The Diabetic epidemic—can we afford optimal care for our patients?

The prevalence of Type-2 Diabetes is escalating year on year at an alarming rate. In the United Kingdom it currently consumes over 11% of our healthcare budget. It is the most common cause of end-stage renal failure, blindness in the working population and non-traumatic amputation. If the future projections of disease prevalence pan out, then we, as a society, face a difficult question—can we afford optimal care for our diabetic patient?

It is timely, then, that in this issue of the QJM we publish an article that argues persuasively that optimum care for our diabetic patients can be provided in a challenging economic environment. The QJM has been at the forefront of publishing definitive articles on Diabetic care.1–4 This review article continues this tradition. Chowdhury and colleagues eloquently argue for prioritized national targets; in particular, structured educational strategies targeting lifestyle choices for our young, targeting cardiovascular risk factors such as smoking cessation, blood pressure and cholesterol lowering and rigorous attention to screening for diabetic complications. They also highlight that the judicious use of new drugs for hyperglycaemia should be controlled until cardiovascular outcomes studies prove these drugs to be beneficial. A practical example would be the increased use of metformin in people with pre-diabetes, which reduces risk of incident diabetes by around 30%.

Connected Health and Cardiology

In our initial assessment of patients we often rely on vague recollections of lifestyle habits, sparse and intermittent blood pressure recordings, incomplete drug history—in practical terms is it not time that we adopt existing sensor technologies to deliver a stream of continuous, reliable biometric data that in ‘real-time’ that allows us deliver care in a more efficient and effective manner?

Ansary and colleagues in this issue of the Journal outline how the use of novel sensor technology is improving medical care today in Cardiology. Simple measurements of patient weight in real-time are being utilized in the community monitoring of patients with heart failure. Twelve lead ECGs are being worn for up to 30 days with continuous readings being transmitted to a central server where abnormal arrhythmias are promptly assessed by a physician. Diabetic patients stand to benefit greatly from wireless technology that lowers cost of care and improves patient compliance. This is evidenced by capabilities such as sensor-augmented insulin pump therapy, which have already demonstrated effective reductions in hypoglycaemic events and more balanced blood glucose ranges. One can clearly see how connected health technologies will become part of standards of care and dramatically alter the management and prevention of cardiovascular disease.

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References


