Diabetes Prevention & Control Program

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Happenings

- **SD Diabetes Coalition Spring Partner's Conference** has been scheduled for April 11 at Cedar Shore Resort in Oacoma.
- **Diabetes Update 2012:** Avera McKennan is hosting a diabetes conference on April 20 at the Prairie Center in Sioux Falls. The goal of the program is to provide participants with information on current issues in the clinical care and education of persons with diabetes. More information and online registration are available at this link.
- **Changes and Challenges in Diabetes 2012**: The conference has been scheduled for April 24-25 at the Ramkota Hotel in Rapid City. A conference brochure with more information is available here.

Resources

Five Important Facts about Dietary Sodium and Blood Pressure –Evidence indicates that excessive sodium in our diets can cause hypertension, a leading risk factor for heart disease and stroke.

1. Ten types of foods in our diet account for more than 40% of our sodium intake.
2. About nine in ten Americans are eating too much sodium. The daily recommended maximum amounts are 2300 mg for some people, but 1500 mg for nearly 6 in 10 adults, depending on age and certain health conditions.
3. It is often difficult to prepare meals or eat out without exceeding the total daily recommended sodium limits. For help, see pages 34–37 of the monograph Dietary Guidelines for Americans 2010.
4. Hypertension is related to many diabetes complications, such as diabetic eye disease and kidney disease. Having diabetes increases the risk of developing hypertension and other cardiovascular problems.

Talking Circles: Diabetes talking circles, recognized by the Indian Health Service as a best practice, allow participants to express feelings, receive support, and strengthen traditional ties while gaining an understanding of the prevention, treatment, and control of type 2 diabetes.

Fraud Alert: Criminals are targeting people with diabetes. The scheme generally involves someone pretending to be from the government, a diabetes association, or even Medicare, calling a patient to offer "free" diabetic supplies or other supplies such as heating pads, lift seats, foot orthotics, or joint braces, in exchange for the beneficiaries' Medicare or financial information. Additionally, patients may receive items in the mail that they did not order. More info found at link.

Articles

ACP Treatment Guidelines: The American College of Physicians (ACP) recently released new guidelines for the treatment of type 2 diabetes based on a systematic evidence review and comparative efficacy analysis of FDA-approved oral medications for the treatment of type 2 diabetes (Quaseem A, et al. Ann Intern Med. 2012 Feb 7;156(3):218-31). ACP recommendations include:

Recommendation 1: When diet, exercise, weight loss, and other lifestyle modifications have not adequately improved hyperglycemia, clinicians should add oral pharmacologic therapy in patients with type 2 diabetes (grade: strong recommendation, high-quality evidence).

Recommendation 2: For most patients with type 2 diabetes, initial pharmacologic therapy should be monotherapy with metformin (grade: strong recommendation; high-quality evidence).

Recommendation 3: When lifestyle modifications and monotherapy with metformin fail to control hyperglycemia, clinicians should add a second drug to metformin (grade: strong recommendation; high-quality evidence).

This activity has been submitted to the Washington State Nurses Association Continuing Education Approval & Recognition Program (CEARP) for approval to award contact hours. The Washington State Nurses Association Continuing Education Approval & Recognition Program (CEARP) is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Bariatric surgery to treat Type II diabetes: The New England Journal of Medicine recently published two studies comparing bariatric surgery with medical treatment. The two studies provide evidence that in obese patients with type 2 diabetes, bariatric surgery can be more effective than medical therapy alone. In both studies, bariatric surgery resulted in better glycemic control and increased rates of remission relative to medical therapy. The articles can be found at:

Mingrone G, et al "Bariatric surgery versus conventional medical therapy for type 2 diabetes" N Engl J Med 2012; DOI: 10.1056/NEJMoa1200111

Schauer PR, et al "Bariatric surgery versus intensive medical therapy in obese patients with diabetes" N Engl J Med 2012; DOI: 10.1056/NEJMoa1200225.

Glycemic Thresholds for Vascular Complications: The authors of this study investigated the relationship between HbA1c and the risks of vascular complications and death in these patients. Patients were randomized to intensive or standard glucose control. For all outcomes, there was a non-linear relationship between HbA1c level and risk of events with evidence of HbA1c 'thresholds' at which the lowest event rates were observed. Although the risks of microvascular events were progressively lower down to HbA1c levels of 6.5%, the risks of macrovascular events and death were only clearly lower down to levels of 7.0%. The abstract can be found at: Zoungas S, et al. Diabetoligia. 2012 55:636-43.

Obesity Report: The CDC National Center for Health Statistics recently released a data brief on the prevalence of obesity in the United States. The prevalence of obesity in the United States increased during the last decades of the 20th century. More recently there appears to have been a slowing or even a leveling off in the rate of increase. The brief can be found at link.