Diabetes: Can it be Prevented?

Principles of diabetes prevention and its complications

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Conflicts of interest

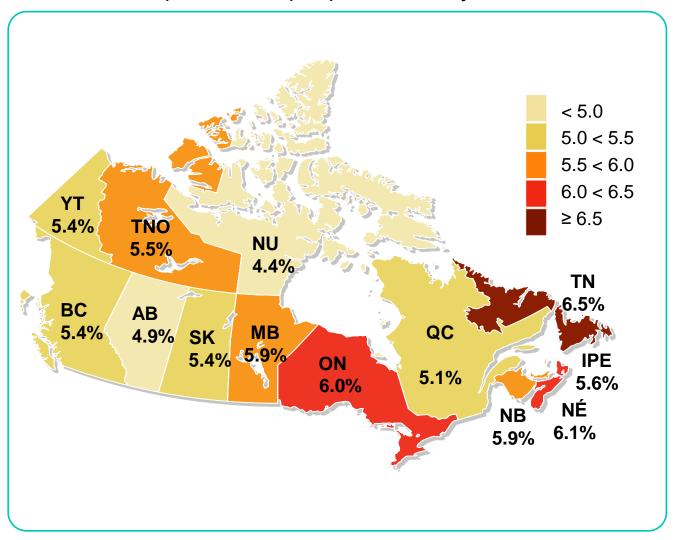
- O Diabétiques de l'Outaouais President since 2015
- Pharmacist owner Pharmacies M.Payer et G. Bouallagui affiliated to Accès>Pharma
- Certified Diabetes Educator since 2010
- Certified insulin pump trainer
- Clinical teacher Faculty of Medicine McGill University and Ottawa University
- Received honorarium for presentations and research: montméd, Abbott, Bayer, Sanofi, Dexcom



Diabetes prevalence

- Approximately 5% in Québec
- S30 000 people with diabetes (Qc)
 - 250 000 aren't aware they're diabetic!
- Ontario, Nova Scotia and PEI have the highest prevalence

DM prevalence people over ≥ 1 year, 2008/09

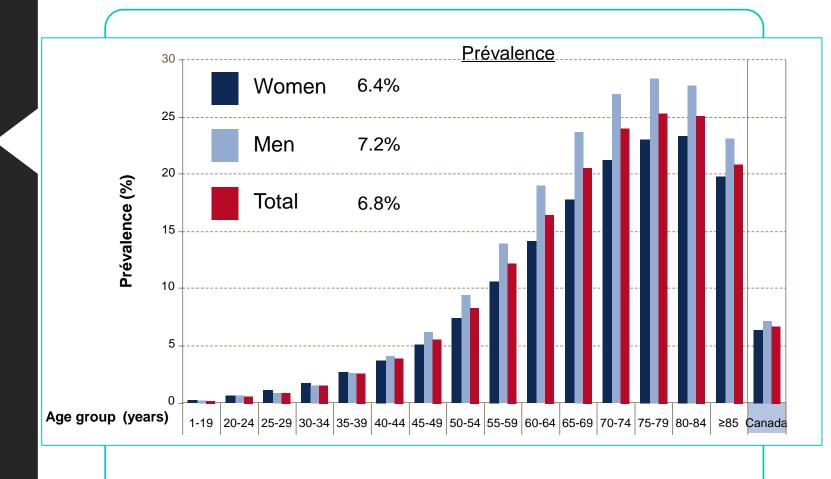


Public Health Agency of Canada. *Diabetes in Canada: Facts and figures from a public health perspective*. Ottawa, 2011.

