sanofi-aventis hosts “Standing Together Against Diabetes” roadshow in South Africa

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Some of South Africa's leading diabetes experts have taken to the road to highlight the new clinical practice recommendations as put forward by the American Diabetes Association (ADA).

sanofi-aventis, one of the world's largest pharmaceutical companies and a leader in advanced diabetes care, is hosting the roadshow which promotes the most up-to-date knowledge and practices in diabetes treatment.

The roadshow is the culmination of a milestone meeting in Paris earlier this year where leading medical professionals from Africa and the Middle East met to exchange diabetes research information with the ADA. The meeting, “Standing Together Against Diabetes”, gave delegates a forum to review the ADA's recommendations on diabetes screening and prevention, as well as on the most appropriate pathway of therapy to follow according to the recently published ADA and European Association for the Study of Diabetes (EASD) treatment algorithm for type 2 diabetes patients.

The ADA/EASD consensus statement marks the first time that a treatment algorithm has been developed to help guide physicians in choosing the most appropriate therapies for lowering blood glucose levels in patients with type 2 diabetes. Presentations were also made by some of the world's most eminent medical professionals in the field.

sanofi-aventis Diabetes Product Manager, Heidre Ferreira, said the meeting, which sanofi-aventis supported with an unrestricted educational grant, was extremely informative. “All delegates were also equipped with educational tool kits to allow them to bring ADA's message to physicians in their home countries, and this is what is propelling the current roadshow throughout the country,” explains Ferreira. “To date, our diabetes experts have been to Johannesburg, Pretoria and Cape Town and more visits to other regions of the country are in the pipeline.”

The ADA/EASD consensus algorithm for the initiation and adjustment of therapy

The epidemic of type 2 diabetes in the latter part of the 20th and in the early 21st century, and the recognition that achieving specific glycaemic goals can substantially reduce morbidity, has made the effective treatment of hyperglycaemia a top priority (1-3).

The ADA/EASD consensus algorithm was developed to help guide health care practitioners to choose the most appropriate treatment regimens from an ever-expanding list of approved medications.

The guidelines and treatment algorithm emphasize4:
• for “the individual patient”, that the HbA1c should be “as close to normal (<6%) as possible without significant hypoglycaemia”
• the initiation of lifestyle interventions and treatment with metformin at the time of diagnosis
• the rapid addition (every 3 months) of medications and transition to new regimens when target glycaemia is not achieved or sustained
• the early addition and rapid titration of basal insulin therapy in patients who do not meet target HbA1c levels
• that insulin is the most effective diabetes medication in lowering glycaemia and that there is no maximum dose of insulin
• that intensification of insulin therapy may be required by additional injections of short or rapid acting insulin before selected meals.

The HbA1c level will determine, in part, which agent is selected. According to the HbA1c, insulin is recommended and can start immediately after lifestyle intervention and maximum dose of metformin. Although three oral agents can be used,

initiation and intensification of insulin therapy is the preferred method of treatment based on effectiveness and lower expense. 4

Analogues with non-peaking profiles may decrease the risk of hypoglycaemia compared with Neutral Protamine Hagedorn (NPH), and analogues with very short durations of action may reduce the risk of hypoglycaemia compared with regular insulin. 4

Basal insulin therapy is an effective and convenient way of starting insulin as it lowers the entire glucose profile. An ideal basal insulin supplementation should cover the 24-hour basal insulin requirements with once-daily administration, and should also have no pronounced peak irrespective the dose, to minimise the risk of hypoglycaemia.4

References

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