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Growing Diabetes Epidemic: Patient/Physician Disconnect on Disease Management

Diabetes Experts Share Nationwide Survey Data, Emphasize Team Approach

Washington, D.C. May 31, 2006 – Limited understanding of disease progression and frustration with disease management contribute to the clinical challenge of meeting the rising type 2 diabetes epidemic in America, according to the Diabetes Roundtable. The Roundtable, a multidisciplinary group of diabetes experts convened by the American Association of Diabetes Educators (AADE) and the American Association of Clinical Endocrinologists (AACE), with support from Merck & Co., Inc., calls for the medical community to take a more collaborative approach to caring for people with type 2 diabetes as a way to improve both disease management and outcomes.

A Harris Interactive® survey commissioned by AADE suggests a disconnect between what patients with type 2 diabetes and primary care physicians who treat the disease believe is the state of diabetes management. For example, two-thirds of patients (69 percent) say they feel very knowledgeable or knowledgeable about managing their condition. At the same time, 81 percent of physicians surveyed say they are frustrated with the number of their type 2 diabetes patients who do not follow their treatment regimen exactly as prescribed. The survey also shows gaps in understanding of the disease itself. Half of patients surveyed say they have little or no understanding of their A1C level or in the past six months have not had it checked or are unsure if they have had it checked. A1C is basic lab test for evaluating glucose control, an important aspect of diabetes management.

“We are dealing with some critical information gaps,” said S. Sethu K. Reddy, M.D., M.B.A., F.A.C.E., F.A.C.P., chairman and program director of the Department of Endocrinology, Diabetes and Metabolism at The Cleveland Clinic and a member of the Diabetes Roundtable. “Type 2 diabetes is a chronic and complex disease, and for patients to self-manage their condition, it is useful for them to fully understand the basics of the disease and its progression—such as the role of declining pancreatic beta cell function. Yet, the majority (78 percent) of the

primary care physicians surveyed say insulin resistance is the most important contributor to, and is primarily responsible for, the progression of type 2 diabetes in the majority of their patient population, with only 20 percent saying it is beta cell dysfunction. This suggests that primary care physicians do not consistently focus on how beta cells in the pancreas work, including as they relate to the incretin system. I also think most physicians don't clearly realize that beta cell function may play a role in determining how well patients respond to oral agents in diabetes."

The Roundtable advocates for improvements in the current diabetes care system, including the use of available resources to help patients best manage the disease. The survey shows 59 percent of patients surveyed have worked with a diabetes educator. Almost four in five patients surveyed (78 percent) who have not worked with a diabetes educator would like to learn something from one, including how to reduce the risk of diabetes complications (39 percent), strategies for healthy eating (38 percent), and information on new type 2 diabetes medications (33 percent). Additionally, the survey shows that diabetes educators have had a positive impact on how knowledgeable patients feel about managing their diabetes.

"We are not making the best use of our resources for managing type 2 diabetes. All too often patients feel they have 'failed' and feel guilty; physicians feel frustrated; no one wins," said Diabetes Roundtable member Donna Rice, M.B.A., R.N., B.S.N., C.D.E, wellness program manager, Botsford General Hospital, Novi, MI and president-elect of AADE. "Increasingly we recognize that a team-centered approach involving the patient, primary care physician, diabetes educator, behavioral scientist and endocrinologist provides the support and resources best needed to help patients manage the disease."

Members of the Roundtable believe care for people with type 2 diabetes could be enhanced by regular treatment from a team that aligns the latest in science, treatment options and education around lifestyle behavior change. In an effort to begin developing a roadmap to improve collaboration between the many areas of care directly involved in type 2 diabetes treatments, the Roundtable plans to work with other professional and patient groups to begin identifying potential solutions.

For further information on the outcomes of the Roundtable meeting and survey results, visit www.diabetesteamsite.com.

