

Diabesity in Practice: A new journal for a burgeoning public health problem

As Editor-in-Chief, I am delighted to welcome you to the first issue of *Diabesity in Practice*, official journal of the National Diabesity Forum and the first publication of its kind to address the now global epidemic of coexistent type 2 diabetes (T2D) and obesity – commonly known as “diabesity”. But what exactly do we mean by the term “diabesity”? What are the mechanisms underlying its development and what can we do to prevent and treat it? These are just some of the key questions we intend to tackle in *Diabesity in Practice*, with the aim to provide all healthcare professionals interested in diabetes and obesity with access to high-quality information on this evolving phenomenon.

What is diabesity?

The term “diabesity” was popularised in 1996 by Professor Elias Shafir to illustrate the interrelationship between coexistent T2D and obesity. Both conditions have similar causes, such as unhealthy diet and lack of exercise, both are major cardiovascular risk factors, and both have seen a dramatic increase in prevalence in recent years. Obesity has now reached epidemic proportions; in the UK alone, almost two in every three adults, and almost one in every four children, are overweight or obese (Diabetes UK, 2010). Similarly, the prevalence of diabetes continues to grow unabated, now affecting an estimated 285 million people worldwide – 2.6 million in the UK alone (Diabetes UK, 2010).

Depressingly, recent evidence shows that increasing levels of weight gain are also being observed in those with established T2D (Morgan et al, 2012) – compounding the problem and highlighting the inadequacy of our current approach to diabesity.

Economic impact

Diabesity is now one of the biggest threats to health and healthcare economics worldwide. In the UK, diabetes and obesity places considerable strain on an already stretched NHS budget. NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per

year (Aylott et al, 2007), while diabetes spending accounts for an estimated 10% of the NHS budget every year (Department of Health, 2006). Moreover, obese people with diabetes have higher costs associated with their care when compared with people with diabetes who are not obese.

A unified approach to management?

This interrelationship poses a number of challenges for healthcare professionals. Weight control is clearly critical for limiting the development of glucose intolerance and progression from impaired glucose tolerance to diabetes, as well as for optimal management in those who develop T2D. However, a number of current diabetes therapies promote weight gain and therefore exacerbate weight problems in an already overweight population.

Does improving glycaemic control have to come at the cost of weight gain? Is weight loss a sensible strategy for improved glycaemic control? Questions such as these highlight the fact that obesity and diabetes are not only linked in terms of pathophysiology but are also intertwined on a number of levels, emphasising the need for a unified approach to clinical management.

Conclusion

Whether diabetes and obesity are entirely separate in their pathologies or whether they have a common underlying mechanism is still the topic of debate (Eckel et al, 2011); however, in day-to-day clinical practice, what is clear is that we should now be looking to address both conditions in a unified manner and not as two conditions in isolation.

Diabesity is a growing public health problem, and may well be one that can only be addressed fully by population-level interventions and education for diet and lifestyle change. At the healthcare coalface, however, *Diabesity in Practice* will explore current thinking with regard to prevention and management – both lifestyle and pharmacological – as well as potential strategies for the future, in a bid to assist healthcare professionals in their day-to-day management of people with diabesity. ■



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