

Editorial

Transforming diabetes care – the Lancet Commission on Diabetes: comments and suggestions for Romania – a position of the Romanian Federation of Diabetes, Nutrition and Metabolic Diseases – Executive Summary

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Motto

In a vulnerable world

People with diabetes are even more vulnerable.

Let's protect them by transforming diabetes care!

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Abstract

In the last four decades, diabetes has become epidemiologically aggressive, threatening the health of millions of people and challenging health systems by increasing costs. Significant changes have been made in many areas of medical and socio-economic life that have become the new world of diabetes. The mission of the lancet commission report is to stimulate the beneficial transformation of diabetes through four major actions. 1. Digital collection of essential data on epidemiology and on the quality of care. 2. Increasing the level of knowledge of doctors and educators. 3. Optimizing the quality of care that can be achieved through adherence to quality standards and the co-participation/activation of patients. It is necessary to gradually approach “precise diabetes” through “personalized management for the right phenotype”, where the care of the disease becomes the care of the person with diabetes. 4. Prevention of diabetes and its complications is the last but not the least condition of transformation. The benefits are estimated in terms of increasing the quality of life of people with diabetes, reducing the aggressiveness of the disease, and increasing life expectancy. **Conclusion:** The transformation of diabetes is necessary and possible and the benefits are huge. Let's participate in its achievement.

Keywords: diabetes care, digitalization, patient activation, standards of care

Introduction

The great changes in medicine also include the world of diabetes. The spectrum of diabetes has changed, those who have it have changed, but so have we, those who care for them. Scientific knowledge about the disease, and the strategies of care, has evolved, as well has the society and the

political and economic environment. In the face of these changes, which are not always favorable, “thinkers” react and propose solutions. We are living in such a moment. On the 12th of November 2020 The Lancet Commission on diabetes: using data to transform diabetes care and patient life was published [1]. It is an exceptional pragmatic document consisting of analyses, syntheses, and



simulations related to the diabetes situation in the world but especially in low-income and middle-income countries (LMICs), where 80% of people with diabetes live. Among them are those from Romania. Based on these analyses, four types of recommendations are made regarding: prevention, care, professional development and data collection in the form of registers. They represent an invitation to action. It is estimated through simulations which are the enormous benefits of the action but also the price paid for inaction. The Lancet - Diabetes Commission Report (LDC report) is the result of four years of participation in which 26 international experts in the field of public health, clinical care, epidemiology, and health economics participated. The LDC Report is in addition to the other reports prepared under the auspices of the Lancet, on nutrition, obesity, and malnutrition. All are very valuable contributions to understanding what today not only is the “new nutritional reality”, but also the “new reality in the world of diabetes”. In this position paper of the Romanian Federation of Diabetes, Nutrition and Metabolic Diseases (RFDNMD) we try to interpret the extraordinary complexity of the messages from the LDC Report, to relate them to the situation of Romania, to analyze the recommendations, and to realistically suggest what can be applied to us. Through this we contribute to improving the lives of people with diabetes in our country, which is part of our professional and moral duty. In diabetology a LOT of KNOWLEDGE is necessary but also the understanding of what we know. Both are “*sine qua non*” conditions for properly incorporating international recommendations and suggesting their sustainable application.

The new reality in the world of diabetes

Based on our professional history, we consider that the world of diabetes includes: the disease and its complications, all people with diabetes, all those who provide their care (doctors and educators), factors that influence care (family, society, organization, and legislative functioning of the health system, local, national and global political and economic determination), the real and sustainable possibilities to achieve it.

Diabetology has a special place, our specialty that ensures both the path of science to the health of patients and the help provided to them to participate in their own care. The LDC defines and analyses all these component factors, without naming the world of diabetes as such. Epidemiological data and the impact (burden) on diabetes, complications, co-morbidities (obesity), as well as mortality caused by diabetes are known from the IDF Atlas published at the end of last year (2020). All are also confirmed in the LDC report. Inequity of diabetes aggression around the world is reaffirmed. We believe that we can already talk about geodiabetes, as a result of geopolitics with proven geo-economic consequences: inequalities in the structures of health care organization, poverty/ wealth ratio, food security, access to education and health care, social discrimination, environmental pollution. As such, the prevalence of diabetes is different, as are complications, co-morbidities, mortality, and effective prevention measures. The complexity, resulting from the analysis and synthesis of data, is amplified by the emergence of the covid-19 pandemic, the synergism with chronic non-communicable diseases (NCDs) or other infectious diseases. All this data requires a transformation of diabetes through reducing the aggressiveness of the disease, which will improve the lives of millions of people. This is how the mission of the lancet commission is defined. The new reality of diabetes foreshadowed from the beginning of the rise of its incidence (in 1980's) but completes its characteristics “before our eyes” as a result of dramatic socio-economic and political changes. These are not only the causes of the new configuration of the world of diabetes but also the conditions of success in the fight to alleviate its threats. To this end, LDC makes recommendations in four sectors, with multiple integrated strategies. We will present them in summary, as well as the suggestions for application in Romania.

Prevention of diabetes

Prevention of diabetes can be achieved through a healthy lifestyle, applied to people at risk using adapted strategies. Detection of people

at risk is therefore mandatory. The existence of a national prevention program (NPP) that also ensures the legislative framework of implementation is strongly recommended by LDC. In Romania, law no. 249 of 13th of November 2020 on the prevention and early detection of diabetes outlines the main strategies of the NPP, but must be complemented with a set of concrete actions and responsibilities at different levels. The suggestions for Romania are: *Adapting the NPP to the LDC recommendations. *Ensuring the functionality of NPP on the whole spectrum of life. * Priority actions would be the formation of a “smoke-free” environment, along with the other components of healthy environment. *Permanent correlation with other specialties in NCDs, considering that diabetes is at their “root”. The annual NCB congress held by RFDNMD under the auspices of the Romanian Academy is an example in this regard. *Initiation and development of the Romanian Obesity Forum which, together with the Romanian Diabetes Forum, offers excellence to the action. *Collaboration with other specialties, governmental and non-governmental organizations, local public authorities, pharmaceutical companies or corporations from other fields interested in prevention.

