



University Hospital Carl Gustav Carus Dresden



Expert testimony: Translation of major trial evidence into practice across Europe

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NICE PUBLIC HEALTH PROGRAMME GUIDANCE
17.5.2011 in Manchester



We know that the prevention of diabetes mellitus is effective, feasible, evaluated but difficult, time consuming, challenging

How to get it to practice



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We need

Plan
Concept
Action



Plan

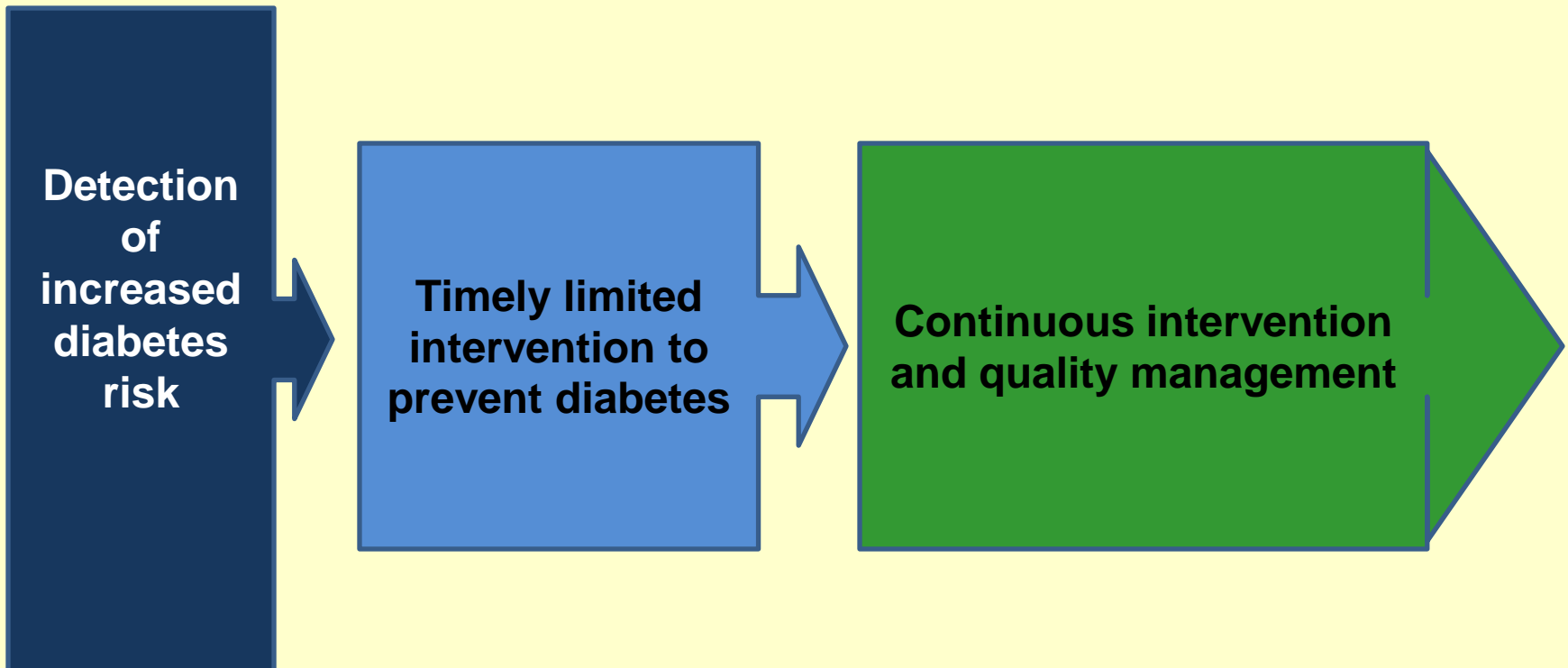
Development of an Global Action Plan - Diabetes Prevention

The action plan should identify essential activities and available resources for diabetes prevention and spell out the responsibilities of each stakeholder and their involvement. In addition, the plan should recommend and outline action steps specific to each involved cohort - (e.g. families, friends, health care providers, the media, health insurance providers, employers, researchers, professional educators, ethnic and cultural groups to name but a few).



Concept

3 Steps of a Diabetes prevention program





Developing a prevention strategy

- ~~be structured~~ **easy to understand**
- find people where they are – setting approach
- focus on the individual – empowerment
- involve regular contact with individuals with prediabetes
- recruit educated lifestyle managers
- continuously evaluate the success of prevention strategies
- use screening tools that are applicable in a population setting
- include quality management – prevention management

Specific objectives

1	Development of a European practice-oriented guideline for prevention of type 2 diabetes
2	Development of a European curriculum for the training of prevention managers
3	Development of European standards for continuous quality control and evaluation of prevention programs for type 2 diabetes
4	Development of a European e-health training portal for prevention managers

=> European standards applicable in all member states will help to reduce inequalities in health

The IMAGE project – Partners involved

Thank you very much





Action

Take Action to prevent Diabetes

A toolkit for the prevention of type 2
diabetes



TAKE ACTION TO PREVENT DIABETES

A toolkit for the prevention of type 2 diabetes in Europe

Take Action to Prevent Diabetes – The IMAGE Toolkit for the Prevention of Type 2 Diabetes in Europe

Guidelines 537

Authors

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Affiliations

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Executive Summary

When we ask people what they value most, health is usually top of the list. While effective care is available for many chronic diseases, the fact remains that for the patient, the tax payer and the whole of society: **Prevention is Better Than Cure.**

Diabetes and its complications are a serious threat to the survival and well-being of an increasing number of people. It is predicted that one in ten Europeans aged 20–79 will have developed diabetes by 2030. Once a disease of old age, diabetes is now common among adults of all ages and is beginning to affect adolescents and even children. Diabetes accounts for up to 18% of total health-care expenditure in Europe.

The Good News is That Diabetes is Preventable. Compelling evidence shows that the onset of diabetes can be prevented or delayed greatly in individuals at high risk (people with impaired glucose regulation). Clinical research has shown a reduction in risk of developing diabetes of over 50% following relatively modest changes in lifestyle that include adopting a healthy diet, increasing physi-

cal activity, and maintaining a healthy body weight. These results have since been reproduced in real-world prevention programmes. Even a delay of a few years in the progression to diabetes is expected to reduce diabetes-related complications such as heart, kidney and eye disease and, consequently, to reduce the cost to society.

A comprehensive approach to diabetes prevention should combine population based primary prevention with programmes targeted at those who are at high risk. This approach should take account of the local circumstances and diversity within modern society (e.g. social inequalities). The challenge goes beyond the healthcare system. We need to encourage collaboration across many different sectors: education providers, non-governmental organisations, the food industry, the media, urban planners and politicians all have a very important role to play.

Small Changes in Lifestyle Will Bring Big Changes in Health. Through Joint Efforts, More People Will be Reached. The Time to Act is Now.

Abbreviations

▼
DPS: Finnish Diabetes Prevention Study
FDRISC: Finnish Diabetes Risk Score
IFG: Impaired fasting glucose
IGT: Impaired glucose tolerance
OGTT: Oral glucose tolerance test
T2DM: Type 2 diabetes mellitus

Why is it Time to Act?

▼
The alarming epidemic
► In Europe, around 55 million adults have diabetes.
► By 2030, this figure is estimated to rise to 66 million adults.

► Bibliography
DOI: <http://dx.doi.org/10.1055/s-0029-1240975>
Horm Metab Res 2010; 42 (Suppl. 1): 537–555 © Georg Thieme Verlag KG Stuttgart
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General aim

- To provide a **credible, simplistic, concise, clear, pragmatic, accessible** document with a **positive message** about health promotion
- Grounded on the IMAGE evidence-based guideline and training curriculum for prevention managers and should preferably be used alongside them
- Target group
 - **Politicians / policy makers** (esp. executive summary)
 - All **service providers** in the field of health care and promotion
 - Background / education in health care – basic knowledge
 - Information for “clients” will be included within the document and will be provided to them by the person delivering the intervention.



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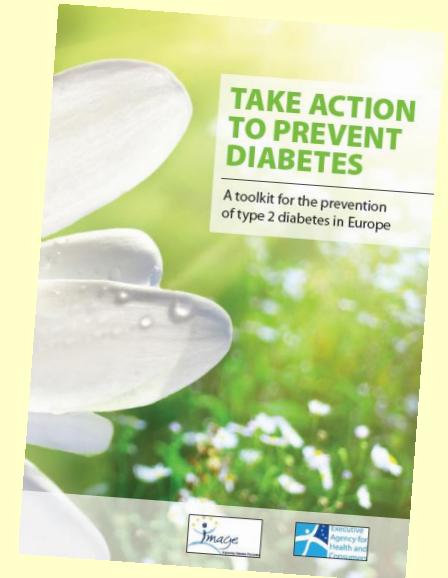
What is necessary

SMART Goals

F.I.T.T. Principles

EAT CLEVER strategy

START





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Toolkit - Contents

- **Executive summary** (“the problem&solution in a nutshell”)
- **Why is it time to act?**
 - Facts and Figures; Risk factors; Large number of unknown cases; Complications through late diagnosis; Costs for health care system and the society; Prevention is possible: the evidence; Economic and social benefits of diabetes prevention
- **How can I make a difference?**
 - Prevention as joint effort; Why and how to involve societal framework partners; Practical tips for societal support; How to build up multidisciplinary prevention team; Practical tips for networking
- **How to budget and finance a prevention programme**
 - Realistic budget; Possible sources of income
- **How to identify people at risk**
 - Diabetes risk factors; Risk assessment; Care pathway for healthcare provider; Strategy and practical tips for encouraging participation in intervention activities
- **How to change behaviour**
 - Elements and targets of effective lifestyle intervention programmes; Supporting behaviour change; Effective communication



