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“We now know how to prevent type 2 diabetes and have the data to show that doing so is not only safe, it is cost-effective. We should be taking much greater steps on a broad scale to reduce this serious health epidemic in our country.”

Vivian Fonseca, MD, President, Medicine and Science, American Diabetes Association in 3/22/2012 [ADA Press Release](#)

## Diabetes Prevention Program follow-up shows lifestyle interventions are cost effective

A recent follow-up study to the Diabetes Prevention Program (DPP) and the Diabetes Prevention Program Outcomes Study (DPPOS) published in *Diabetes Care*, looked at the cost effectiveness of a group lifestyle intervention and metformin to prevent type 2 diabetes. The article stated: “The current study...demonstrates that lifestyle is indeed cost-effective, and metformin is marginally cost-saving or at least cost-neutral compared with placebo.” In addition, over the 10 years of the study, quality of life was higher for individuals in the lifestyle intervention than for individuals on metformin or for those in the placebo group.

The research team also looked at medical costs unrelated to either the lifestyle or metformin intervention, and found that over the 10 years of the study, these costs were greatest for the placebo group (\$27,468 per capita) and lowest for the lifestyle group (\$24,563 per capita), and they were mostly driven by “greater use of outpatient and inpatient services, prescription medications, *and by the greater rate of conversion to diabetes* with the attendant costs of self-monitoring and laboratory tests.”

The authors conclude: “The adoption of diabetes prevention programs by health plans and society will result in important health benefits over 10 years and represents a good value for the money spent.”

Access a PDF of the article [here](#).

## Recent obesity statistics from AHRQ

Data from the Agency for Healthcare Research and Quality’s (AHRQ) Medical Expenditure Panel Survey for 2009 showed that 15% of obese adults (BMI 30 to 39.9) over 20 years old have diabetes, while nearly 23% of adults classified as extremely obese (BMI 40 or greater) have diabetes . The report also showed that in the US, 65.4% of adults aged 20 and older were overweight or obese: 35.8% were overweight, 25.1% were obese and 4.5% were morbidly obese.

Access the Statistical Brief #364 [here](#).



## Cost effectiveness of various A1c cutoff points to identify prediabetes

A modelling study published in the April 2012 issue of the *American Journal of Preventive Medicine* looked at the cost effectiveness of various A1c levels—examining progressive .1% reductions from 6.4 to 5.5—for identifying people with prediabetes. The authors noted that establishing a widely accepted A1c cutoff point for prediabetes has been “challenging” because there is “no clearly demarcated threshold that is associated with an accelerated risk of diabetes or other morbidities.”

Using data from the 1999-2006 National Health and Nutrition Examination Survey (NHANES) in a Markov simulation model, the researchers found that the cost per quality-adjusted life year (QALY) associated with an A1c level of 5.7 or higher was below \$50,000/QALY, which is a “widely recognized threshold for the cost-effective use of healthcare resources.” They suggest that if the cost of diabetes prevention interventions could be even further reduced while still being effective, the optimal A1c level could be 5.6 or even lower.

Access the study [here](#).

## Healthy physicians more likely to offer dose of healthy advice to patients

According to an online survey of 1,000 US primary care physicians, those who report having healthier lifestyles themselves, as measured by not smoking and exercising regularly, were twice as likely to advise their patients with high blood pressure to adopt five lifestyle modifications. These modifications include eating a healthy diet, limiting sodium intake, increasing physical activity, maintaining a healthy weight, and limiting alcohol use. The findings were presented at the March 2012 American Heart Association Scientific Sessions.

Access the presentation abstract [here](#).

## Physicians who care for diabetes patients rank themselves among the healthiest

A January 2012 *Medscape/WebMD* online poll of more than 29,000 practicing physicians across 25 specialties found that physicians whose specialty is diabetes and endocrinology rate their physical health among the healthiest, scoring 4.2 on a five-point scale. Only dermatologists and plastic surgeons ranked their health higher. In comparison, pediatricians and critical care physicians ranked their own health the lowest, scoring 4.01 and 3.98, respectively. Approximately 42% of male physicians and over 32% of female physicians reported being overweight or obese.

Access the report [here](#).

## Chronic conditions drive Medicare spending increases

Using Medicare claims data, a recent study reported in *Archives of Internal Medicine* examined trends in Medicare spending by body mass index (BMI) over the period 1997-2006. The researchers found that the prevalence of obesity increased from 21% in 1997 to 29% in 2006. Over the 10-year study period, medical expenses increased by an additional \$108 and \$149 per year for overweight and obese beneficiaries, respectively. In 2006, Medicare beneficiaries were more likely to have chronic diseases like diabetes or hypertension than they were in 1997. Further analysis showed that these chronic conditions—rather than overweight and obesity themselves—were driving the annual spending increases.

Access the study [here](#).



## The longer one has diabetes, the greater the risk of stroke

New research suggests that for people who have had diabetes for more than 10 years, the risk of a stroke is three times higher than for people without diabetes. The study, published in the March 2012 issue of *Stroke*, an American Heart Association publication, showed that among people with diabetes, the risk of stroke increases 3% per year. The risk of stroke increased:

- More than 70% among people with diabetes for less than five years; and
- More than 80% among people with diabetes for five to 10 years.

**“Although stroke rates have been declining overall, the increase in diabetes incidence over the same period may lead to a higher overall stroke burden in the future.”**

The research team followed nearly 3,300 people who had never had a stroke over a nine-year period. Nearly 22% of participants had type 2 diabetes at the start of the study and an additional 10% had developed the disease by the end of the study.

According to the study’s senior author, Mitchell Elkind, MD, MS, associate chairman of neurology for clinical research and training at Columbia University Medical Center in New York City, the research findings have public health implications, especially given that people are developing type 2 diabetes at a younger age and living more years with the disease. “Although stroke rates have been declining overall, the increase in diabetes incidence over the same period may lead to a higher overall stroke burden in the future,” he said.

The relationship between diabetes duration and stroke risks “warrants steps to institute long-standing and sustainable lifestyle changes for primary prevention,” the authors contend.

Access the article [here](#).

## 5% of the population accounts for 50% of health care spending in US

According to a January 2012 AHRQ Statistical Brief, in 2008 and 2009, 5% of Americans were responsible for approximately 50% of health care spending in the US, and their average annual per-person health care expenses were \$35,829. Access the brief [here](#).

## US ranks high in obesity and diabetes in OECD Health Rankings

The Organization for Economic Cooperation and Development (OECD) released health rankings for its 34 member countries in a report, *Health at a Glance 2011 - OECD Indicators*. The US ranked:

- #1 in annual health care spending
- #1 in Obesity
- #2 in prevalence of diabetes, surpassed only by Mexico.
- #1 in good health self-assessments, with 90% of US adults aged 15 and older describing themselves as being in good health, versus an OECD average of 69%.

Access the report [here](#).