

Meetings

7th International Conference of Primary Care Diabetes Europe

Munich, Germany, 4–5 September 2004

The Primary Care Diabetes Europe (PCDE) group met for their 7th annual meeting in Munich, Germany, on September 4th and 5th.

Conference Chairman, Dr Eugene Hughes, a GP from the Isle of Wight, UK, explained that the meeting would focus on 'pre-diabetes' – the state of impaired glucose metabolism that predicts type 2 diabetes.

Day 1 – September 4th

The first session was led by Jörg von Hübner, who gave the German perspective on diabetes – an area where primary care has recently come to the fore following the recent introduction of disease management laws.

Dr Hübner's talk was followed by a session on the prevention of diabetes by Sirkka Keinänen-Kiukaanniemi from Finland. Dr Keinänen-Kiukaanniemi explained that a strong evidence base underpins the theory that intensive lifestyle modification can be used to reduce the increasing prevalence of type 2 diabetes. Dr Keinänen-Kiukaanniemi highlighted the example of the Finnish national diabetes prevention programme, and how it will be implemented in primary care.

Dr Neil Munro, a GP from the UK, then led a session on innovative glucose therapies in diabetes care. Dr Munro explained that better understanding of the pathophysiology of diabetes remains crucial to the ongoing development of new therapies. He then went on to discuss the importance of innovations in glucose-lowering therapies (e.g. incretin mimetics) in diabetes management, outlining those that are currently in use and those that will prove interesting in the future.

The final session of the day was led by Dr Melanie Davies, a Consultant Physician from the UK, which focused on the controversial issue of screening for type 2 diabetes. She discussed the issues surrounding screening (are there any long-term benefits?, who should be screened? and how?) and also presented the results of a large screening study. She concluded that the screening of whole populations is not worthwhile, and that

a targeted approach is probably the most profitable way forward.

Day 2 – September 5th

Opening day 2 of the meeting, Dr Guy Rutten from the Netherlands presented a session on the management of cardiovascular risk. He outlined the severity of type 2 diabetes as a risk factor for cardiovascular disease, explaining that between 50 and 70 % of all type 2 diabetes patients die of cardiovascular events.

However, Dr Rutten said that, while he agrees type 2 diabetes is not a 'glucose disease', he believes the condition is 'not just a cardiovascular disease' – since it also has microvascular implications.

Dr Rutten went on to explain that, while lifestyle change and intensive treatment of single risk factors are beneficial (highlighting the results of the HOT, HOPE, LIFE and ALLHAT trials), little evidence is currently available on the feasibility and effectiveness of multifactorial approaches. Dr Rutten explained the need for multiple interventions, and concluded that efforts should prioritise the treatment of hypertension.

Lipid-lowering therapy

Dr Hughes then led a session on dyslipidaemia, focusing on the effect of new evidence. Dr Hughes explained how the perception of diabetes has changed over time – e.g. from a sugar disease, to a cardiovascular condition, to the current perception that it is an inflammatory condition, or perhaps more fundamentally, a lipid disorder.

Dr Hughes then summarised the findings of recent major studies on the effects of lipid-lowering and statins, highlighting those that examined both primary and secondary prevention (e.g. the Heart Protection Study, GREACE). In particular, he focused on CARDS – a true primary prevention study in diabetes – as it included people without previous experience of cardiovascular disease, including those without high cholesterol. The study showed consistent benefits of statin therapy,

irrespective of patient baseline conditions, therefore suggesting that there is no justification for a 'cholesterol threshold' to lipid-lowering approaches.

The suitability of statins for all type 2 diabetes patients was then discussed by Dr Hughes, highlighting potential economical concerns and complications related to pregnancy, liver disease, combination therapy, and muscle toxicity. However, given the immense benefits of statin therapy, Dr Hughes came to the conclusion that the question should not be 'who should receive statin therapy?', but 'is there any justification for not using lipid-lowering therapy?'

EU Framework for diabetes?

The final presentation of the meeting was given by Anne-Marie Felton, Chairman of the Federation of European Nurses in Diabetes (FEND). Mrs Felton discussed the role of diabetes in European politics. She began her presentation by highlighting the scale of the diabetes prevalence problem in the European Union – a situation exacerbated in part by the recent expansion of the EU, and also by the rising incidence of type 2 diabetes per se. Mrs Felton explained that around 60 million people in the enlarged EU are thought to have diabetes, with 50 % unaware that they have the condition. She went on to discuss the fact that only nine out of the 25 member states currently have established national diabetes plans or associated guidelines.

Mrs Felton stressed the fundamental need for a pan-European response to the diabetes epidemic, namely an EU framework for diabetes, and urged healthcare professionals and diabetes groups to act by writing to MEPs or issuing press releases in response to EU documents, for example. She concluded the session by outlining FEND's political goals for 2004–5.

Dr Munro closed the meeting by outlining the group's achievements to date, and looked ahead to goals for the future, which include expanding the membership and establishing a cohesive research programme.