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- **Physical activity to prevent diabetes**

- Why to increase physical activity; How to encourage to increase physical activity
- The **FITT** principle for training routine:
 - **Frequency - Intensity - Time - Type**

- **Nutrition & dietary guidance to prevent diabetes**

- Long-term dietary goals (in nutrient and food intake level)
- The **EAT CLEVER** principle for counselors
 - **Estimation of the dietary pattern, Aims in the long and short run, Tools, guidance, and support, Composition of the diet, Lifestyle for the whole life, Energy, Variety, Evaluation, Risks**

- **Other behaviours to consider**

- Stress and depression; Smoking; Sleeping patterns

- **Evaluation / quality assurance**

- Quality criteria; Risks and adverse effects

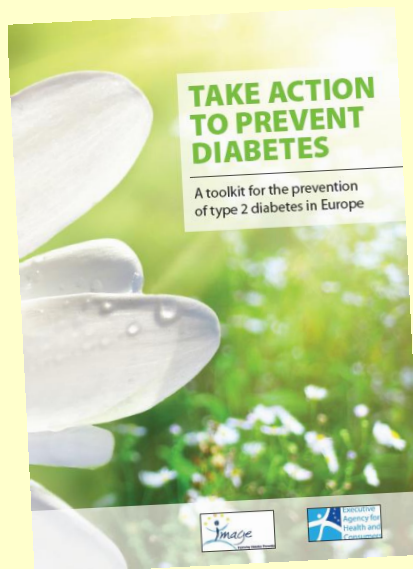
- **Join forces to make a difference! (“positive mission statement”):**



HOW TO IDENTIFY PEOPLE AT RISK



IMAGE Toolkit

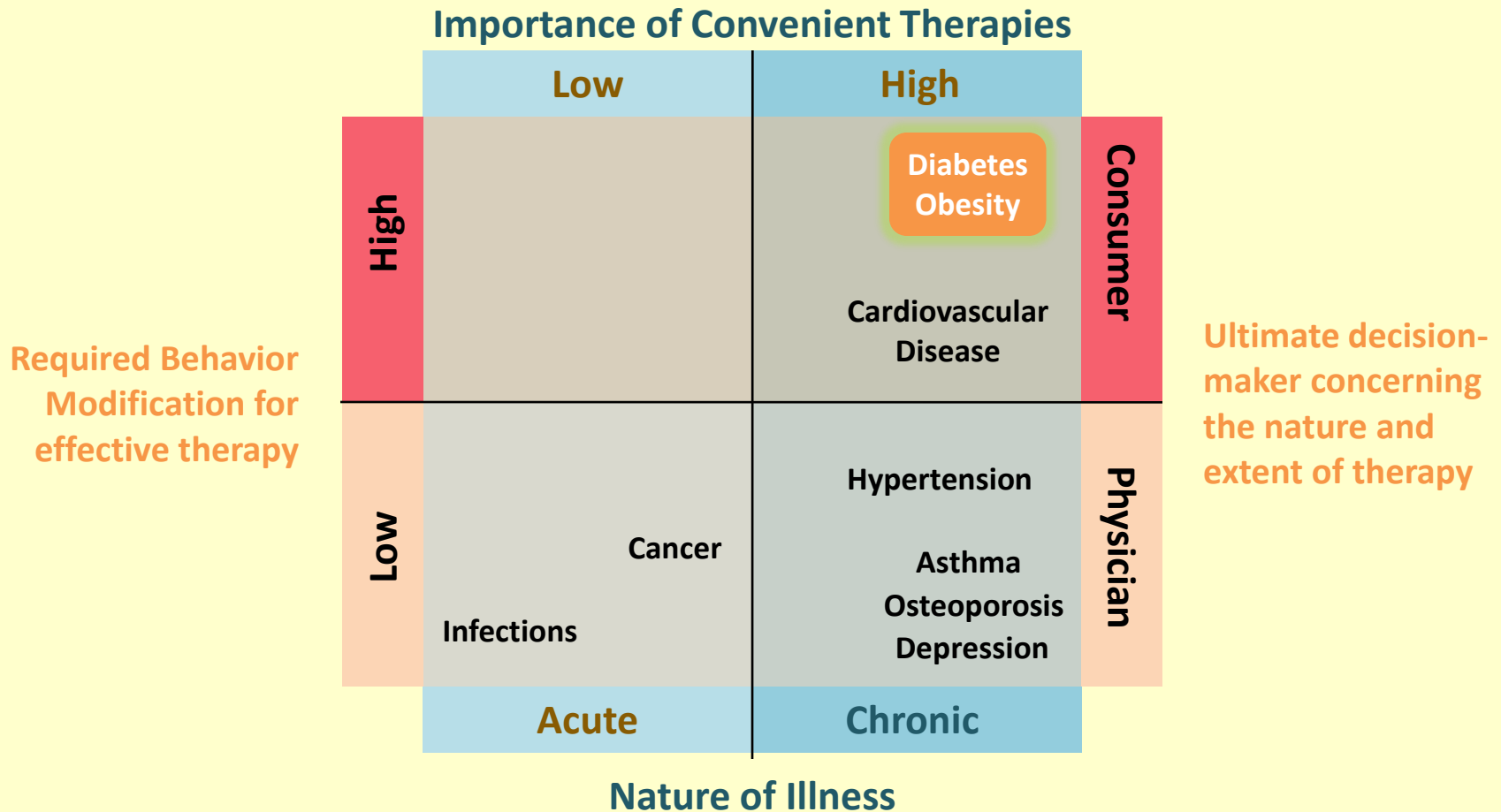


SCREENING SCORES FOR PREVALENT T2D

SCORE AND SOURCE	PREDICTIVE VARIABLES
The Dutch score Diabetes Care 22:213; 1999	Age, sex, BMI, presence of obesity, use of antihypertensive medication and family history of diabetes, physical activity
The Cambridge risk score Diabetic medicine 23:996; 2006	Age, sex, BMI, family history of diabetes, use of antihypertensive or steroid medication, smoking
The Danish risk score Diabetes Care 27:727-33; 2004	Age, sex, BMI, family history of diabetes, known hypertension, physical activity
The Finnish diabetes risk score FINDRISC www.diabetes.fi/english/risktest	Age, BMI, waist circumference, use of antihypertensive therapy, history of high blood glucose, physical activity, consumption of fruit, vegetables and berries, family history of diabetes
FindRISK Germany Horm Metab Res. 2009; 41:98	Age, BMI, waist circumference, use of blood pressure medication, history of high blood glucose
Australian risk score AUSDRISK www.ausdrisk.com	Age, sex, ethnicity, family history of diabetes, history of high blood glucose, use of anti-hypertensive medication, current smoking status, consumption of vegetables or fruit, physical activity and waist circumference
The German diabetes risk score www.dife.de	Age, waist circumference, height, history of hypertension, physical activity, smoking, consumption of red meat, whole-grain bread, coffee, and alcohol
The ADA risk score Diabetes Care 18:382; 1995	Age, sex, delivery of macrosomic infant, race, education, obesity, sedentary lifestyle, family history of diabetes

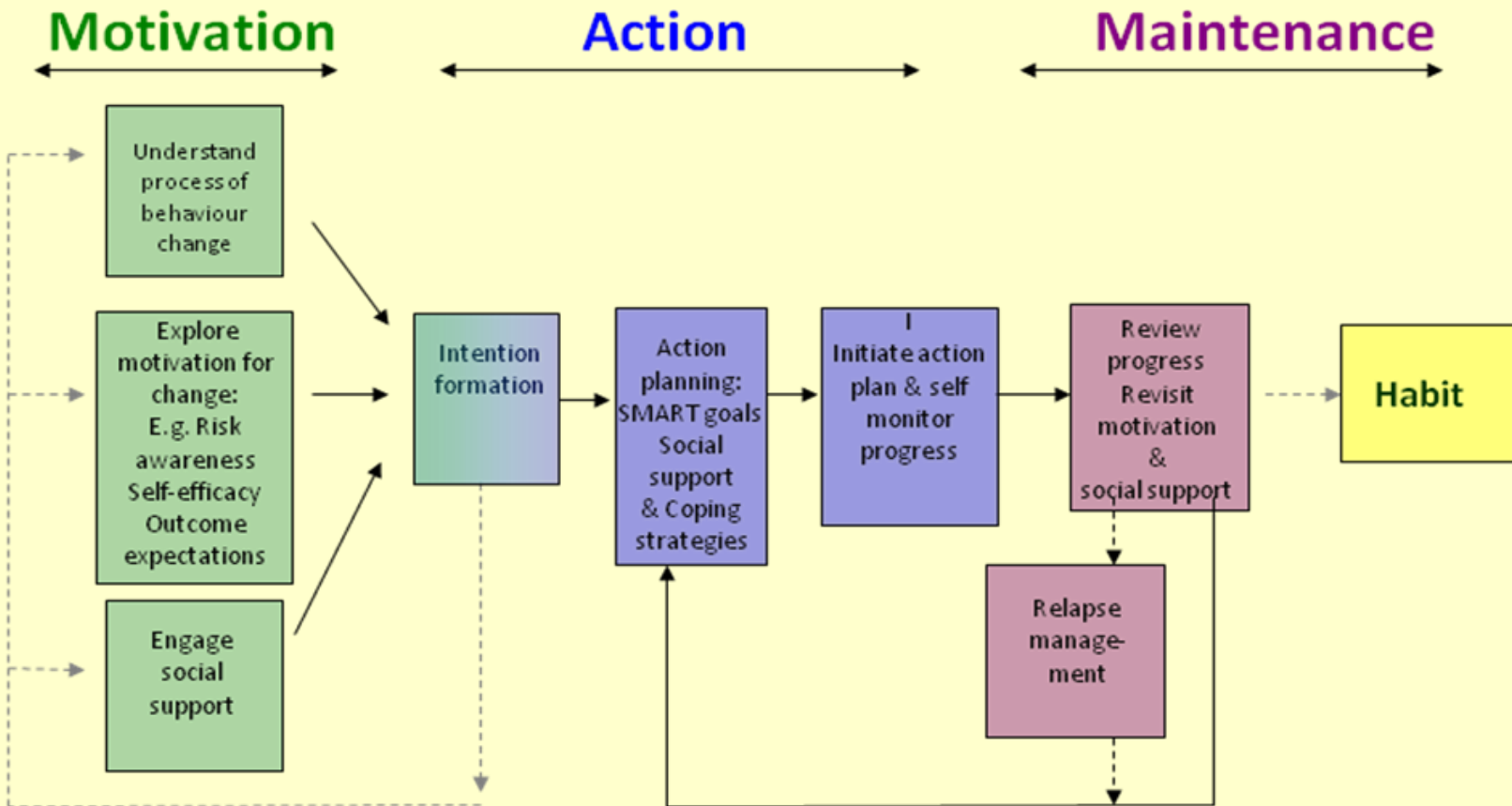


How to change behavior ?