About the Diabetes Roundtable

AADE and ACE convened the Diabetes Roundtable in April 2006, to discuss ways to improve outcomes for type 2 diabetes. The multidisciplinary group of health care professionals includes experts in endocrinology, diabetes education, primary care and behavioral science. In addition to Dr. Sethu Reddy and Donna Rice, other members of the Roundtable are: Susan Cornell, Pharm.D., B.S., C.D.M., C.D.E., clinical assistant professor, Midwestern University, Downers Grove, IL; Silvio Inzucchi, M.D., professor of medicine, Section of Endocrinology, Department of Internal Medicine, Yale University, Director, Yale Diabetes Center, New Haven, CT; Edwin Fisher, Ph.D., chair, Health Behavior and Health Education, University of North Carolina, Chapel Hill, NC; and Doron Schneider, M.D., associate program director of

the Internal Medicine Residency and Medical Director of the Ambulatory Services Unit, Abington Memorial Hospital, Abington, PA. The nationwide survey and the Diabetes Roundtable were supported by a grant from Merck & Co., Inc.

About Type 2 Diabetes

Type 2 diabetes is a condition in which the body has elevated blood sugar or glucose. With type 2 diabetes, the body may not make enough insulin (which helps the body use glucose), the insulin that the body produces may not work as well as it should, or the body may make too much glucose. Patients with diabetes can develop heart disease, kidney disease, blindness, vascular or neurological problems that can lead to amputation and they can be at risk for increased mortality.

19.3 million people in the United States have diabetes, with type 2 diabetes accounting for 90 to 95 percent of the cases.ⁱ It is estimated that one in three Americans born in 2000 will develop diabetes sometime during their lifetimeⁱⁱ. There are currently more than 194 million people with diabetes worldwide, and if nothing is done to slow the epidemic, the number will exceed 333 million by 2025ⁱⁱⁱ.

About the Survey

The surveys were conducted online by Harris Interactive® on behalf of AADE.

- **The patient survey** was conducted between April 6 and 14, 2006, among 784 adults (aged 18 and over) diagnosed with type 2 diabetes within the United States. Figures for age, sex, race/ethnicity, education, region and household income were weighted where necessary to bring them into line with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents' propensity to be online. Propensity score adjustment via weighting allows us to adjust for attitudinal and behavioral differences between those who are online versus offline, those who join online panels versus those who do not, and those who responded to this survey versus those who did not.
- **The primary care physicians (PCPs) survey** was conducted between April 7 and 12, 2006, among 406 PCPs who see at least three type 2 diabetes patients per month. Figures for sex, years in practice, and region were weighted where necessary to bring them into line with their actual proportions in the population. These results were not propensity weighted.

With pure probability samples, with 100 percent response rates, it is possible to calculate the probability that the sampling error (but not other sources of error) is not greater than some number. With a pure probability sample of 784 patients one could say with a 95 percent probability that the overall results have a sampling error of +/- 5.3 percentage points, while the error rate for 406 physicians is +/- 6.6 percentage points. Sampling error for the sub samples for each group is higher and varies. Each of the online surveys is not based on probability samples and therefore no theoretical sampling error can be calculated.

About AADE

Founded in 1973, the AADE is a multi-disciplinary professional membership organization dedicated to promoting the expertise of the diabetes educator, ensuring the delivery of quality diabetes self-management training to the patient and influencing and contributing to the future content and direction of the profession. The AADE mission is to drive professional practice to promote healthy living through self-management of diabetes and related conditions.

About AACE

AACE is a professional medical organization with more than 5,300 members in the United States and 85 other countries. Founded in 1991, AACE is dedicated to the optimal care of patients with endocrine problems. AACE initiatives inform the public about endocrine disorders. AACE also conducts continuing education programs for clinical endocrinologists, physicians whose advanced, specialized training enables them to be experts in the care of endocrine disease, such as diabetes, thyroid disorders, growth hormone deficiency, osteoporosis, cholesterol disorders, hypertension and obesity.

About Merck

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ⁱ Cowie et al. Prevalence of Diabetes and Impaired Fasting Glucose in Adults in the U.S. Population. *Diabetes Care* June 2006; 29: 1263-1268

ⁱⁱ Centers for Disease Control and Prevention. Diabetes: Disabling, Deadly, and on the rise. http://www.cdc.gov/nccdphp/publications/aag/pdf/aag_ddt2005.pdf Accessed 1/27/06.

ⁱⁱⁱ International Diabetes Foundation Web site, Facts and Figures.