

Reducing the Increased Burden of Diabetes in Australia: National Diabetes Strategy 2016-2020



FAT NATION
Motto: Our girth is plain to see

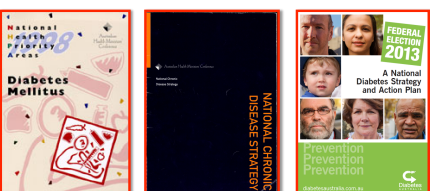
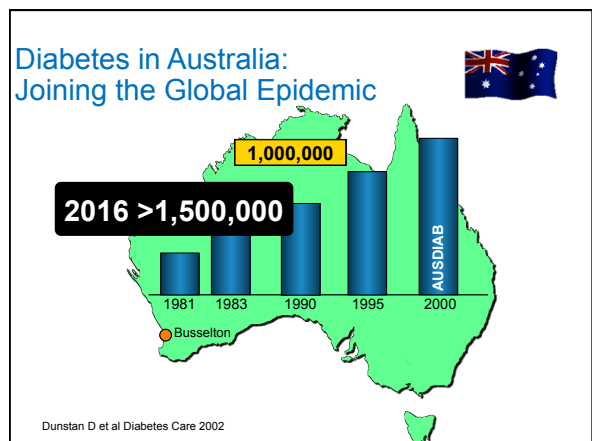
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National Diabetes Strategy

Co-chairs
The Hon Judi Moylan
Professor Paul Zimmet AO

Background

- 1996 – Diabetes became a National Health Priority Area
- 1999-2004 – first National Diabetes Strategy
- 2005 – National Chronic Disease Strategy
- 2013 – Diabetes Australia – Federal Election 2013: A National Diabetes Strategy and Action Plan

PERSPECTIVES

Diabetes mellitus statistics on prevalence and mortality: facts and fallacies

Paul Zimmet, K. George Alberti, Dimitris J. Mougios and Peter H. Bennett

Abstract: Diabetes mellitus is one of the most important public health challenges of the twenty-first century. Until the past decade, it has been seriously underestimated as a global health threat. Major gaps exist in efforts to comprehend the burden of the disease globally regarding its underlying biology, its prevention, its early diagnosis, its surveillance, and its management. Early attempts to obtain accurate data, documented in this article, seem to have been inadequate in scope, time, and methods, and possibly underestimate the disease burden. The methodologies that are currently used, and that are discussed in this Perspective article, are inadequate for providing a complete and accurate assessment of the prevalence of diabetes mellitus. International consensus on uniform standards and criteria for reporting national data on diabetes mellitus prevalence as well as for common complications of diabetes mellitus and mortality need to be developed.

Zimmet P et al. Nature Reviews July 2016

Australian Health Survey 2011-12*

(ABS: Based on FPG test & self-reported)

- Known diabetes **4.5%**
- Newly diagnosed diabetes **1.0%**
- Total with diabetes **5.5%**
- Prediabetes – **3.4%** by FPG (6% by HbA1c!)

ALL SIGNIFICANT UNDERESTIMATES

*25 years & over

Australian Health Survey 2011-12

Indigenous Australians n = around 13000

- Known diabetes 12.4%
- Newly diagnosed diabetes 2.0%
- Total with diabetes 14.3%
- Prediabetes – 5.3%

ALL SIGNIFICANT UNDERESTIMATES

NDS Advisory Group

Purpose

To provide expert policy advice to Government that prioritises the national response to diabetes within the broader context of prevention and primary health care, supporting patients with complex health conditions and the growing burden of chronic disease on our health system.

Membership	
The Hon Judi Moylan, Co-chair	President, Diabetes Australia
Professor Paul Zimmet AO, Co-chair	Emeritus Director, Baker IDI Heart & Diabetes Institute
Professor Stephen Colagiuri	Professor of Metabolic Health, Boden Institute of Obesity, The University of Sydney
Professor John McCallum	Head of Research Translation Group, NH & MRC
Professor Andrew Palmer	Head, Health Economics Research Unit, Menzies Research Institute Tasmania;
Professor Alex Brown	Indigenous Health Research Theme Leader, South Australian Health & Medical Research Institute
Ms Donna Ah Chee	CEO, Central Australian Aboriginal Congress
Ms Tracy Aylen	President, Australian Diabetes Educators Association
Mr Mike Wilson	CEO, Juvenile Diabetes Research Foundation
Dr Susan Alberti AO	Chairman, Susan Alberti Medical Research Foundation
Professors Hugh Taylor, Martin Silink, Jeremy Oats, Dr Rob Grenfell & Dr Scott Johnson (CEO, DA)	Expert Advisors

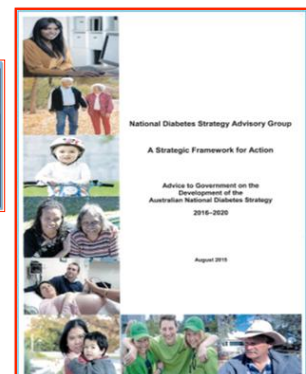
Consultations

- Aim is to:
 - Test the proposed actions
 - Seek your feedback and endorsement for the direction of the proposed new National Diabetes Strategy
 - Encourage you to contribute to the development of the Strategy