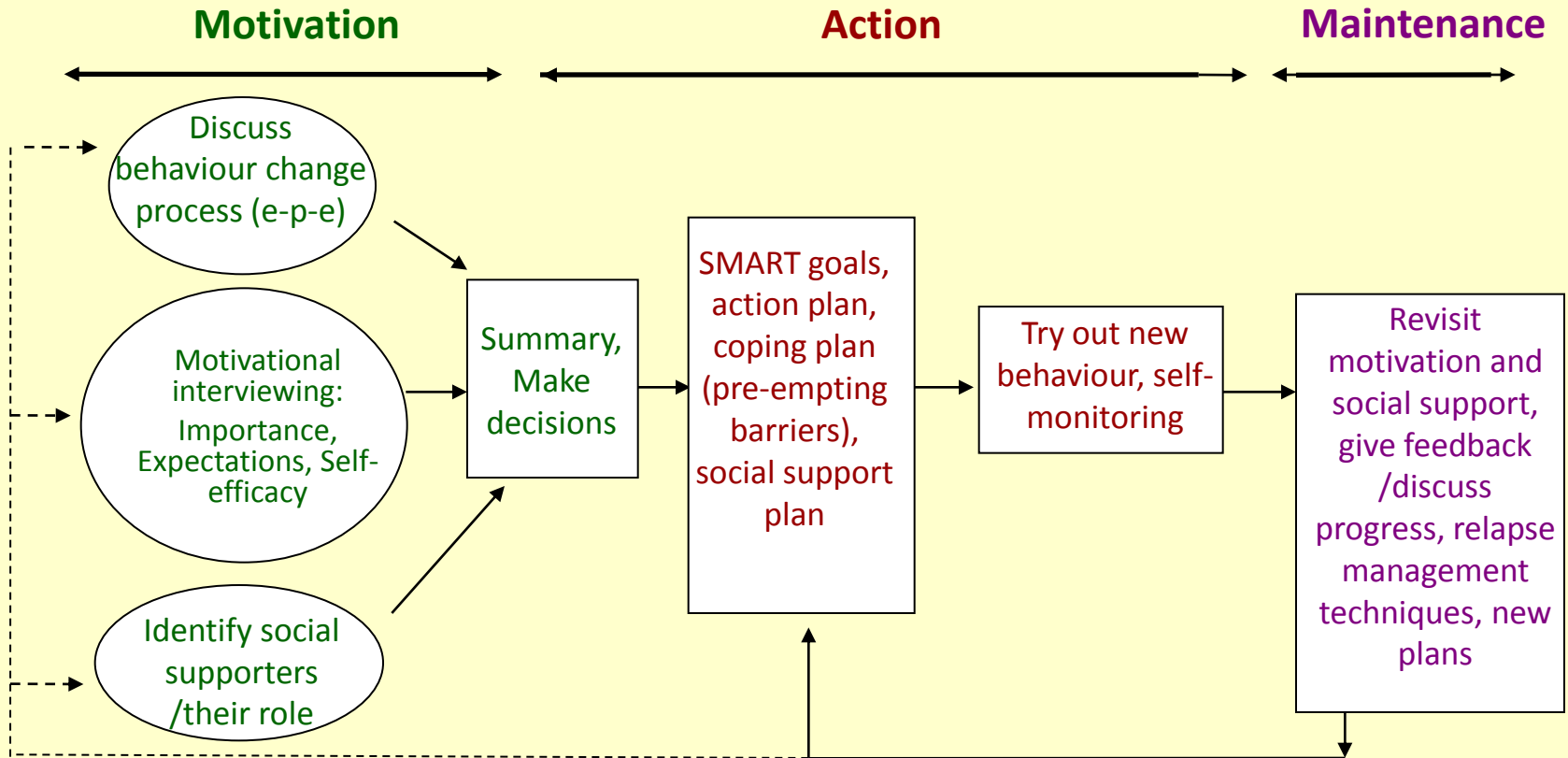


Behaviour Change Model (Greaves et al, 2011)





Behaviour Change Techniques (Greaves et al, 2011)





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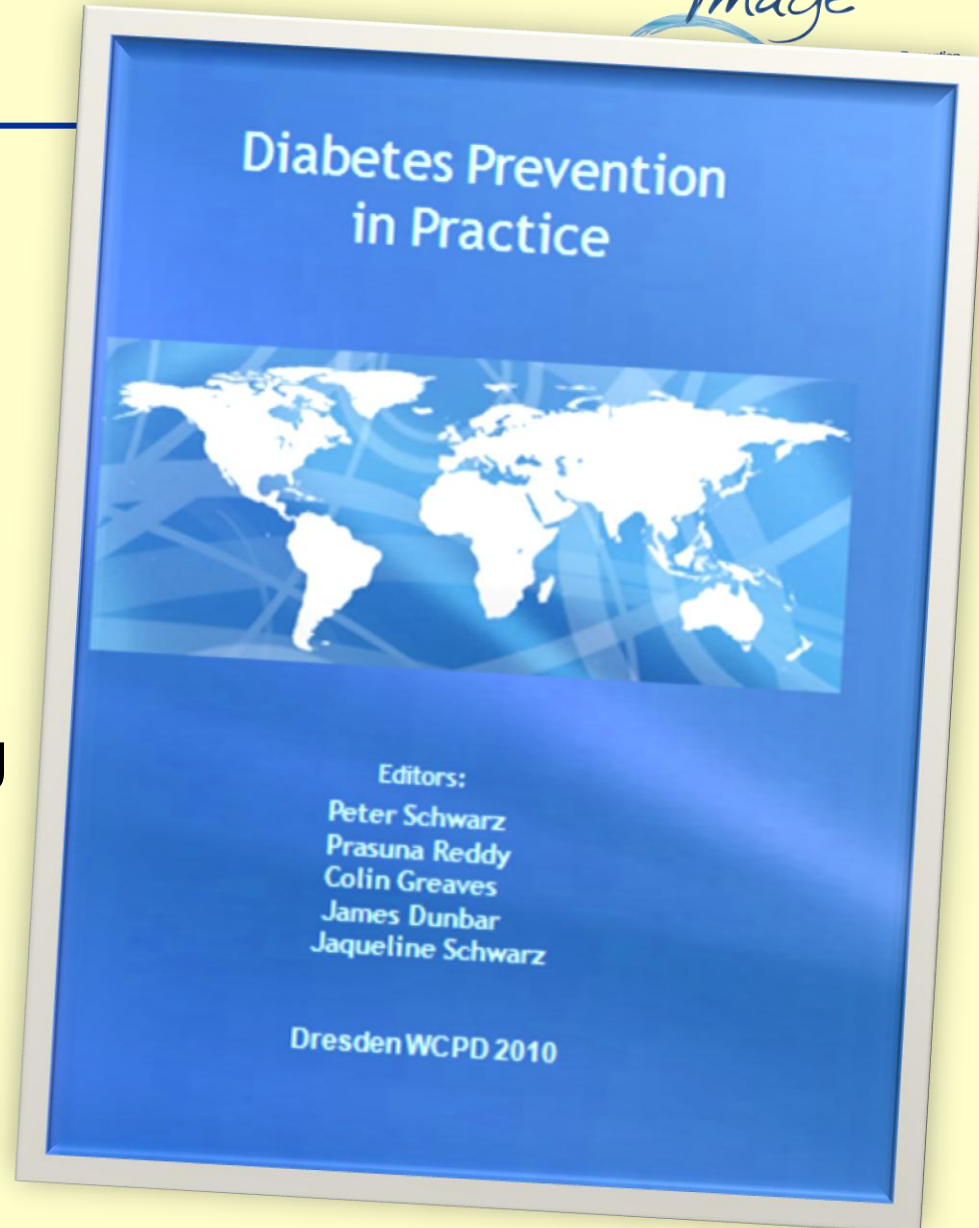


TAKE ACTION TO PREVENT
DIABETES. YOU CAN DO IT
NOW!



