between knowledge and practice. Although family physicians are very knowledgeable about CPGs targets and recognize the need for adopting more intensive treatment for poorly controlled patients, DICE study findings suggest they need to be more aggressive in implementation.

“The good news is that clinicians have learned a great deal in recent years about diabetes treatment, and the Clinical Practice Guidelines provide us with detailed information to help us best treat our patients,” says Dr. Jean-Marie Ekoé, Endocrinologist, Professor of Medicine and Endocrinology, CHUM Hôtel-Dieu, Université de Montréal and co-author of DICE. “The message is clear: physicians and patients need to work together to get blood sugar levels to target and manage other risk factors as quickly as possible after diagnosis to reduce the risk of serious and deadly complications. This will require intensive and aggressive treatment – and we need to act now.”

TYPE 2 DIABETES IN CANADA

Type 2 diabetes is a chronic progressive disease affecting approximately two million Canadians.^{iv} Characterized by high levels of sugar in the blood, beta cell dysfunction and an underlying defect called insulin resistance, diabetes is far from being a “touch of sugar.” Left untreated or poorly managed, it wreaks havoc on the body. Over time, abnormally high blood sugar damages large and small blood vessels and dramatically increases the risk of heart attack, stroke, kidney failure, limb amputation and eye disease. A leading cause of death by disease, type 2 diabetes can shorten life expectancy by five to 10 years.^v

“Type 2 diabetes does not have to compromise quality of life. Through proper disease management we can delay or even prevent serious complications,” says Donna Lillie, Vice President, Research and Professional Education, Canadian Diabetes Association.

“Physicians and government bodies need to work together to ensure people with diabetes have access to, and are receiving, the best possible treatment so they can look forward to fulfilling lives without the devastating impact of heart, kidney, or eye disease, or limb loss.”

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Notes to Editors:

1. The study publication: S.B. Harris, J. Ékoé, Y. Zdanowicz, S. Webster-Bogaert. Glycemic Control and Morbidity in the Canadian Primary Care Setting (Results of the Diabetes In Canada Evaluation Study). *Diabetes Research and Clinical Practice*. October 2005.
2. DICE is a cross-section chart audit. Participating physicians (n=243) completed a chart audit for the first ten patients seen in their clinics with type 2 diabetes, with a total of 2,473 patient records contributed to the study.
3. The study was conducted by Ipsos Reid Healthcare between September 2002 and February 2003.
4. DICE was sponsored by an unrestricted educational grant from GlaxoSmithKline Inc.
5. Blood sugar target (A1C \leq 7 per cent) as recommended by the Canadian Diabetes Association 2003 Clinical Practice Guidelines.

ⁱ Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 1998 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes* 1998

ⁱⁱ Canadian Diabetes Association. “The Prevalence and Cost of Diabetes.” Available at: www.diabetes.ca/Section_About/prevalence.asp.

ⁱⁱⁱ Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes* 2003;27(Suppl 2): S1-S152.

^{iv} Health Canada. “Diabetes Facts and Figures.” Available at: www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/facts/index.html.

^v Canadian Diabetes Association. “The Prevalence and Cost of Diabetes.” Available at: www.diabetes.ca/Section_About/prevalence.asp.