Identification and Prevention: Underutilized Tools in Diabetes Treatment?

Stephen A. Brunton, MD, FAAFP

In recent years, we have seen significant progress in the area of diabetes management. The importance of applying innovative approaches tailored to the specific needs and characteristics of patients, using technology such as mobile smartphones and "apps" to make the process more convenient and patient-friendly and focusing on analytics and outcomes to establish the best path to improving patient health, has been recognized. Although the disease continues to do harm at an alarming rate and there remains much work to be done, the importance of implementing new ways to educate and assist patients has been acknowledged.

However, efforts to find improved methods to help patients manage their diabetes may have overshadowed an equally important element: identifying those with or at significant risk of developing the disease who are unaware of their condition. According to the Centers for Disease Control and Prevention, roughly 7 million of the 26 million people affected by diabetes in the United States fall into this category.[1]

Numerous factors contribute to this troubling statistic. However, as a lifelong primary care physician

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(PCP), I can speak to three directly: misconceptions about the clinical appropriateness of screenings that can identify a patient's condition, lack of access to these types of screenings, and failure to appreciate the impact screening results can have on patient behavior and health. Unfortunately, these factors do not adequately account for the long-term cost of not taking preventive health measures, much less the long-term health of patients.

From a clinical perspective, screening for diabetes is a no-brainer. As a disease that significantly affects quality of life, with acceptable methods of treatment, an asymptomatic period during which timely treatment can improve outcomes, cost-effective tests, and a high incidence level, diabetes meets all of the long-accepted criteria for determining whether screening is appropriate.[2] This is to say nothing of the other diseases that can be identified or addressed through basic screenings that test for multiple chronic conditions.

Five diseases cause more than two-thirds of all U.S. deaths annually: heart disease, cancer, stroke, chronic obstructive pulmonary disease (bronchitis, emphysema), and diabetes. Chronic diseases such as these also account for ~ 75% of the nation's spending.[3] Yet, they are also among the most preventable through early detection and screening.

Lack of access is another challenge to identifying patients with diabetes or prediabetes through screenings. As a family physician, I am acutely aware of the growing shortage of PCPs in this country, which is likely to worsen as millions of new patients enter the health care system under the Affordable Care Act. There is also the cost issue; not all insurance plans cover screening for chronic diseases such as diabetes.

However, as with diabetes management, new and innovative ways for people to receive diabetes screenings have been emerging. Community-based screenings are one example of how individuals are finding nontraditional solutions to take a preventive approach to their health. These convenient and affordable screenings are offered directly to consumers (often in partnership with local hospitals) and are ideal for patients who may not regularly visit a PCP.

Case in point: in 2012, Life Line Screening, the largest community screenings provider in the United States, screened almost 150,000 people for diabetes. They found almost 26,000 cases of prediabetes, 7,200 cases of diabetes, and nearly 250 cases of critical findings that required urgent and potentially life-saving attention. These figures underscore the important role screenings can play in helping people more actively assess and address their health, which ultimately benefits not only patients but the health care system as a whole.

There is also significant evidence demonstrating that screening results, communicated in the right way, can change the behavior and lifestyle of patients—a particularly valuable outcome for those with prediabetes.[4] Recent research presented at the 2012 American College of Cardiology meeting revealed that providing an image of a diseased artery helped patients improve adherence to therapies (statins and weight loss) for other chronic diseases that drive improved patient outcomes and can be viewed as equivalents of diabetes.[5] As any health care provider who has treated patients with diabetes knows, the ability to meaningfully motivate people to take their health into their own hands can be essential, and screening results can help drive this impact.

To continue making progress against diabetes, the medical community must recognize the importance of not just treating evident disease, but also adopting a preventive mindset. Otherwise, we are likely to see the millions of undiagnosed and avoidable cases of the disease increase. And that is an outcome none of us can afford.

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Stephen A. Brunton, MD, FAAFP, is executive vice president for education at the Primary Care Education Consortium in Charlotte, N.C. He is also an associate editor of Clinical Diabetes.

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