Professional excellence in diabetology

Continuing professional development refers to doctors, educators/nurses by all modern or conventional methods. This involves the participation of universities, professional associations or other accredited bodies. They will provide updated knowledge and ITS application in practice. A somewhat surprising recommendation of the LDC is the development of diabetes as an essential specialty, to ensure the quality of care, the implementation of quality standards based on evidence and professional training focused on “job”. As it is known, in Romania the specialty of Diabetes, nutrition and metabolic diseases (DNMD) has existed for 40 years, as well as the scientific societies in these fields: RFDNMD, Romanian Society of Diabetes, Nutrition and Metabolic Diseases, Romanian Associations for Diabetes Education, Romanian Association

for the Study of Obesity, and others. In addition, the incorporation into our specialty not only of diabetes, but also of obesity, dyslipidemias, other metabolic diseases as well as nutrition, gives DNMD specialists an overview of diabetes as well as its risk factors (unhealthy diet, obesity), and associated co-morbidities (dyslipidemia, hyperuricemia, etc.). With regard to the education of persons with diabetes, this may be carried out by nurses in diabetes wards and outpatient clinics, provided that they receive initial and continuing training in the field of therapeutic education, as well as a professional position which includes therapeutic education activity.

The suggestions for Romania are: *Organizing the “Platform for permanent professional development” for doctors, related to their qualification: primary care physicians, specialists, and young diabetologists. *Organizing the “Platform for the development of educators” and supporting their participation in training programs through which they can acquire the qualification of “nurse specialized in diabetes”. *Development of the DEPARTE project (Determination and Participation in Education), proposed by RFDNMD. This is an educational project in the field of diabetes, obesity, dyslipidemia, and lifestyle science, addressed to patients and the general population. *Collaboration with family doctors, doctors of other specialties and pharmaceutical companies.

Personalized care in diabetes; towards precision diabetology

Optimizing the care of people with diabetes is essential in the effort to change their lives, which is the major goal of the LDC report. The following is recommended: ensuring the necessary structure for care: hospitals, integrated diabetes centers, offices, teams; ensuring their functionality through qualified and professionally trained persons to act in a pre-established programmatic framework; ensuring that quality standards of care are applied in practice; ensuring the material basis necessary for their good functioning; investments to be correlated with the necessary; ensuring access to medicines; ensuring access to training and education, teamwork, improving the

quality of communication and collaboration with team members: systematic collection of essential clinical data in diabetes registries. Here, the cardiovascular and renal risk will be stratified in the registered patients, in order to apply the personalized organo-protective and integrated treatment.

In Romania, there is a good organizational structure (DNMD network) already in place that needs to improve the quality of functioning. The following essential activities are suggested: *Regaining the status and completing the structure of the clinical centers for diabetes, nutrition, metabolic diseases within the county emergency hospitals and inclusion of all professionals that can contribute to better care (nutritionists, psychologists, podiatrists). *Training of care teams at primary (individual offices) or secondary (outpatient clinics affiliated to hospitals) or tertiary (clinics, bed wards in clinical centers). *Timely planning within the team of the operational flow (diagnosis-therapy). *Establishing quality standards of care for Romania, differentiated according to the level of diabetes care (primary, secondary, tertiary); correlations of the diseases protocols in order to accelerate the adoption of current cardio-renal organo-protective medication in practice (SGLT2i, GLP1-RA). *Promoting clinical judgment for maximum adherence to these standards, along with minimal multifactorial clinical inertia. *Reconsideration of the medical act as the basis of personalized care, at all levels of diabetes care.

Data collection; Diabetes Registry

Digital collection and monitoring of essential data is very useful for real-life analysis in various aspects of diabetes care such as epidemiological assessment (prevalence and incidence), assessment of complications and co-morbidities, estimation of the global cardio-reno-metabolic risk dynamics, evaluation of the dynamics of pharmacotherapy, evidence of participation in the therapeutic education programs, administrative management, assessing the dynamics of successes or the occurrence of failures.

Suggestions for Romania: *Initiation as soon as possible of the NDR (National registry of

diabetes). We know from previous failed experiences that it is a real institution whose management is very complex. The establishment of the NDR and Prediabetes is expressly provided in the Law on the prevention and early detection of diabetes in article 14. *Establishment of “pilot” centers or offices where data collection can begin, possibly in the form of thematic registries (for example for: type 1 diabetes, type 2 diabetes in young people, diabetes). *The relevant scientific societies - FRDNBM, SRDNBM, together with the Commission of the Ministry for DNMD can be set up as “advisory bodies” to be involved in the creation of the NDR. *Collaboration with other specialized IT institutions, accredited by the authorities, becomes imperative.

Why is the world of diabetes at the crossroads?

Diabetes is epidemic and threatening and epidemic predictions are even more alarming. The world of diabetes is dependent not only on scientific progress but also on social, political, and economic changes to which are added those of the ecosystems. The new reality of the world of diabetes has two sides, one optimistic, the other pessimistic. The first side would be the result of possible, achievable and effective actions suggested by the LDC report. The other side is the result of inaction or passivity in the face of the epidemic of diabetes and obesity with known consequences on morbidity and mortality.

This is the crossroads where the world of diabetes is now. What should we be doing? The answer is unequivocal: let's transform diabetes!

Conflict of Interest

The authors declare no conflict of interest.

Reference

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