

Diabetes Management Tools Unveiled by Internists

BY MARY ELLEN SCHNEIDER
New York Bureau

SAN DIEGO — Physicians and patients now have new tools available for diabetes management.

The American College of Physicians and the ACP Foundation capped off a 3-year diabetes initiative with the release of three new products—a patient care guide to living with diabetes, a team-based practice manual and self-assessment program, and an online portal with diabetes management resources.

The tools were released last month at the annual meeting of the ACP.

The ACP diabetes initiative was funded by a \$9.27-million unrestricted grant from Novo Nordisk.

“The purpose of these products is for all of them to work together,” said Dr. Vincenza Snow, director of clinical programs and quality of care at ACP.

Both the patient and physician materials have similar messages, such as setting attainable goals, she said. One of the aims of providing these tools is to better enable patients to participate in their care, especially in setting goals for their treatment, Dr. Snow said.

At a press briefing, she and other speakers discussed each of the three tools in detail.

► **The team-based diabetes care guide.** The care guide was designed as a resource for all members of a multidisciplinary diabetes care team, including internists, endocrinologists, nurses, physician assistants, and diabetes educators.

The ACP plans to distribute 100,000 copies of the guide for free to members of diabetes care teams. “We want the

entire practice team using this manual together,” Dr. Snow said.

The guide helps providers to assign their team roles and get out of their “silos.” In many cases, providers may think they are working in a team, but they are really functioning as individuals, Dr. Snow said.

The guide includes a printed practice manual and a CD-ROM with electronic versions of the tools and multiple-choice questions and critiques.

Among the tools are practical tips for assessing care and implementing quality improvement programs, information on population-based care, and a tutorial on patient registries.

The materials can also be used to earn continuing medical education credits, Dr. Snow said.

► **The patient guide.** This guide is available in English and Spanish and was developed with the input of more than 100 patients with diabetes, health care providers, and health literacy experts, said Dr. Hilary K. Seligman, of the University of California, San Francisco. Dr. Seligman was part of the team that developed the patient guide.

The patient guide focuses on diet, exercise, checking blood sugar, keeping track of medications, and taking insulin.

The full-color booklet includes practical tips about portion sizes and getting active, and features patient quotes about what works for them. Unlike some other patient education materials, the booklet has photos of real diabetes patients in their own homes, Dr. Seligman said.

The patient guide was simultaneously produced in Spanish—not translated into Spanish—and is augmented

with different photos of Spanish-speaking patients.

“Our guiding philosophy in creating this guide was that diabetes care takes place in the patient’s home,” Dr. Seligman said. “The vast majority of diabetes care is done by the patient on an everyday basis, and not by the physician.”

But although the guide was developed to be patient centered, physicians and other members of the care team shouldn’t stop at simply handing out the guide, Dr. Seligman said.

The patient guide was designed to be a framework around which the clinical team could teach patients how to create an action plan. The idea is for any member of the care team to be able to teach patients to create an action plan in two to four minutes.

The preliminary results of an evaluation of the patient guide show that of about 225 patients who tested it, about three-fourths were able to make small behavioral changes after 1 month, Dr. Seligman said.

The preliminary data also show that diabetes-related distress decreased and self-efficacy improved with use of the guide. The initial feedback from providers who tested the guide has also been positive, Dr. Seligman said.

► **The online diabetes portal.** The portal, which can be found online at <http://diabetes.acponline.org>, provides resources for both patients and health care providers.

The site will include evidence-based guidance but was not designed to be a scholarly Web site, Dr. Snow said. “We want this to be a very practical resource.” ■

The diabetes tools can be ordered online at <http://diabetes.acponline.org>.

Postprandial Glucose Levels Tied To CVD Risk in Type 2 Diabetes

BY TIMOTHY F. KIRN
Sacramento Bureau

SEATTLE — Postprandial glucose levels seem to play an important and often overlooked role in cardiovascular disease in type 2 diabetes patients, Dr. Richard Hellman said at the annual meeting of the American Association of Clinical Endocrinologists.