Consultations

- Face to face consultations in selected cities
- Online consultations via the Australian Government Department of Health website:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ndsag>

A National Diabetes Strategy for Australia



August 2015



Table 1: Components of the Australian National Diabetes Strategy, 2016-2020	
Vision Strengthen all sectors in developing, implementing and evaluating an integrated and coordinated approach for reducing the social, human and economic impact of diabetes in Australia	
Principles 1. Collaboration and cooperation to improve health outcomes 2. Coordination and integration of diabetes care across services, settings, technology and sectors 3. Facilitation of person-centred care and self-management throughout their life 4. Reduction of health inequalities 5. Measurement of health behaviours and outcomes	
Goals 1. Prevent people developing type 2 diabetes 2. Promote awareness and earlier detection of type 1 and type 2 diabetes 3. Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes 4. Reduce the impact of pre-existing and gestational diabetes in pregnancy 5. Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples 6. Reduce the impact of diabetes among other priority groups 7. Strengthen prevention and care through research, evidence and data	
Enablers Factors which influence the ability to achieve goals such as leadership and governance, workforce, information and research capacity, financing and infrastructure, and partnerships and networks	

Key goals for a national diabetes strategy for Australia

Goal 1: Reduce the number of people developing type 2 diabetes

Goal 2: Promote earlier detection of type 1 and type 2 diabetes

Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes

Goal 4: Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples

Goal 5: Reduce the impact of diabetes among high-risk and vulnerable groups

Goal 6: Reduce the impact of pre-existing and gestational diabetes in pregnancy

Goal 7: Strengthen prevention and care through research, evidence, data and national oversight

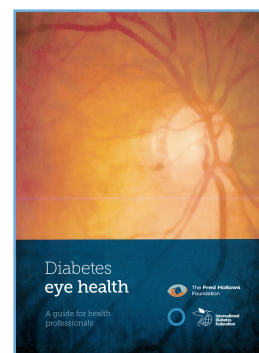
TABLE 1. Summary of the strategic framework for the National Diabetes Strategy

3. Reduce the occurrence of diabetes-related complications & improve quality of life among people with diabetes	- Develop nationally agreed clinical guidelines, local care pathways & complication prevention programmes - Expand consumer engagement & self-management - Develop & implement quality improvement processes - Utilise information & communication technology - Improve affordable access to medicines & devices - Develop, expand & improve workforce capacity - Provide mental health care for people with diabetes - Strengthen and expand transition from child to adult services - Provide high-quality hospital care for people with diabetes	- The percentage of people with diabetes who receive screening for complications & complete the Annual Cycle of Care - The percentage of people with diabetes who achieve target levels of HbA1c, cholesterol, albuminuria & blood pressure - The incidence of complications in people with diabetes - The number of hospitals implementing quality standards for the management of diabetes

Table 3: Overview: complexity of management of chronic diabetes complications

	Complication	Assessment	Frequency	Means of Monitoring	Rational Pathways
Eye	Retinopathy Glaucoma Macular oedema Blindness	Visual acuity HbA1c Fundus examination	Every 2 years if HbA1c < 8% Annually if HbA1c ≥ 8% More frequently if abnormalities present	Fundus examination Fluorescein angiography	Referral to specialist Laser therapy and vitrectomy Intravitreal injections Inclusion on register of an ophthalmologist
Kidney	Albuminuria Chronic kidney disease	Urine: albuminuria Blood: creatinine Measurement of eGFR	At least annually More frequently if abnormalities present	Urine and blood test	Referral to specialist Management of albuminuria Referral to nephrologist
Foot	Neuropathy Peripheral vascular disease Foot deformity Ulcer Amputation	Foot examination Sensation and pulse Ankle-brachial pressure	At least annually More frequently if abnormalities present	Foot examination by clinician Doppler ultrasound	Inclusion on register Multidisciplinary foot care team
Cardiovascular disease	Heart disease Stroke Coronary artery disease Heart failure	Blood tests ECG Chest X-ray Echocardiogram Arterial blood pressure	Annually	Clinical examination Blood test	Inclusion on register Management of risk factors (e.g. smoking, hypertension, dyslipidaemia)
Mental health	Depression Anxiety	Assessment of mental status	On request and when required	Clinical examination	Multidisciplinary team including psychologists, psychiatrists and social workers
Growth and development in children	Short growth Delayed puberty	Growth	Annually	Clinical examination	Inclusion on register Management of endocrine disorders

Hollwos Foundation/IDF Initiative on Diabetes Eye Health



Australia: A Hope for the Future



**Has it died or is it just
in Intensive Care?**

**Is this a Strategic Plan
for Inaction?**

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FINALE