

STOPPING THE TSUNAMI:

CARE GAPS IN CARDIOVASCULAR RISK AND PROTECTION IN TYPE 2 DIABETES

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Summary of a roundtable discussion on the care gaps in cardiovascular risk in type 2 diabetes, which took place on Monday October 26th, 2015, at the Fairmont Royal York Hotel in Toronto. The roundtable, moderated by Dr. Shafiq Qadri, MD, involved leading experts in the field of Cardiology (Dr. David Fitchett, MD, FRCPC), Endocrinology (Dr. Jeremy Gilbert, MD, FRCPC) and Family Medicine (Dr. Richard Tytus, MD, FRCPC).

INTRODUCTION

By Barbara Kennedy, Executive Director,
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For 50 years, the Cardiac Health Foundation of Canada has been dedicated to cardiac rehabilitation and advocacy for prevention and education of heart disease across Canada. Its mission to encourage prevention and support education programs includes, raising awareness about cardiac risk factors and risk prevention for people with type 2 diabetes.

Diabetes is recognized as a rampant and devastating disease, with cardiovascular disease being the most common cause of death amongst those with the condition: there is a two to four-fold increased

incidence of death from a cardiovascular event in people with diabetes compared to people without diabetes^[1]. The fact that people with either type 1 or type 2 diabetes mellitus present a significantly higher risk of atherosclerotic cardiovascular disease, which manifests as coronary heart disease, stroke and peripheral vascular disease, is a major challenge in current diabetes management^[1].

In 2009, the estimated prevalence of diabetes in Canada was 6.8% of the population or 2.4 million Canadians^[1]. By 2019, the number is expected to increase to 3.7 million^[1]. The rapid rise in the incidence rates of type 2 diabetes will continue to impact individuals and the healthcare system in Canada. For this reason, prevention strategies are urgently needed. Finding ways to treat patients with type 2 diabetes earlier could help improve outcomes and decrease the incidence of cardiovascular disease.



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It's important to realize there is a growing need for an interdisciplinary, patient-centered approach to managing the challenges of diabetes treatment. Dieticians, nurse educators and pharmacists all play an important role and can assist specialists in educating the patient about the importance of lifestyle modification and reviewing each medication, its benefits and side effects. A team approach to diabetes care can effectively help patients manage and lower their risk of complications, including cardiovascular risks from diabetes.

Our challenge is to broaden the delivery of care by including several types of health care professionals and to be able to apply more tailored personalized treatment approaches to patients. In my opinion, diabetes should be managed by family practitioners the majority of time and endocrinology support provided in a minority of cases. Trained community health workers who bridge the gap among traditional healthcare can facilitate diabetes management, lower patients' health risks through assessment, intervention and surveillance.

As an endocrinologist, I focus not only on obtaining appropriate blood sugar control but also optimizing blood pressure, improving lipid control and cessation of smoking. Controlling their hemoglobin A1c levels, blood pressure, cholesterol, eating a healthy individualized meal plan, engaging in regular exercise as well as taking medicines as prescribed all help in the

prevention and maintenance of the disease. Individuals that effectively modify their lifestyle can expect better quality of life, improved health outcomes and ultimately, lower healthcare costs. Identifying problems early and initiating timely treatment is key. Diabetic agents that lower blood sugar and avoid hypoglycemia and weight gain, would really interest my patients as they work on making manageable lifestyle modifications which will have a longer term benefit.

Dr. David Fitchett MD FRPC (Cardiologist)

We have an epidemic of obesity, type 2 diabetes and cardiovascular disease starting at younger and younger ages and this is going to result in a tsunami of potentially fatal cardiovascular events in the future.

As a cardiologist, we see patients with obesity and diabetes who have already had a serious cardiac event and are often struggling to modify their lifestyle with exercise, diet and cessation of smoking. Our goal is to minimize the risk of cardiovascular disease and use strategies to overcome those challenges.

Clinical trials are now dictated for new diabetes drugs that include patients with type 2 diabetes who are at high risk for cardiovascular disease or have established cardiovascular disease already^[2]. These trials aim to show cardiovascular safety as the primary goal but hope to show benefit as well. Access to new treatments that have demonstrated in clinical trials to have minimal adverse effects on cardiovascular

outcomes will provide the confidence and safety that physicians need in prescribing the new medications.

Dr. Richard Tytus MD (Family Medicine)

Medical management to decrease cardiovascular risk should start when type 2 diabetes is initially diagnosed, especially for patients with type 2 diabetes and established atherosclerotic disease. One way primary care physicians can address the care gap is to engage patients in their own treatment plans. In our clinic, we use a treatment sheet that helps patients keep track of their blood pressure, lipids and urine which benefits the patients and doctors by getting them involved in their own management of their disease. Patient and physician working together is the key. We need to address each patient individually and chose an intervention that they agree to. An active patient empowers change and that is going to overcome the inertia.

The importance of diet, activity, smoking cessation and stress management is essential for patients with type 2 diabetes. Planning activities to keep active can be very simple in reducing risk factors in patients with type 2 diabetes. For example, we started a program which involved the participants getting up and dancing. It is something simple, fun, cost effective, family friendly, and easy to do, burns calories, and the participants loved it. The combination of healthy food choices and activities can make a change in the patients' quality of life.

CALL TO ACTION

The need for new effective treatments in managing the risk of cardiovascular disease in type 2 diabetes is imperative. All physicians, whether specialist or general practitioners should always consider cardiovascular protection and risk reduction whenever treating patients with type 2 diabetes in order to decrease the morbidity and mortality rate in type 2 diabetes and prevent the "tsunami" of cardiovascular events waiting to hit us.

REFERENCES:

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- [2] Guidance for Industry Diabetes Mellitus-Evaluating Cardiovascular Risk in New Antidiabetic Therapies to treat Type 2 Diabetes. US. Department of Health and Human Services Food and Drug Administration. CDER. Dec 2008; pg 1-3.