Diabetes prevalence

- Increases with age
- O Highest prevalence between 75-79 years old
- Large increase >40 years old

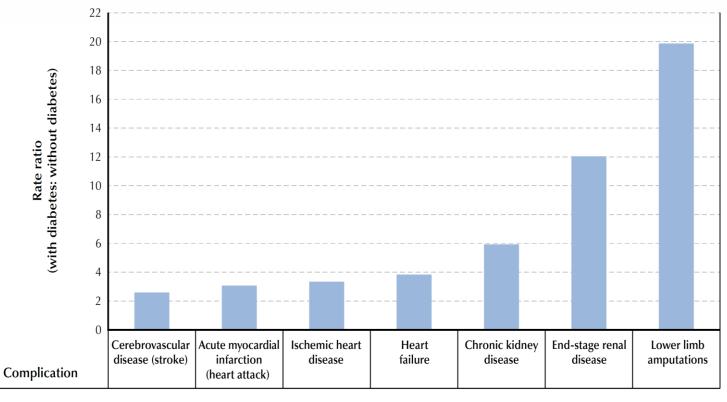
DM prevalence in people ≥ 1 year (age and sex), 2008/09



Public Health Agency of Canada. *Diabetes in Canada: Facts and figures from a public health perspective*. Ottawa, 2011.

- Diabetics are more likely to be hospitalized for multiple reasons
- ODiabetes = 1st cause of blindness in <65yo
- O 40% renal insufficiency
- 50% non-traumatic
 amputations

Figure 2-2. Prevalence rate ratios[†] of complications among hospitalized individuals[‡] aged 20 years and older, by diabetes status, Canada, 2008/09



- † Rate ratios based on rates age-standardized to the 1991 Canadian population.
- ‡ A person with diabetes hospitalized with more than one complication was counted once in each category, except for cases of acute myocardial infarction, where regardless of multiple counts in the acute myocardial infarction category, the individual was counted only once under the broader ischemic heart disease category.

Types of diabetes

Туре	Definition
Type 1 (DI)	Caused by destruction of beta cells found in the pancreas. NO insulin, usually diagnosed in children
Type 2 (DII)	Caused by resistance to insulin and a decreased production of insulin on different levels .
Gestationnal Diabetes	Intolerance to glucose during pregnancy
Other types	Medical causes and other rare genetic diseases





Fasting blood glucose ≥ 7.0mmol/L

OR

A1C ≥ 6.5%

OR

2hr at 75g OGTT ≥11.1mmol/L

OR

Blood sugar ≥ 11.1mmol/L

Pre-diabetic

- Predisposition to developping diabetes
- Is meant as a warning to instore changes to prevent diabetes
- High probability of developping T2D

Test	Result	Category		
Fasting glucose (mmol/L)	6.1 - 6.9	Impaired fasting glucose (IFG)		
2-hr to 75-g OGTT (mmol/L)	7.8 – 11.0	Impaired glucose tolerance (IGT)		
Glycated hemoglobin (A1C) (%)	6.0 - 6.4	Pre-diabetes		

Risk of developping diabetes

A1C (%)	Diabetes incidence in 5 years		
5.0-5.5	<5 to 9%		
5.5-6.0	9 to 25%		
6.0-6.5	25 to 50%		

All this info is nice but can we predict who will be affected by diabetes?

Risk factors (T2D)

- 1st degree family diabetic (T2D)
- High risk population (Aboriginal, Asian, African, Hispanic)
- Pre-diabétic
- History of gestationnal diabetes
- Presence of complications (macrovascular or microvascular)**
- Concurrent diseases (MS, Sleep apnea, psychiatric disorders, HIV)
- Certains medication (steroids, antipsychotics, antiretroviral)

CANRISK Survey

- Quick survey that helps determine someone's risk of developing diabetes
- Based on different risk factors

RISK QUESTIONNAIRE





→ Are you at risk?

The following questions will help you to find out if you are at higher risk of having pre-diabetes or type 2 diabetes. Pre-diabetes is a condition where a person's blood sugar levels are higher than normal, but not high enough to be diagnosed as diabetes. You can have pre-diabetes or undiagnosed type 2 diabetes without having any obvious warning signs or symptoms.

Knowing your risk can help your make healthy choices now that will reduce your risk or even prevent you from developing disbetes. Please answer the questions as honesty and completely a you can. If you with, a ferried of tearly member can help you but complete this form. The answers to these questions are completely confidential. Answer all questions. Enter your scores for each question in the box on the right hand disk and then and them up to activity your total risks value.

This questionnaire is intended for adults aged 40 to 74 years.