Prevention Practice

- Standard technical handbook presenting different strategies for the prevention of diabetes realized in a practice setting worldwide
- summarizing experiences and future plans over the world
- issued for the WCPD





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Content of Prevention in Practice

1. Diabetes Prevention – urgent need in practice
2. Diabetes Prevention in Practice: the global panorama
3. The short history of diabetes prevention with lifestyle intervention
4. Supporting behaviour change for diabetes prevention
5. Implementation of prevention of type 2 diabetes – Experiences from Finland
6. Scaling up type 2 diabetes prevention programs. National and State interventions in Australia
7. Training facilitators of group-based diabetes prevention programs: recommendations from a public health intervention in Australia
8. Scaling Up Type 2 Diabetes Prevention Programs for High Risk Persons: Progress and Challenges in the United States
9. Implementation of the Saxon Diabetes Prevention Program in Germany
10. The Learner Becomes the Teacher: A Community-Based Diabetes Prevention Training Programme for First Nations Health Workers in Northern Canada
11. Lets Beat Diabetes – Community Partnerships in Action - New Zealand
12. Early detection and prevention of type 2 diabetes: National Programme Serbia
13. Community based diabetes prevention in Austria
14. Feasibility of Implementing the first community-based Lifestyle Intervention Programme to Prevent Type 2 Diabetes in Greece
15. Screening and Prevention of Type 2 Diabetes using Lifestyle Modifications in Spain – DE-PLAN Project Spain
16. First Diabetes Prevention Program in Bulgaria
17. DE-PLAN Project: diabetes prevention in Carpi e Pantelleria, Italy
18. The HUNT-DE-PLAN Study of Nord-Trøndelag, Norway
19. Walking Away from Type 2 Diabetes: development of a diabetes prevention programme for implementation within England
20. Towards the translation of research evidence to service provision: experience from North East England, UK
21. Diabetes-Free Bangkok
22. Prevention of Diabetes in South Asians
23. A cognitive behavioural programme aimed at lifestyle changes in people at high risk of cardiovascular diseases and type 2 diabetes in the Netherlands
24. Medical Prevention of Type 2 Diabetes – Rationale and Practice



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Program	Aim	National Policy	Setting	Target population	Intervention manager	Intervention program	Outcome evaluation	Quality management	Funding	Ref.
FIND2D Finland	Primary diabetes prevention	Yes – National Diabetes Plan	PHC, decentralized, community	person at risk FINDRISK >15	Diabetes nurses	1-3 sessions	Waist circ.	None	National programme	[14, 33]
GOAL-LIT Finland	diabetes prevention + healthy ageing	Yes – National Diabetes Plan	PHC, decentralized, occupational medicine	person at risk FINDRISK >12	occupational nurses	5 sessions and 1 booster session	anthr., biomarker, behaviour by physician	None	Included in occupational service	[34]
PLAN4WARD, USA	Primary diabetes prevention	National Coordinating Center in Development	YMCA	ADA risk score	nonspecialist staff at YMCA	6-month, 16-session curriculum, then monthly maintenance sessions	anthr., HbA1c, lipids	Centralized instructor training; session fidelity; Peer-based checklists	National Institutes of Health	[11, 35, 36]
Reset your life Australia	People	Council of Australian Government	PHC, decentralized,	person aged 40-49 at risk AUSDRISK >12	Health professional	5 +1 sessions, Intervention facilitator	Waist and weight	None	Australian government	[14]
LIFE! Taking action on diabetes. Australia	Primary diabetes prevention	State Government of Victoria	PHC, decentralized, community	person at risk AUSDRISK >12	Health professional	5 +1 sessions, Intervention facilitator	anthr., biomarker, behaviour	Yes at facilitator and program levels	Free for most participants aged 50 or over	[14]
SDPP**, Australia	Primary diabetes prevention	NSW Department of Health	PHC, decentralized, medical GP based	person aged 50-65 years at risk AUSDRISK >15	Health professional	5 +1 sessions, GP and lifestyle officer	anthr., biomarker, behaviour	None	NSW Department of Health	[14]
SDPP*, Germany	Primary diabetes prevention	Saxony, gesundheitsziele	Public Health, paramedical, decentralized, community	person at risk FINDRISK >10	prevention manager, different professions	Structured programme 8 sessions, telephone and email support and annual follow up	BP, waist, anthr., parallel study on oGTT	Blood pressure and Waist circ.	Local health insurances reimburses prevention manager	[10, 14]
DIY Canada	Diabetes prevention and management	Local health Policy	Community, aborigines	risk factors evaluation	health workers	3 day agenda + manual	None	None	Government + private	[14]
Walking Away from Type 2 Diabetes; UK	Primary diabetes prevention	NHS Health Checks Programme	Primary care	High risk person identified using the Leicester Risk Score	Registered or non-registered healthcare professional	3.5-hour structured education programme followed by annual maintenance programme. Telephone contact every 6 months	1st = physical activity 2nd = OGTT, progression to diabetes, lipids and anthr. variables	All educators are trained and quality assured to ensure fidelity to person-centred philosophy and content	CLAHRC, National Institute for Health Research	[37, 38]
Let's Prevent Diabetes; UK	Primary diabetes prevention	NHS Health Checks Programme	Primary care	Leicester Risk Score and confirmed with OGTT	Registered healthcare professional	6-hour structured education programme followed by annual maintenance programme. Telephone contact every 3 months	1st = progression to type 2 diabetes using OGTT 2nd = physical activity, diet, lipids and anthr. variables	All educators are trained and quality assured to ensure fidelity to person-centred philosophy and content	National Institute for Health Research	[14]
LBD New Zealand	Diabetes prevention and improved management of disease	National Strategy Healthy Eating Healthy Action (HEHA)	Community,	Maori, Pacific, and South Asian with risk factors identification	At all levels from community people to health professionals	A range of different interventions are offered	waist and weight	Yes	Regional funding from Health Budget and other partner organisations	[14]
DE-PLAN, Greece	Primary diabetes prevention		PHC, occupational	person at risk FINDRISK >12	prevention manager, nurse	6 sessions, by prevention manager	BP, waist, anthr., lipids, parallel study on oGTT	Parallel to intervention	Public health + private	[16]



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Programme	Drop out rate	Outcomes achieved	Reference
Lifel Taking action on diabetes	Still being evaluated	Still being evaluated	13
Sydney Diabetes Prevention Programme	Still being evaluated	Still being evaluated	14
Greater Green Triangle DPP	24% dropped out between baseline and 12 month measurements	Changes from baseline to 12 mths, mean weight (kg) ↓2.52 BMI ↓ 0.93 Waist circumference (cm) ↓4.17 Fasting plasma glucose ↓0.14 Total cholesterol ↓0.29 Systolic BP ↓ 1.01 Diastolic BP ↓ 2.14	15 16
Culturally appropriate programme for migrant female Pakistanis	25% dropped out between weeks 0 and 12	Physical activity increased from 4,000 +/- 22.6 steps to 8,617.4 +/-596.8 Average cholesterol reduced from 6.8mmol/l +/- 0.15 to 5.5mmol/l+/-0.10 Fasting blood glucose reduced from 6.4 +/- 0.33 to 5.9+/-0.33	17
De-Plan, Greece	35% dropped out between baseline and 12 months	Weight 89.0 +/- 13.4 reduced to 88.0+/- 4.7 BMI 32.0+/- 4.3 reduced to 31.6+/- 4.0 Waist circumference 102.9+/-11.0 cms reduced to 102.6+/- 10.6cms BP 133/79 reduced to 127/80 Fasting blood glucose 5.8+/-0.63 mmol/l reduced to 5.7+/- 0.63mmol/l Total cholesterol 5.9+/- 0.88mmol/l reduced to 5.5+/-0.95mmol/l	18
GOAL - LIT	13% drop out between baseline and 12 months	Weight reduced from 90.0kg+/- 16.6 by -0.8kg+/-4.5 BMI reduced from 32.6+/- 5.0 by 0.3 +/-1.6 Waist circumference reduced from 105.3cm+/-12.3 by 1.6cm+/-4.8 Fasting blood glucose reduced from 6.6mmol+/-1.7 by 0.1mmol/l+/-1.7 Total cholesterol reduced from 5.5mmol/l+/-1.0 by 0.1mmol/l+/-0.9	19 20
Montana Cardiovascular Disease and Diabetes Prevention Programme	17% drop out rate over 16 week course	Weight reduced from 99.3kg+/-19.7kg to 92.6kg+/-18.8 BMI reduced from 35.9+/-6.5 to 33.5+/- 6.3 Physical activity increased from week 6, 210 mins+/- 160 to 290mins+/-192 at week 16	21
The DEPLOY Pilot Study	37% drop out in intervention arm compared to 28% in control arm	Standard advice 12-14mths % change in weight ↓1.8 % change in BMI ↓1.4 Change in HbA1c 0.0 Change in total cholesterol (mg/dL) ↑11.8 Change in systolic BP (mmHg) ↓2.7	22
		Group DPP 12-14mths % change in weight ↓6.0 % change in BMI ↓6.7 Change in HbA1c ↓0.1 Change in total cholesterol (mg/dL) ↓13.5 Change in systolic BP (mmHg) ↓1.6	



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Implementation into practice

Prevention of Diabetes Self-Management Program (PREDIAS): Effects on Weight, Metabolic Risk Factors, and Behavioral Outcomes

BERNHARD KULZER, PHD¹
 NORBERT HERMANN, PHD¹
 DANIELA GORGES, MA¹

PETER SCHWARZ, MD²
 THOMAS HAAK, PHD¹

	Control	PREDIAS	Between-group P-value
BMI (kg/m ²)			
Baseline	32.0 ± 5.7	31.0 ± 4.7	
Endpoint	31.5 ± 5.8	29.7 ± 4.7	
Change from baseline to endpoint	-0.5 ± 1.4 (P = 0.002)*	-1.3 ± 1.7 (P < 0.001)*	0.002
Weight (kg)			
Baseline	93.6 ± 19.3	92.1 ± 16.5	
Endpoint	92.2 ± 19.4	88.3 ± 15.9	
Change from baseline to endpoint	-1.4 ± 4.0 (P = 0.002)*	-3.8 ± 5.2 (P < 0.001)*	0.001
Waist circumference (cm)			
Baseline	106.3 ± 13.7	106.8 ± 13.7	
Endpoint	105.9 ± 14.1	102.7 ± 12.5	
Change from baseline to endpoint	-0.4 ± 6.2 (P = 0.559)*	-4.1 ± 6.0 (P < 0.001)*	0.001
Fasting glucose (mg/dl)			
Baseline	105.5 ± 12.4	105.7 ± 12.4	
Endpoint	107.3 ± 14.3	101.4 ± 11.3	
Change from baseline to endpoint	1.8 ± 13.1 (P = 0.211)*	-4.3 ± 11.3 (P = 0.001)*	0.001
2-h postprandial OGTT (mg/dl)			
Baseline	138.5 ± 34.9	133.1 ± 36.2	
Endpoint	130.3 ± 36.1	125.8 ± 41.3	
Change from baseline to endpoint	-8.2 ± 36.9 (P = 0.060)*	-7.3 ± 30.8 (P = 0.041)*	0.865

