Identification and Prevention: Underutilized Tools in Diabetes Treatment?

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In recent years, we have seen significant progress in the area of diabetes management. The importance of applying innovative approaches tailored to the specific needs and characteristics of patients, using technology such as mobile smartphones and “apps” to make the process more convenient and patient-friendly and focusing on analytics and outcomes to establish the best path to improving patient health, has been recognized. Although the disease continues to do harm at an alarming rate and there remains much work to be done, the importance of implementing new ways to educate and assist patients has been acknowledged.

However, efforts to find improved methods to help patients manage their diabetes may have overshadowed an equally important element: identifying those with or at significant risk of developing the disease who are unaware of their condition. According to the Centers for Disease Control and Prevention, roughly 7 million of the 26 million people affected by diabetes in the United States fall into this category.1

Numerous factors contribute to this troubling statistic. However, as a lifelong primary care physician...
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Case in point: in 2012, Life Line Screening, the largest community screenings provider in the United States, screened almost 150,000 people for diabetes. They found almost 26,000 cases of prediabetes, 7,200 cases of diabetes, and nearly 250 cases of critical findings that required urgent and potentially life-saving attention. These figures underscore the important role screenings can play in helping people more actively assess and address their health, which ultimately benefits not only patients but the health care system as a whole.

Lack of access is another challenge to identifying patients with diabetes or prediabetes through screenings. As a family physician, I am acutely aware of the growing shortage of PCPs in this country, which is likely to worsen as millions of new patients enter the health care system under the Affordable Care Act. There is also the cost issue; not all insurance plans cover screening for chronic diseases such as diabetes.

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There is also significant evidence demonstrating that screening results, communicated in the right way, can change the behavior and lifestyle of patients—a particularly valuable outcome for those with prediabetes. Recent research presented at the 2012 American College of Cardiology meeting revealed that providing an image of a diseased artery helped patients improve adherence to therapies (statins and weight loss) for other chronic diseases that drive improved patient outcomes and can be viewed as equivalents of diabetes. As any health care provider who has treated patients with diabetes knows, the ability to meaningfully motivate people to take their health into their own hands can be essential, and screening results can help drive this impact.

To continue making progress against diabetes, the medical community must recognize the importance of not just treating evident disease, but also adopting a preventive mindset. Otherwise, we are likely to see the millions of undiagnosed and avoidable cases of the disease increase. And that is an outcome none of us can afford.

REFERENCES
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Note of disclosure: Dr. Brunton serves as a consultant to Life Line Screening.