	AS YOU GET OLDER, YOUR RISK OF DEVELOPING DIABETES GOES U	JP.					
	Select your age group:			Scor			
	O 40-44 years	0	points				
	O 45-54 years		points				
	O 55-64 years		points				
	O 65-74 years	15	points				
	Are you male or female?	- 2	points				
	O Female		points				
			pomes				
	BODY SHAPE AND SIZE CAN AFFECT YOUR RISK OF DIABETES.						
	How tall are you and how much do you weigh? On the left-hand side of the BMI chart below, circle your height, then on the bottom of the chart circle your weight.						
	Find the square on the chart where your height crosses with your weight, and note which sh	haded	area you fall into.				
	For example, if you were 5 feet 2 inches (or 157.5cm) and 163 pounds (or 74kg) you would fo	all in t	the UGHT GREY area.				
	Select your BMI group from the following choices:						
	O White (BMI less than 25)		points				
	O Light grey (BMI 25 to 29)		points				
	O Dark grey (BMI 30 to 34) O Black (BMI 35 and over)		points				
		14	poma	-			
	ABIGHT feet/						
	Inches cm 64° 1925 12 13 13 14 15 16 17 18 18 19 20 21 22 22 23 26 24 26 26 27 28	29	29 30 31 32 33 34				
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	Jsing a tape measure, place it around your waist at the level of your belly be		1.				
	Measure after breathing out (do not hold your breath) and write your results on the line bel- Tren check the box that contains your measurement. (Note: this is not the same as the "wa		to" on your mants)				
		ac inc					
	MEN – Waist circumference:inches ORcm		points				
	D Less than 94 cm or 37 inches D Between 94-102 cm or 37-40 inches		points	- 24			
	O Over 102 cm or 40 inches		points				
	WOMEN Wile is 1 on		3000				
	WOMEN – Waist circumference: inches OR cm	٥	points				
			points	20			
(O Between 80-88 cm or 31.5-35 inches						

Public Health Agence de la santé subfigue du Canada Canada

Diabetes complications

Macrovascular

 Cardiovascular disease (HF, HBP, peripheral disease)

Microvascular

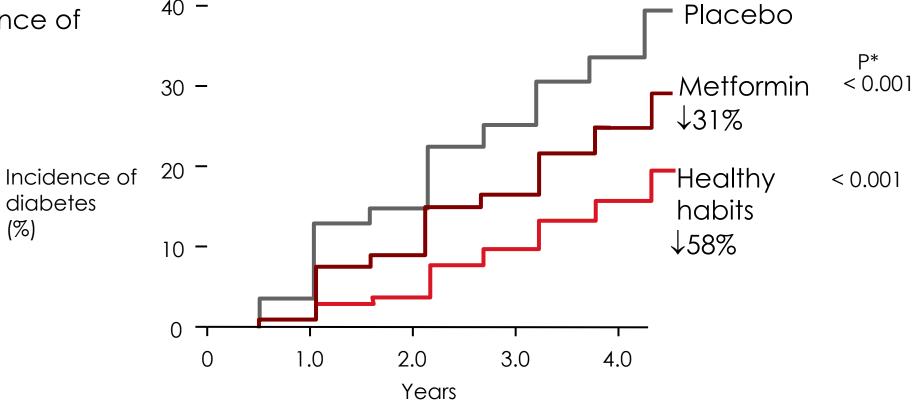
- Retinopathy
- Nephropathy
- Neuropathy

Ok, but can we prevent diabetes?

Prevention

 Benefits of exercise + nutrition and metformin on incidence of diabetes

• N = 3234



Modifications to heatlh habits

- We can't change everything at once !!!
- One step or one aspect at a time
- Having help from a friend or loved one increase the chance of success
- Satisfaction of small wins
 - Long term objectives
- O Action plan written!



Modifications to health habits

EXERCISE

NUTRITION

WEIGHT

TOBACCO USE

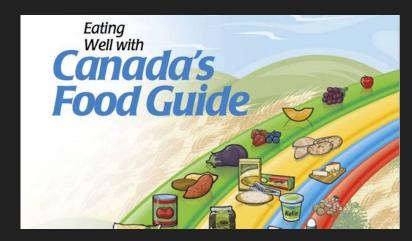
Exercise

- We're not talking about, all of a sudden, becoming a marathon runner or gym buff!
- 150 min of exercise of medium intensity (aerobic) per week (<2 consecutive days without exercise) and 2 sessions of resistance exercises</p>
 - Aerobic : brisk walk, bike, jogging (min 10 mins)
 - O Resistance: weights, resistance bands
 - Combinaison: yoga
- Deing inactive is much more harmful than the risks associated to exercising!
- There are many benefits of exercise (cardiovascular health, energy, happiness, etc.)