B. Kulzer, N. Hermanns, B. Maier, D. Gorges, M. Ebert, P. Schwarz, J. Schwarz, Th. Haak

PRÆDIAS

Diabetes vermeiden – selbst aktiv werden

Ein Leitfaden für den Alltag

Deutscher Ärzte-Verlag



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- **Diet composition:**
 - Saturated and trans fat ↓
 - Unsaturated fat ↑
 - Whole grains and fibre ↑
 - Refined grains and sugar ↓
 - Lots of vegetables and fruit
 - Energy density ↓
 - **Culturally adjusted**
- **Frequent contacts with the intervention personnel**
- **Empowering:**
 - Motivational interviewing
 - Self-monitoring (food diaries, measuring body weight)
 - Individualised lifestyle goals and their monitoring
- **Physical activity at least 2,5 h per week**
 - All exercise (aerobic, muscle strengthening) is beneficial
 - Most effective risk reduction was achieved with at least moderately strenuous exercise
- **Weight reduction (if overweight)**
 - Moderate sustained weight loss (5-10%) lowers the risk

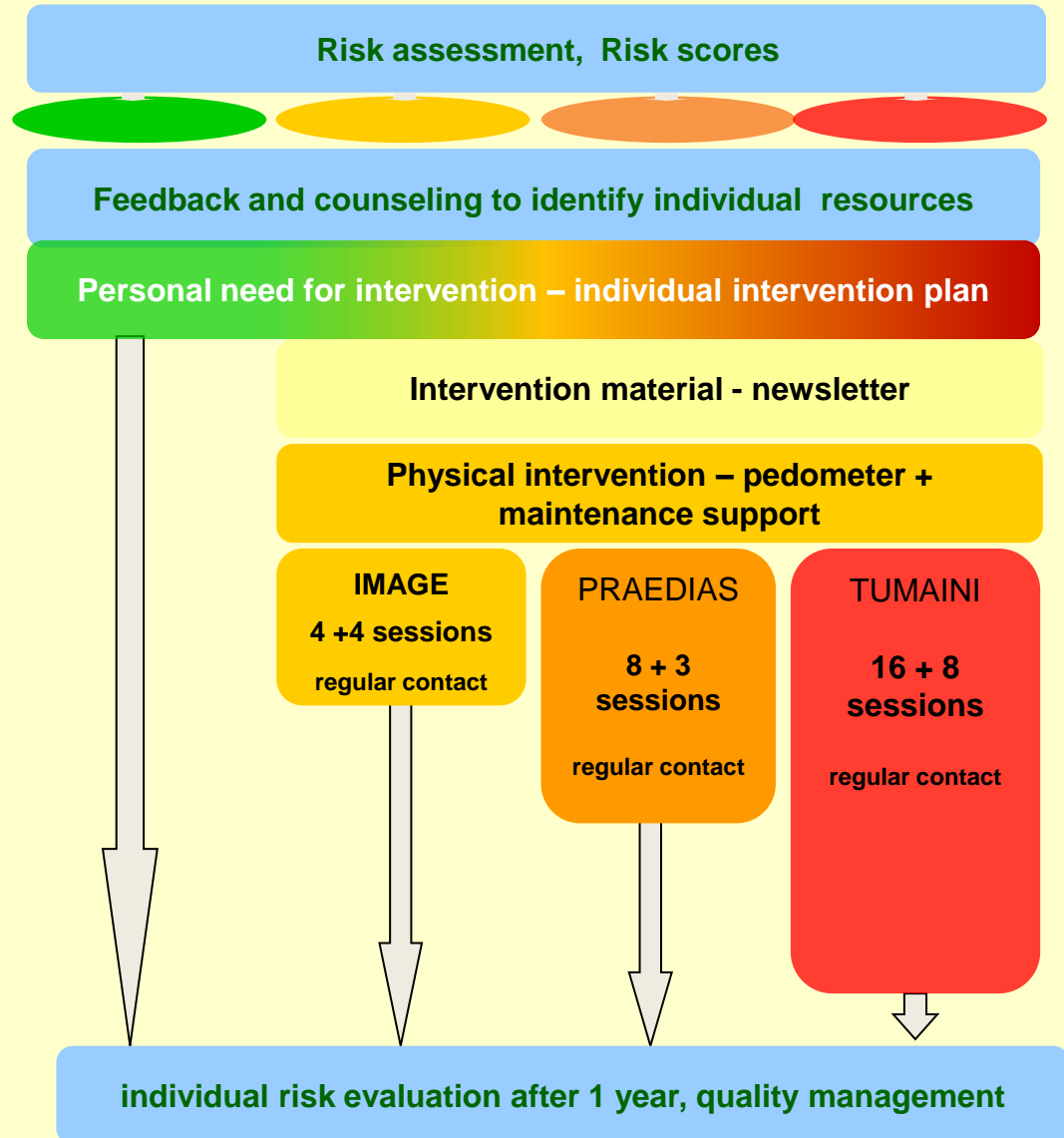
Common features of successful prevention trials



Implementation into practice

Occupational Health care

- Structured program
- Risk adjusted
- quality management
- structured intervention material
- individual empowerment
- physical activity as basis
- self management as concept
- Reevaluation as outcome



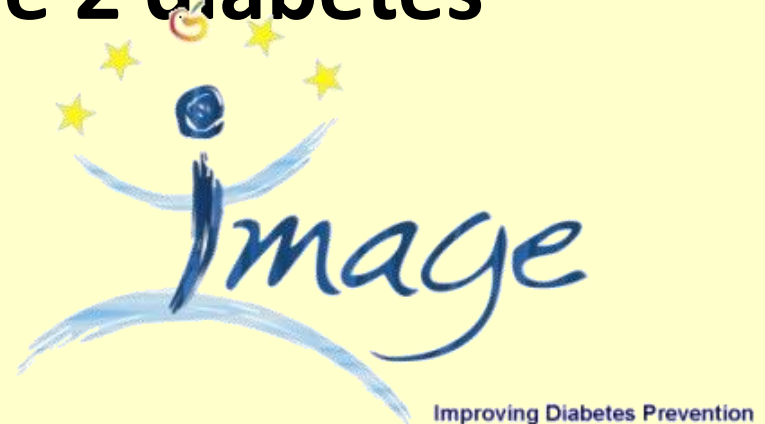


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Take Action to prevent Diabetes

**A curriculum for Prevention managers for
the prevention of type 2 diabetes**





Tasks of the Prevention Manager (PM)

Management:

- Communication with other players (diab. prevention and society), networks
- Motivation and recruitment of participants (persons at high risk)
- Organization of the programme (time line, dates, places, coworkers*, reimbursement, ...)
- Evaluation

Counselling and Training:

- Behaviour change & Motivation
- Lifestyle I – specific aspects of nutrition*
- Lifestyle II – specific aspects of physical activity*

*) in some countries the prevention manager will establish a „diabetes prevention team“ assuring to integrate experienced experts of the respective prevention areas



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Structure of the Training Curriculum PM^{T2Dm}

The Training Curriculum PM^{T2Dm} includes **8 modules**
(7x face-to-face plus 1x project report)

- Module 1:** Problem, Evidence, and Tasks
- Module 2:** Course Organization, Recruitment, Networking, Evaluation Management
- Modules 3 & 5:** Behaviour Change I (Motivation) and Behaviour Change (II) (Action and Maintenance)
- Module 4:** Specific Aspects of Physical Activity in Diabetes Prevention
- Module 6:** Specific Aspects of Nutrition in Diabetes Prevention
- Modules 7 & 8:** Longitudinal Project Report/Presentation of the Report



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Overall Structure of the PM Training

Pre-course assignment

- assisted self-studies
- Commented study material
- Entrance examination

Face-to-face part

- 7-8 training modules
- skills training
- intermediate tests
- interactive program development