“If you don’t look at the postprandial events, you probably are not going to be successful in bringing the [HbA_{1c}] levels into the target ranges that any of us would consider appropriate,” said Dr. Hellman, who is an endocrinologist at the University of Missouri–Kansas City and the president of the AACE.

Both the contribution of postprandial hyperglycemia and the cardiovascular risk decrease along a continuum, so the lower the HbA_{1c} level that a patient can achieve, the lower that patient’s cardiovascular risk will be, Dr. Hellman added.

The fact that postprandial hyperglycemia can be as crucial as fasting hyperglycemia was elucidated a few years ago in a study that computed the contributions of postprandial and fasting glucose to HbA_{1c} levels in treated patients with diabetes, Dr. Hellman explained.

According to the study, when patients are not well controlled, the largest contribution to the HbA_{1c} level is from fasting glucose.

However, as patients come under better glucose control, postprandial glucose accounts for a greater contribution.

For example, the study findings showed that when the HbA_{1c} level is 8.5%-9.2%, postprandial hyperglycemia accounts for a little less than 50% of the HbA_{1c} level, but when the HbA_{1c} is lower than 7.3%, postprandial hyperglycemia accounts for about 70% (Diabetes Care 2003;26:881-5).

“I think this was a profound observation,” Dr. Hellman said.

Current data from a number of different surveys suggest that, overall, the lipid and glucose levels of patients with type 2 diabetes are not well managed, and that in recent years management has been getting worse, according to Dr. Hellman.

One of those studies recently reported that glycemic control (defined as an HbA_{1c} level below 7%) was being achieved in only 36% of type 2 diabetes patients, compared with 45%

of patients in the early 1990s (Diabetes Care 2004;27:17-20).

The optimal way for type 2 diabetes patients to achieve glycemic control—and thereby reduce their cardiovascular risk—is to adopt a multifactorial approach to management.

This approach should include diet modification, exercise, and aggressive treatment of hyperlipidemia, hypertension, and elevated glucose levels, Dr. Hellman said. ■

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Annual Screen for Kidney Disease Is Essential in Diabetic Patients

ORLANDO — Every patient with type 1 or type 2 diabetes should be screened annually for the presence of diabetic kidney disease, according to comprehensive guidelines developed by the National Kidney Foundation as part of its Kidney Disease Outcomes Quality Initiative.



We recommended a spot urine sample that can be done in a provider’s office. ‘Plus, it’s cheap.’

DR. TUTTLE

The clinical practice guidelines offer “simple, clear messages about managing risk factors not only for kidney disease but also for cardiovascular disease,” Dr. Katherine R. Tuttle said at a meeting that was sponsored by the National Kidney Foundation.

The working group that drafted the guidelines included representatives of the American Diabetes Association, the American Heart Association, and the American College of Physicians, as well as the NKF.

An estimated 21 million people in the United States have diabetes and over half of them have kidney

damage. The incidence of diabetic kidney disease is expected to double by the year 2030.

The guidelines recommend measurements of urinary albumin-to-creatinine ratio in a spot urine sample, and measurement of serum creatinine to estimate the glomerular filtration rate.

“We recommended a spot urine sample rather than 24-hour urine collection so that this [measurement] can actually be done in an internist’s or other primary care provider’s office. Plus, it’s cheap,” said Dr. Tuttle, who is the medical and scientific director of research at Providence Medical Research Center, Spokane, Wash.

Screening is essential because strategies that slow or prevent chronic kidney disease and its complications are available. “Simple, clear messages are very powerful. And that’s what we’re after,” she said.

The guidelines, under the title “KDOQI Clinical Practice Guidelines and Clinical Practice Recommendations for Diabetes and Chronic Kidney Disease” (Am. J. Kidney Dis. 2007;49[2 suppl. 2]:S12-154) are available online at www.kdoqi.org.

—Fran Lowry