



International  
Diabetes  
Federation  
Europe



# Type 2 Diabetes: A Preventable Catastrophe?

EVENT REPORT

*June 6, 2023*



## INTRODUCTION

On June 6, 2023, IDF Europe held a hybrid event in Media Partnership with EURACTIV to officially launch its new publication, “*Type 2 Diabetes: a preventable catastrophe?*”. During the event, panellists representing academia, healthcare professionals (HCPs), people living with Type 2 Diabetes (T2D), industry and policy makers discussed **why we urgently need to re-design our healthcare systems across Europe and remove the barriers that are preventing early and tight management of T2D and its associated risk factors.**

## SPEAKERS

- **Prof. Nebojsa Lalic**, IDF Europe Regional Chair
- **Erik Werson**, person living with type 2 diabetes
- **Prof. Kamlesh Khunti**, Professor of Primary Care Diabetes and Vascular Medicine at the University of Leicester and Leicester General Hospital, UK
- **Prof. Tadej Battelino**, Head of the Department of Pediatric and Adolescent Endocrinology at University Medical Center Ljubljana, Slovenia
- **MEP Franc Bogovič**, member of the MEP Interest Group on Diabetes - MEPs Mobilising for Diabetes (MMD)
- **Maurizio Guidi**, Chair of the European Federation of Pharmaceutical Industries and Associations (EFPIA) Diabetes Platform

Moderator: **Mariam Zaidi**, EURACTIV



# OPENING REMARKS - THE BURDEN OF DIABETES

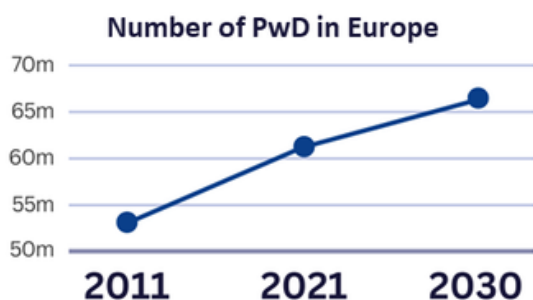
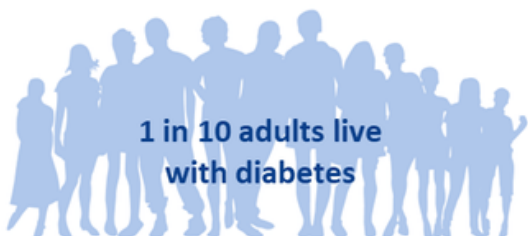
Prof, Nebojsa Lalic, IDF Europe Regional Chair, opened the event by highlighting **the burden of diabetes on people living with the condition and healthcare systems across Europe.**

Despite recent progress in the understanding and treatment of diabetes, the number of Europeans living with the condition continues to rise. Today, **61 million people live with diabetes in Europe** and this figure is expected to reach 67million by 2030, **with T2D accounting for about 90% of diabetes cases.** Of these, **more than half will die prematurely** due to potentially preventable diabetes-related complications. **In 2021, the cost of treatment relating to diabetes was €176 billion, 75% of which is related to healthcare costs to treat complications.**



Prof. Lalic concluded his opening remarks by stressing the **urgent need to re-design our healthcare systems to enable the effective prevention of diabetes and its complications.**

## “Type 2 Diabetes: a preventable catastrophe?”



Type 2 Diabetes (T2D) accounts for about 90% of diabetes cases...



... of these, more than half will die prematurely due to potentially preventable diabetes-related complications



In 2021, the cost of treatment relating to diabetes was €176bn, 75% of which is related to healthcare costs to treat preventable complications

*“Type 2 Diabetes: a preventable catastrophe”, is an urgent call to action to re-design our healthcare systems across Europe and remove the barriers that are preventing the effective management of T2D*

## PERSPECTIVES FROM PEOPLE LIVING WITH T2D

During their introductory statements, **Erik Werson and MEP Franc Bogovič**, both living with T2D, **shared their personal experiences** from diagnosis to diabetes management and treatment.

Throughout his 25-year-long journey living with diabetes in the Netherlands, and especially at the time of his diagnosis, **Erik received little support and felt like his personal perspective was not taken into consideration in the treatment implementation.** He had to empower and educate himself and take personal initiative to find a way to integrate the condition in his daily life.