Nutrition and Weight

- O Here as well we suggest small changes—you don't have to suddenly become vegetarian!
- O Decreases HbA1C by 1.0-2.0 %
- O Caloric decrease will encourage weight loss
 - 5 to 10% of body weight
- O Portion control !!!
- Meals at regular intervals
- There are no magical diets...it needs to be individualized
 - O Nutritionnist



Nutrition – a few tips

- O Labels !!!!!
- Fibre
 - Decreases gastric emptying, decreases glycemic variation, decreases cholesterol
- Minimize food with a high glycemic index
- Sugar oh sugar
 - Sweeteners
 - O Portion control
- O Fat
 - Omega3
- Alcohol





Smoking cessation

- Is a risk factor for pretty much every known disease...
- Benefits to heart health, lungs, emotional, etc.
- NOT EASY but there are différents strategies to help
- O Go see your favorite pharmacist!

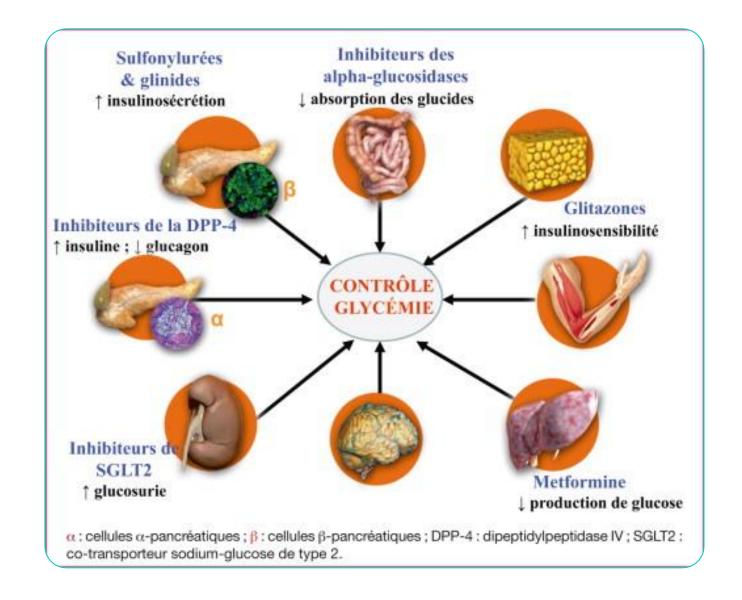


Targets for diabetics

- O A1C ≤ 7% ** + fasting blood sugar between 4 and 7 mmol/L + post-prandial glycemia between 5 and 10 mmol/L
- Decreases chances of complications (micro et macrovascular)
 - ↓76% retinopathy
 - ↓34% albuminuria
 - ↓50% neuropathy
 - ↓57% infarction, stroke, death

Drugs

- Many different treatments available depending on the severity and risk factors
 - O Metformin
 - Secretagogues (gliclazide, glyburide) and DPP4 inh (Januvia, Nesina, Onglyza, etc)
 - SGLT2 inh (Jardiance, Invokana, Forxiga)
 - O GLP-1 analogs (Victoza, Ozempic, Trulicity)
 - O Insulin!
 - Fast acting
 - Long acting
 - Ultra long acting



Vascular protection

- Major complication of diabetes = Vascular protection (infarctus, stroke)
- Some medications offer protection and decrease risks of cardiovascular problems
 - O Inh SGLT2
 - O GLP-1 analogs
 - Statins
 - O ACEI/ARB
 - O AAS***



Key Messages

- PREVENTION !!!
- What is your risk of developping diabetes?
- O High prevalence this century's epidemic
- O Healthy habits
- Take care of yoursleves; diabetes is a disease that increases the risk of many complications

Thanks !!! Questions?