Post-course supervision

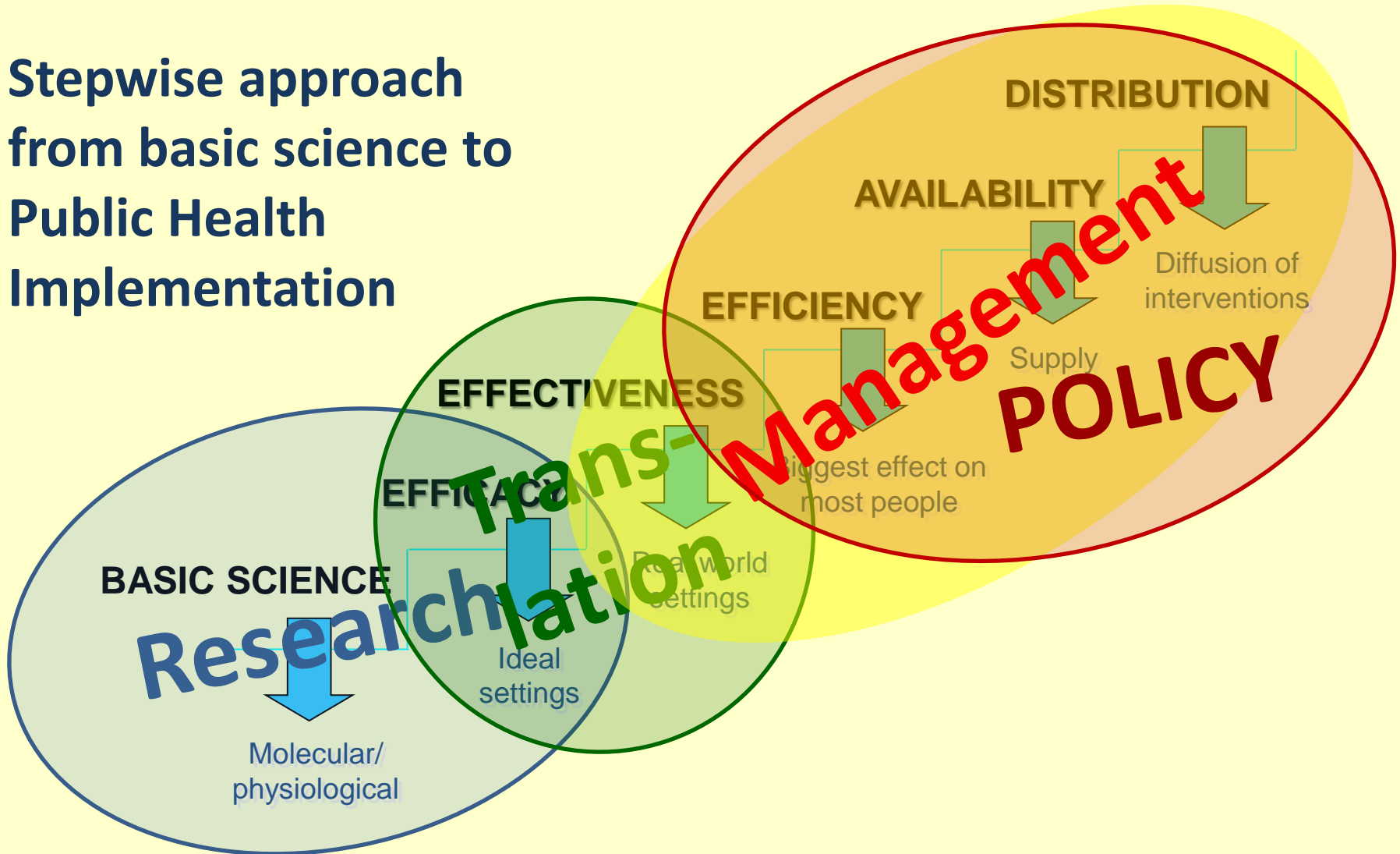
- IMAGE e-learning platform
- 1 year supervision to implement prevention program

PM alumni network

- local national and international exchange of know how
- Quality management



Stepwise approach from basic science to Public Health Implementation



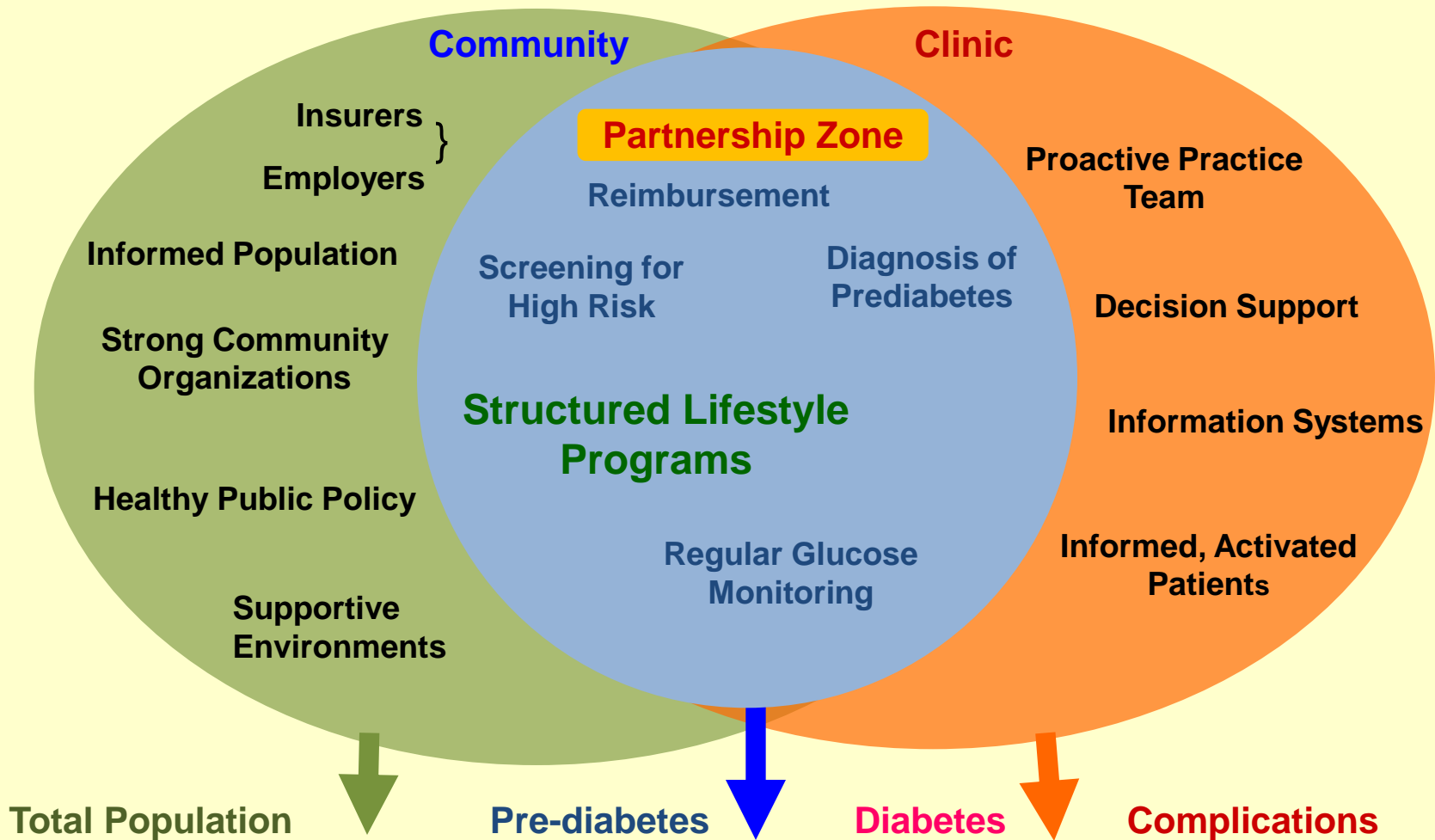


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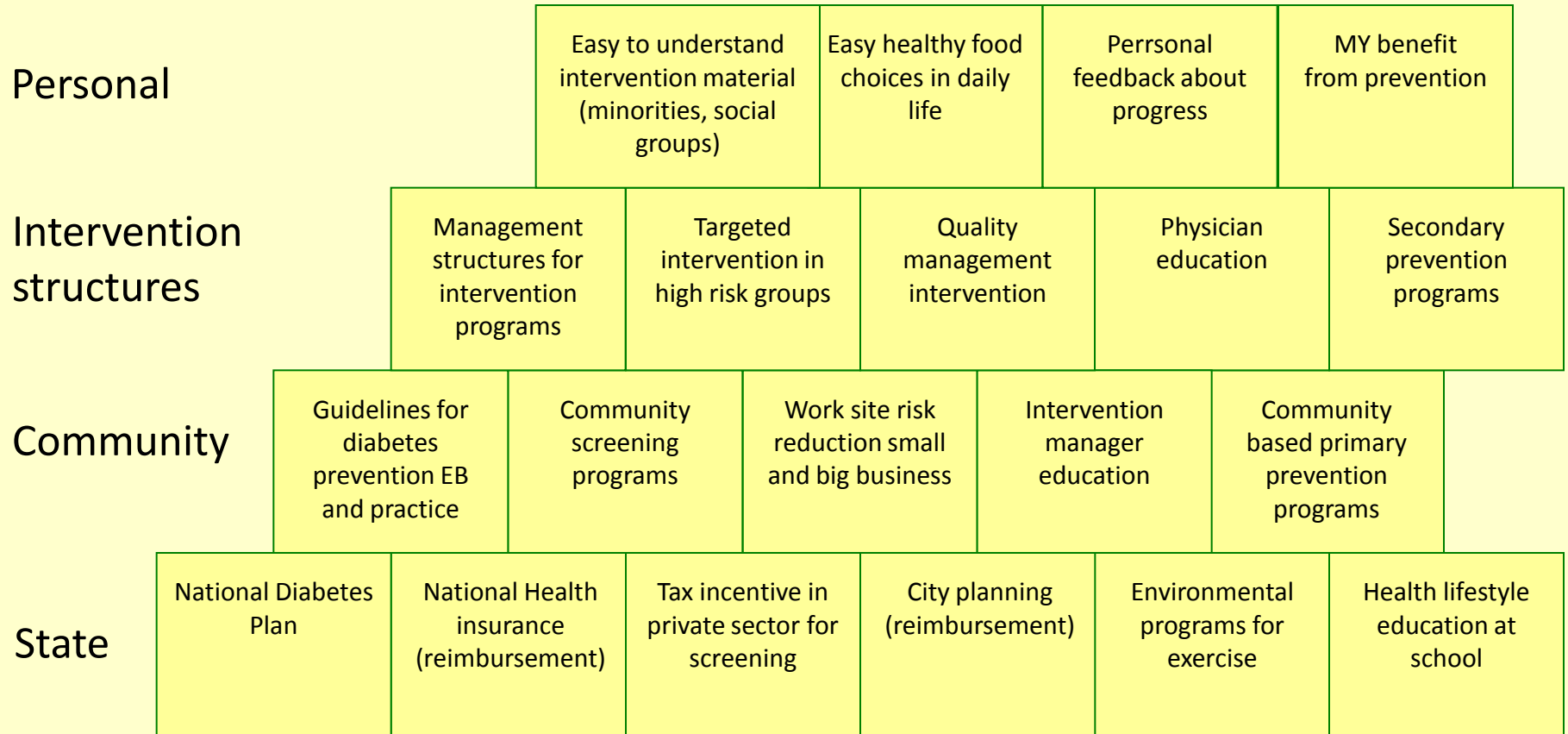
Prevention of Type 2 Diabetes **The Community – Clinic Partnership Model**





