American Diabetes Association–European Association for the Study of Diabetes Position Statement: Due Diligence Was Conducted

Almost everyone has heard the saying, "If you want to keep a friend, never talk about religion or politics." In regard to the specific management of type 2 diabetes, we can alter this phrase somewhat and suggest, "If you want to keep a colleague, never talk about diabetes guidelines!" Most providers of diabetes care will readily admit that a forum for intense debate revolves around the issue of what is the best approach to manage individuals with diabetes. A provider can justify his decision for treatment based solely on a wide range of management strategies available in the literature. For example, if you really care to do the exercise by searching on PubMed, you will note that the search term "diabetes management" will result in >24,000 citations. The use of "diabetes guidelines" or "diabetes algorithm" as search terms will yield >8,900 and 3,100 citations, respectively. In addition to the debate based on publications, this topic also evokes considerable emotion.

With the release of the latest statement on the management of hyperglycemia in type 2 diabetes, the debate will continue unabated. Specifically, this issue of Diabetes Care reports on the position statement from the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Titled "Management of Hyperglycemia in Type 2 Diabetes: A Patient-Centered Approach," this effort results from a joint request of the ADA and EASD executive committees and represents the final product of years of work (1). As it has been the case when prior guidelines have been published, not only from these two organizations but also from other societies and federations, this position statement will generate considerable interest, heated debate, and published commentaries, editorials, and letters on the strengths and weaknesses of the approach.

In regard to the message delivered from previously published guidelines, there are providers who strongly feel that given the overall scope of the diabetes burden worldwide and the fact that data continue to state inadequate glycemic control today, an algorithm-based approach should not only be emphasized but also justified. Additional justification for this approach is that it provides a consistent management plan and serves an important purpose to guide providers who may not be as versed in diabetes management. Given the fact that most diabetic patients are not seen in specialized centers, the argument is made that an algorithm-based approach may provide the most feasible management plan that can be applied to the greatest number of subjects. A more defined prescriptive approach is also supported by those who feel that we should reserve the newer therapies only after the traditional agents have failed. In support of this position, the available cost-effectiveness data are cited (although, admittedly, we have very little to date). In addition, the cost of the medication and expense involved in monitoring may be provided as compelling evidence in supporting this position. The approach to therapy is the approach taken in the ACCORD, Action in Diabetes and Vascular Disease: Prevention with Intensive Perioperative Glucose Control (ADVANCE), and Veterans Affairs Diabetes Trial (VADT) studies when evaluating cardiovascular end points (2–4). As described, not every subject benefited from intensive glycemic management, although there were suggestions that subsets of patients did benefit.

Another area emphasized in the position statement was the need to consider patient preferences in this process. As specifically stated, "Patient involvement in the medical decision making constitutes one of the core principles of evidence-based medicine, which mandates the synthesis of best available evidence from the literature with the clinician's expertise and patient's own inclinations." As such, I really liked the concept emphasized by Fig. 1 in the position statement, and I feel that this graph alone is an incredible teaching tool. This simple graphic provides considerable understanding of the
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overall approach and can be especially valuable to primary care providers, medical students, and house officers. Essentially, Fig. 1 depicts the elements of decision making used to determine appropriate efforts for achieving glycemic control. As outlined, this approach encompasses consideration of patient attitudes, risks of therapy, disease duration, life expectancy, comorbidities, presence of complications, and the resources and support systems available. Such a comprehensive approach to care is not addressed by simple algorithms and also argues against the current move to mandate quality indicators for A1C as a determinant for approval of the main figures and table. Full consensus on the final draft was not reached until December 2011. At that time, individual experts from North America, Europe, Australia, and Asia were asked to review the available draft. This list included representation from endocrinology, primary care/family medicine, cardiology, nursing, diabetes education, and pharmacy. Feedback, responses, and revisions from 26 individuals were compiled, and the resulting penultimate draft was then submitted to the ADA’s Professional Practice Committee, the EASD’s Panel for Overseeing Guidelines and Statements, and five sister organizations (including The Endocrine Society, American College of Physicians, and American Association of Diabetes Educators). Final revisions were made based on this input. The final draft was then submitted for endorsement and signoff from the executive committee of the ADA and EASD. In February 2012, a final version was submitted to both Diabetes Care and Diabetologia. By that time, it had been revised over 45 times! In summary, we now have the new position statement of the ADA-EASD that endorses a patient-centered approach. I am certain that there will be a wide range of opinions and emotions generated with the statements or recommendations put forth by the writing group. However, there is one aspect that no one will disagree with, and that is that “due diligence” for this initiative was clearly conducted and that the findings were clearly vetted. With that being said and with that background, let the debate begin!

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