*“When I was first diagnosed with T2D, 25 years ago, my doctor explained to me in five minutes what diabetes was and provided me with oral medications which caused several side effects. Three years later, I was told I had to switch to insulin, and I was sent home with it. I then had to figure out on my own how to inject insulin, without any support. **What I really missed was healthcare professionals looking at who I was and trying to integrate diabetes and the treatment into my life.** It was very difficult for me because I followed the treatment protocol as much as I could, but success wasn’t celebrated and, eventually, I decided to do it myself. In those days, we only had finger pricks which made it difficult to get a good understanding of what was happening in my body. This changed when I was finally able to get a continuous glucose monitor (CGM) which allows me to see how my blood glucose levels are changing and understand what to do about it. The individual approach is something I really missed.*

**Currently, I am managing my diabetes the way I want to. I am in control.”**

**Erik Werson –**



MEP Bogovič was diagnosed with T2D in October 2022. **Having a family history of diabetes, he was aware of being at risk and monitored his blood glucose levels regularly.** This awareness, in combination with support and guidance from his doctors since the time of diagnosis, have helped him gaining good control over the condition.

*“The first time I heard about diabetes, I was a child. I learned about it from a woman living in my neighborhood who used to speak a lot about her condition. Later on, both my mother and my brother were diagnosed with T2D. I then knew that I had to be careful. **I kept checking my blood sugar levels throughout the years and, last October, my doctor recognized my levels being high and recommended to start taking some oral medicines. I listened to him and we talked more about the disease and the various strategies to manage it.** When I had my last check up, less than two months ago, the levels were normal.*

**During the COVID-19 pandemic with forgot about some other conditions such as diabetes. It is very important that we now start speaking more about these conditions especially when, like in the case of diabetes, it is possible to prevent them or to delay their onset.”**

**MEP Franc Bogovič –**



## THE IMPORTANCE OF EARLY ACTION

During his introductory statement, **Prof. Khunti** explained why **it is critical to ensure that people living with T2D are diagnosed early and that they receive the support they need to achieve their targets** in order to reduce the risk of developing life-altering complications.

*We have excellent evidence showing that we can manage diabetes and prevent its complications. We also know that 50% or more of people living with diabetes (PwD) will die due to complications. What we need to do is simple things such as managing blood pressure, blood glucose, cholesterol and weight and empowering PwD to manage their condition. Together, all of these can dramatically reduce the risk of complications.*



**Prof. Battelino** continued by stressing the fact that **PwD need to have access to the right treatment at the right time**. Early identification of people at risk of developing T2D and its complications is key to introduce treatments such as disease modifying medications at the right time, before complications set in and become irreversible.

Reacting to the moderator's question **"How could things be done differently"**, **Maurizio Guidi** emphasized the **need to move away from a 'treat-to-fail' approach** in which the treatment of T2D is not reassessed and adjusted early enough when proved ineffective.

Today, **one in three adults living with diabetes are not diagnosed and most PwD do not achieve their targets**. As highlighted by **Prof. Khunti**, this is the result of diagnosing PwD too late and waiting too long to help them get on target: **"The problem then escalates because they will develop the second condition, then the third and then it becomes a spiral very difficult to manage. But multimorbidities can be prevented by acting very early"**.

## PERSON-CENTRED CARE AND PwD EMPOWERMENT

One key topic addressed during the panel discussion was the importance of placing PwD at the centre of their care and empowering them to optimally manage their condition. **HCPs should actively listen to PwD's needs and perspectives and take into account their unique circumstances, including their socio-economic conditions and living/working environment**.

Describing his personal experience, **Erik Werson** shared:

*Initially, I was treated as a patient and not as a person. HCPs should look at who you are, what your life looks like and what you can do to incorporate diabetes into that life. This has been improving.*



Reacting to the question **“What do you wish could have been done better and what is being done better now?”**, **Erik Werson** shared that he would like to see a **more person-centred and holistic approach to diabetes care**. HCPs should not only look at a treatment based on protocols. There should be more awareness of who the person living with the condition is. This could be supported by the establishment of **structured peer support groups** in which PwD can share their experiences and learn from each other.

He then emphasised the fact that **people living with T2D often do not experience symptoms**. This can contribute to PwD underestimating the importance of optimally managing the condition and not reaching out to other PwD with whom they could share their experience. In turn, this is reflected in the absence of strong networks of people living with T2D and in a shared sense of isolation.