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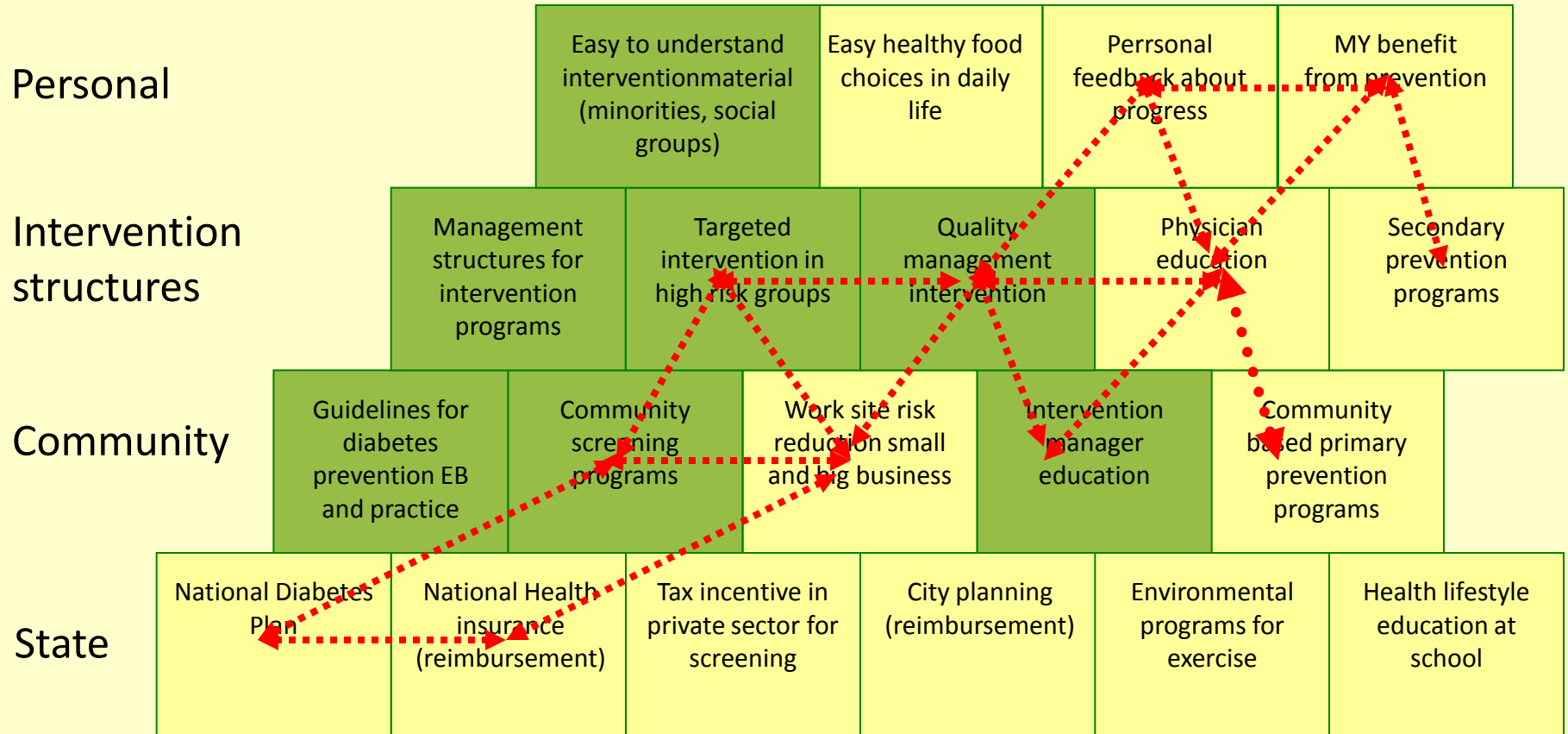
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Challenge Implementation

1. **Evidence for diabetes prevention** (guideline)
2. **Evidence for diabetes prevention Practice** (Implementation trial , Experience, practice guidelines)
3. **Political support** (Diabetes plan, Prevention plan, Educational activities,
4. **Partners at different levels of care** (stakeholder involvement, multidisciplinary team....)
5. **Adequate intervention concepts and material** (Exchange with others, know how transfer, networking.....)
6. **Training of the trainer** (license, reimbursement, work plan prevention)
7. **Quality management in the process** (comparable QM, benchmarking)
8. **Business plan prevention including high risk and public health approach**



Principles Considered in Developing the National Diabetes Prevention Program

Diabetes risk must match program cost

Program must be effective

Program must be economically sustainable

Program must be available

What is the situation today?

VPC

The Virtual Prevention Center

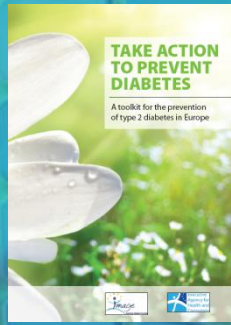


THE VIRTUAL PREVENTION CENTER



VPC

The Virtual Prevention Center



FINDIRISK - Diabetesrisiko Selbsttest

Bereiche	Hintergrund	Die verschiedenen Bewegungsrisiken in Überblick	Aktivitäten	Risikoprüfung
Sitzende Freizeitzeit	– Sitzer ist die unverzichtbare Tätigkeit – lange Sitzpausen unterbrechen		Comester: Fremdsprache Lesen	0 1 2 3 4 5 6 7
Lebenserwartung	– Für viele Menschen sind Beweglichkeit und Beweglichkeit ein Schlüssel zum Abschließen einer Bewegungsstrategie		Comester: Lehrer/Lehrerin Handwerker	8 9 10 11 12 13 14 15
Körpergewicht	– Erhöhung der Muskelmasse – Verminderung von Fettreserven – Erhöhung des Grundumsatzes		Comester: Gartenarbeit Hausarbeiten Tennis Joggen Angeln Hohle Walking Radfahren Schwimmen Tauschen Wandern	16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Andauer	– Für einen schrittweisen Energieverbrauch und einen aktiven Stoffwechsel – erhöht den Energieverbrauch – besser auf mehrere Tage aufteilen		Comester: Arbeiten Einkaufen Einkaufen Einkaufen Einkaufen	31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
Alltagsbewegung	– Für einen schritten Energieverbrauch und einen aktiven Stoffwechsel – kann auf kleine Bewegungsformen verteilt werden			51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

Diabetesrisiko

Wie hoch ist Ihr Diabetesrisiko?

0 = 1 = 2 = 3 = 4 = 5 = 6 = 7 = 8 = 9 = 10 = 11 = 12 = 13 = 14 = 15 = 16 = 17 = 18 = 19 = 20 = 21 = 22 = 23 = 24 = 25 = 26 = 27 = 28 = 29 = 30 = 31 = 32 = 33 = 34 = 35 = 36 = 37 = 38 = 39 = 40 = 41 = 42 = 43 = 44 = 45 = 46 = 47 = 48 = 49 = 50 = 51 = 52 = 53 = 54 = 55 = 56 = 57 = 58 = 59 = 60 = 61 = 62 = 63 = 64 = 65 = 66 = 67 = 68 = 69 = 70 = 71 = 72 = 73 = 74 = 75 = 76 = 77 = 78 = 79 = 80

DIABETES-RISIKOTEST

Wie hoch ist Ihr Diabetesrisiko?

1. Wie hoch ist Ihr Diabetesrisiko?

2. Wie hoch ist Ihr Diabetesrisiko?

3. Wie hoch ist Ihr Diabetesrisiko?

4. Wie hoch ist Ihr Diabetesrisiko?

5. Wie hoch ist Ihr Diabetesrisiko?

TIKMIN Diabetesrisikotest

DIABETES-RISIKOTEST

Wie hoch ist Ihr Diabetesrisiko?

1. Wie hoch ist Ihr Diabetesrisiko?

2. Wie hoch ist Ihr Diabetesrisiko?

3. Wie hoch ist Ihr Diabetesrisiko?

4. Wie hoch ist Ihr Diabetesrisiko?

5. Wie hoch ist Ihr Diabetesrisiko?

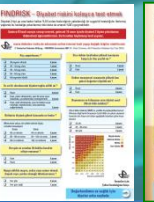


Table with 2 columns: BMI (Body-Mass-Index) and Gewicht (Weight). The table shows BMI values from 15 to 40 and corresponding weight values in kg.



Table with 2 columns: BMI (Body-Mass-Index) and Gewicht (Weight). The table shows BMI values from 15 to 40 and corresponding weight values in kg.



