

The Diabetes and Prediabetes Epidemic in America

By Eugene Shmorhun, M.D.

The Center for Disease Control (CDC) statistics reveal that 29.1 million Americans have diabetes, which represents 9.3% of the U.S. population; fully 28% of those people have the disease and have not been diagnosed or treated. An additional 86 million Americans, or 33.3% of the U.S. population, have prediabetes, meaning they have elevated blood sugar but do not yet meet criteria for the diagnosis of diabetes; of those, 90% don't know their sugars are high, and their health already is adversely affected by abnormal sugar metabolism.

If you add those numbers together, 42.6% of Americans – almost half of all U.S. residents – have diabetes or prediabetes. The numbers are shocking to me as a family doctor, but based on what I see in my office, I shouldn't be surprised. What makes me shudder is the cost of those illnesses in America – a whopping \$245 billion of medical costs and lost wages. Doctor's visits, medications, hospitalizations, surgeries, and dramatic shortening of the productive years of life add up to a very serious problem, and we need to do something about it.

I have been treating diabetes and prediabetes for more than thirty years and have seen major progress made with medication and education. We are clearly better at preventing amputations, blindness, kidney failure, and heart damage due to diabetes. However, the numbers of diabetic patients arriving at our doors continues to be overwhelming, and we need to shift our focus to prevention and to delivering more effective treatment in primary care offices.

Our medical system is very good at treating severely ill patients, but highly specialized care is expensive. In addition, our pharmaceutical industry produces amazing drugs to treat diseases, but the cost of those drugs is staggering and going up every year. Most would agree that preventing or delaying the onset of diabetes would result in significant cost savings over time, but there is a catch. Prevention depends on *patient* behavior, their willingness to make lifestyle changes and a conviction that diet, exercise, and weight control is preferable over taking more and more medication.

Don't misunderstand me, I'm not blaming patients for their disease, but patients can and need to do a better job. Society can't legislate compliance by banning super-sized soft drinks, and doctors can't control the eating or exercise habits of their patients. To be balanced, I think doctors bear a significant responsibility in making patients rely on medications instead of finding effective ways to motivate patients to make the lifestyle changes necessary to prevent or treat diabetes. I myself have preached diet, exercise, and weight loss and referred patients to diabetes training programs, but found myself prescribing medications when patients did not comply. Unfortunately, very few patients made changes to their diets or engaged in regular exercise, and most of them gained weight rather than reducing it.

Here's what needs to happen to combat this disease epidemic. Doctors need to encourage, coerce, cajole, and partner with patients and help them follow through with diet changes and commit to daily exercise for better blood-sugar control. Some would say that's impossible, but in our office we are succeeding in nearly 90% of the patients enrolled in our program.

The seminars we conduct in our practice address *motivation* and the *patient-specific obstacles* that prevent compliance with our recommendations. We do this because most patients have previously received significant counseling about what they need to do for their diabetes but they can't seem to follow the recommendations for longer than a few weeks before relapsing to their previous patterns. We also use online tools to communicate with and monitor our patients because it is very important to have regular contact with patients who commit to the challenge. Without this contact, lifestyle changes don't happen magically in the interval between medication follow-up visits.

The most important point I'd like to make is that we as doctors need to realize that lowering blood test numbers with multiple medications is not enough. We should strive to manage patients to better control blood sugar and lower body weight with less medication, not more. I've witnessed exactly this in the large majority of our patients, and it doesn't require major resources or specially trained staff.

We doctors need to continue searching for creative, effective ways to help our patients make necessary lifestyle changes. We should not give up on this effort only to add yet another prescription to the long list of medications our patients already take. Insurance plans need to support these efforts, especially those performed by primary care physicians who can make a difference early on in the disease process. And diabetic patients need to stop accepting more medications and instead commit to changing the way they live to prevent or better treat their disease. Our patients are proud they made the changes towards better health, and they are grateful their doctor's support during the process.

Dr. Shmorhun runs a personalized care practice in Fairfax, Va.