**Prof. Khunti** pointed out that the silent nature of T2D and the lack of awareness of its risks could be overcome by providing PwD with **structured education programmes** to inform them about the risks of the condition and empower them to optimally manage their diabetes. He stressed that:

***We do not put enough emphasis on education programmes as we do on prescribing drugs. Education programmes can be cost-effective, but many people don't take them up because the emphasis hasn't been given to say that it is as important, if not more, as taking medications.***

He then continued explaining that **the lack of diabetes education also contributes to the high rate of non-adherence to medication-based treatments**.

**Prof. Battelino** added that **peer support groups can also be of major help to empower PwD**, to help them connect with each other and share experiences and best practices:



***“PwD can help each other quite efficiently. Perhaps better than any other HCP could. They are more likely to take each other's advice seriously”***

He then remarked that **PwD's quality of life should be what matters most**. Even though T2D may not cause debilitating symptoms at first, diabetes-related complications can have a huge impact on PwD's quality of life in the future.

Prof. Battelino suggested that making this message clear could contribute to empowering PwD to optimally manage the condition from the start and increase adherence to treatment.

**MEP Bogovič** supported this vision by sharing that **having had access to information about T2D and its associated risks helped him understand the importance of monitoring his blood sugar levels regularly and managing the condition**. He added that in his country, Slovenia, diabetes associations and networks of PwD play a crucial role in raising awareness of the condition among the general public.

## RE-DESIGNING HEALTHCARE SYSTEMS

During the panel discussion, our guest speakers shared their perspectives on the **urgent need to re-design our healthcare systems and adopt new models of care** to tackle the unacceptable high number of PwD developing complications and dying prematurely.

*“If the science is there, why is diabetes causing so much death and why is this not being addressed enough?”*

**Maurizio Guidi** pointed out that:

*“Our healthcare systems are more equipped to manage acute care rather than chronic conditions. Early action should be considered an investment rather than a cost. [...] We need to start realising that the current set up of healthcare systems will not bring back results if we don’t change it. We need to move from reactive to proactive care.”*



**Strengthening primary care**, where the majority of T2D care is provided, and **integrating all levels of care**, is of crucial importance to provide **comprehensive and coordinated care from prevention to timely interventions and management of complications** and reduce the disease burden.

**Prof. Khunti** explained that:

*“We need to completely re-think how we manage diabetes. The most cost-effective delivery of healthcare is at the primary care level, where HCPs know everything about the person, their social circumstances, their mental health, their past history, etc.”*

He then added that **the current shortage of HCPs could be addressed by strengthening the role of other physicians such as nurses and pharmacists** who are often trained and specialised on diabetes management and have the skills and knowledge to provide care and support for PwD.

**Prof. Battelino** emphasised that **artificial intelligence (AI)** and tools such as unified **electronic health records** and **decision support systems** for both HCPs and PwD, could play a crucial role in **strengthening the effectiveness of healthcare systems** and primary care in particular.

In 2021, the diabetes-related healthcare expenditure in Europe amounted to €176 billion. Reacting to the moderator’s questions on whether extra investment would be needed to reverse the trend of T2D, our panellists highlighted the importance of **focusing on the reallocation of the current budget to support cost-effective interventions that can prevent the development of costly diabetes-related complications**.

**MEP Bogovič** stressed that:

*“Reforms do not always mean finding new money. We need to change the system and our approach to diabetes care.”*



**Maurizio Guidi** reiterated that:

*“We need to think about how to manage these €176 billion better. [...] Managing our current expenditure differently, would enable the possibility to invest early in order to prevent and save money which can be reallocated more strategically.”*

According to **Prof. Battelino** an initial additional investment would be necessary to strengthen the **primary care level**, as resources cannot be reallocated from the treatment of those currently living with diabetes-related complications. This initial investment, not only on medications, but also on electronic health records, the use of AI and diabetes registries, would ultimately pay off in the near future by reducing the total expenditure of the healthcare budget on diabetes.

T2D is responsible for more than one million premature deaths in Europe each year. This is the equivalent of three jumbo jets crashing every single day - a tragedy we would never accept. We simply cannot accept the same number of people dying prematurely because of potentially preventable diabetes-related complications.

***We can do something about that. And we must.***



Download the policy paper [here](#)

Watch the recording of the event [here](#)

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