Quality management in the virtual center

Netzwerk für Qualitätsmanagement

Informationen Kontakt **VP-Auswertung** Patienten-Auswertung Logout



VERTRAGSPARTNER-AUSWERTUNG

LOGIN: MANAGEMENT, AOK

Auswahl Vertragspartner 1

Demo0, VP0 (Leipzig)
 Demo1, VP1 (Leipzig)
 Demo10, VP10 (Leipzig)

Auswahl Vertragspartner 2

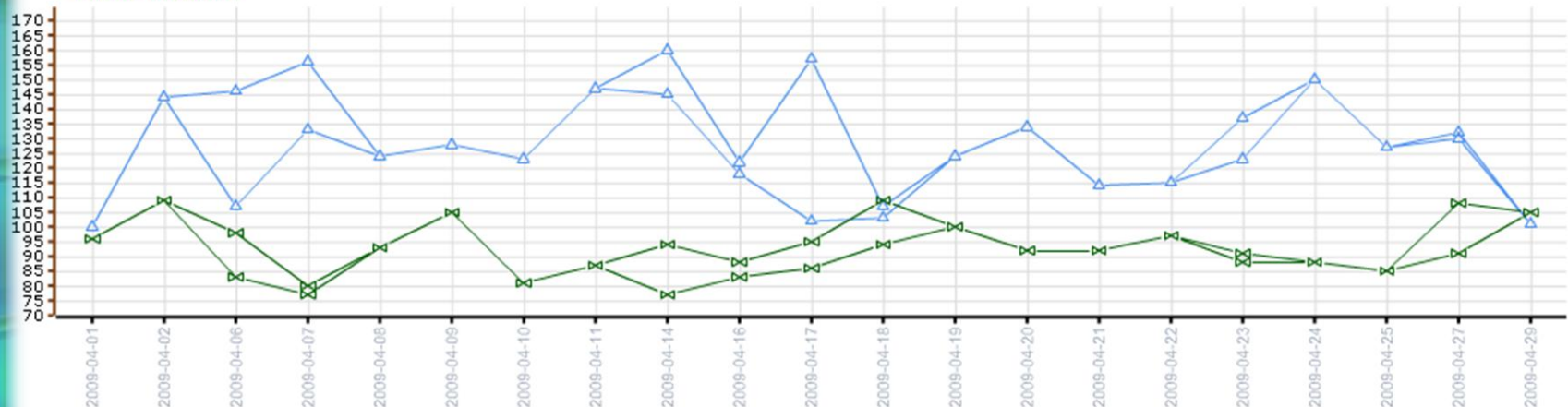
Demo0, VP0 (Leipzig)
 Demo1, VP1 (Leipzig)
 Demo10, VP10 (Leipzig)

Klicken Sie hier, um eine Übersicht über die **Patientenzahl pro Vertragspartner** zu erhalten ODER wählen Sie aus den beiden Auswahllisten jeweils einen oder mehrere Vertragspartner aus, die sie **miteinander vergleichen** möchten.

VP-Auswertung

VP (1) vs. VP (1)

— Max PM RR syst.
 — Min PM RR syst.
 — Max PM RR diast.
 — Min PM RR diast.
 — Max VP RR syst.
 — Min VP RR syst.
 — Max VP RR diast.
 — Min VP RR diast.



A world map is visible in the background of the top banner, showing the continents in a light beige color against a blue background.

Directory - who is active in diabetes prevention

Do you think that Diabetes Prevention is important?

Worldwide network of people active in Prevention of Diabetes

www.active-in-diabetes-prevention.com

Info@activeindiabetesprevention.com

Number of users in the network „Active in diabetes prevention“

1 month after start - **338**



north america: 21
africa: 14

south america: 10
asia: 24

europa: 263
australia: 6

Number of users in the network „Active in diabetes prevention“

2 months after start - 1085



north america: 247
africa: 49

south america: 60
asia: 102

europa: 583
australia: 44

Number of users in the network „Active in diabetes prevention“

6 months after start - 2016 user



north america: 470
africa: 76

south america: 101
asia: 235

europa: 1063
australia: 71

Country ranking		
RANK	COUNTRY	MEMBER
1	GER	579
2	CD	328
3	USA	321
4	FIN	148
5	UK	143
6	IT	122
7	AUS	102
8	SP	88
9	IND	85
10	POR	59
11	NIG	50
12	NET	48
13	VEN	46
14	SWE	36
15	PAK	35
16	PHI	35
17	FR	33
18	BR	32
19	SWI	32
20	AU	29

Users per country in the network „Active in diabetes prevention“
 in the network „Active in diabetes prevention“
Today - 3688 user



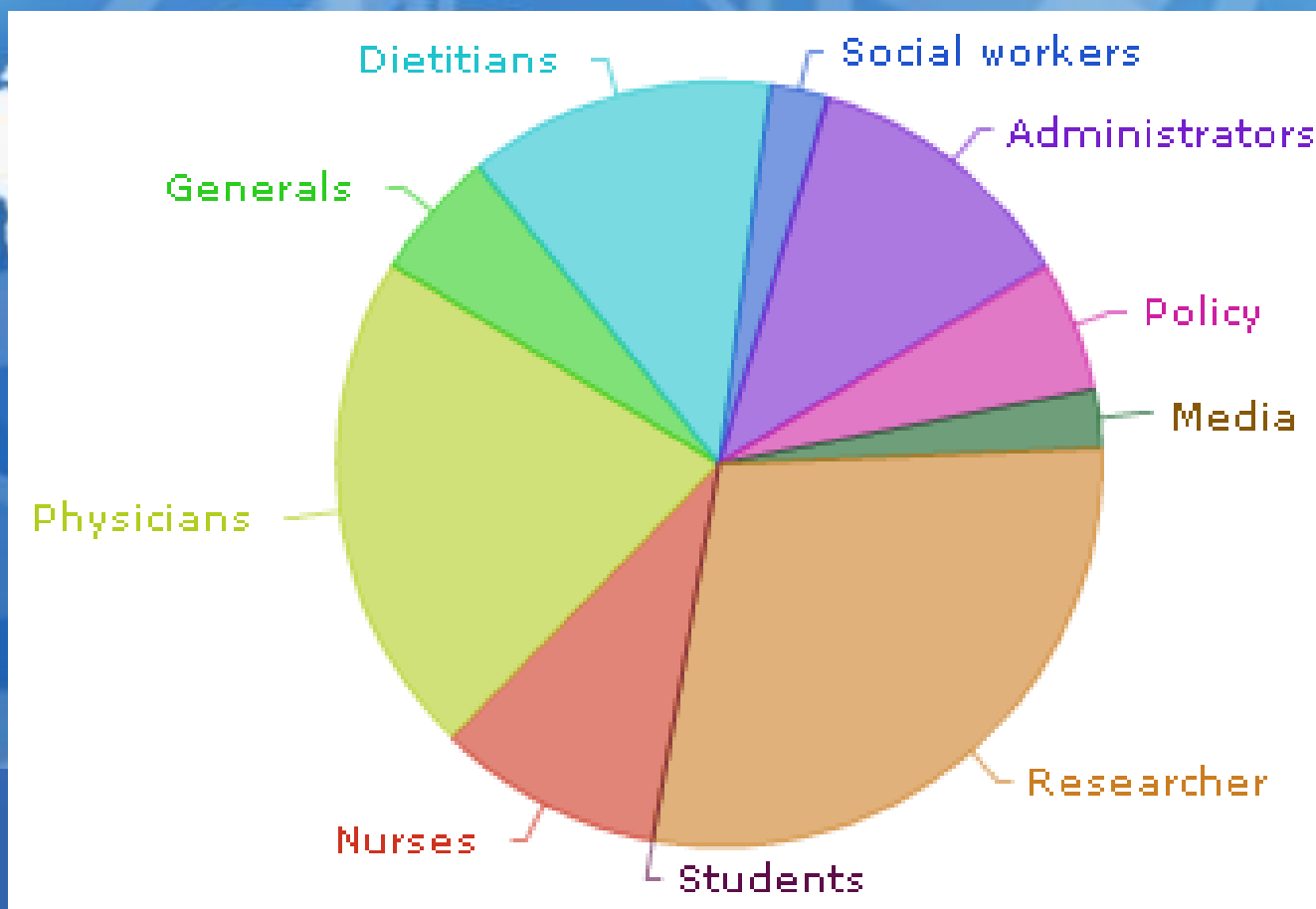
america: 681
130

south america: 135
and: 410

europa: 1444
australia: 11

www.activeindiabetesprevention.com

Distribution of members in the network „Active in diabetes prevention“



www.activeindiabetesprevention.com



NICE PUBLIC HEALTH
17.5.2011 in Manchester

Network –

who are active in
diabetes prevention

Network - who is active in diabetes prevention

Info Register Login Partner

Review IMAGE toolkit!

Welcome to the Network of Diabetes Prevention

Invitation letter Our aims

Here you can find useful information about diabetes prevention. Furthermore this board should be used as a communication platform between all those interested on diabetes prevention worldwide.

Currently we have 3074 registered users from 134 countries.

World directory for people active in the prevention of diabetes - [Register Today!](#)

Our aim is to bring people world wide together interested in diabetes prevention. We invite everyone who is active in the prevention of diabetes and chronic diseases - medical professionals but also lay-people, politicians, administrators, public health specialists, health care providers and many, many others - to become a partner in the network.

We would like to establish an online world directory for "people active in diabetes prevention" to connect individuals who are interested and active in the field of prevention of diabetes mellitus. This should help to

- build up a network of people being active in the prevention of diabetes worldwide
- exchange information and experiences leading to successful implementation of prevention programs

With this network we would like to build a climate of understanding of success but also difficulties in the process of implementation.

If you are interested please go ahead and register with your name and Email address today. Step by step we would like to extend the information based on your inputs and responses.

Join the network "people active in diabetes prevention" and make the prevention of diabetes mellitus become reality.

Prof. Peter Schwarz - Dresden, Germany

Diabetes Prevention Forum

Number of users in the network „Active in diabetes prevention“

Today - 3107 user



www.activeindiabetesprevention.com