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American Diabetes Association and European Association for the Study of Diabetes Issue Joint Position Statement on Hyperglycemia Treatment

Alexandria, VA (April 19, 2012) – After several years of planning, discussion and review, new guidelines for managing elevated blood glucose levels in people with type 2 diabetes, developed jointly by the American Diabetes Association and the European Association for the Study of Diabetes (EASD), are being published concurrently in the Association’s journal, April 19 online edition of *Diabetes Care* and in EASD’s journal, *Diabetologia*.

The new guidelines are less prescriptive than those previously in place, and call for a more patient-centered approach that allows for individual patient needs, preferences and tolerances and takes into account differences in age and disease progression. The need for a joint task force to review and revise the guidelines was driven by the “increasingly complex and to some extent controversial” nature of glycemic management for type 2 diabetes, the “widening array of pharmacological agents now available, mounting concerns about their potential adverse effects and new uncertainties regarding the benefits of intensive glycemic control on macrovascular complications,” according to the joint statement.

The guidelines call for providing all patients with diabetes education, in an individual or group setting, which focuses on dietary intervention and the importance of increased physical activity, as well as weight management, when appropriate. They encourage developing individualized treatment plans built around a patient’s specific symptoms, co-morbidities, age, weight, racial/ethnic/gender differences and lifestyles.

Diabetes Care editor William Cefalu, MD notes in his accompanying editorial that the subject of how to manage type 2 diabetes generates a great deal of debate among researchers in the field, with those who wish to use an algorithm-based management plan to provide consistent treatment guidelines for providers on one side and those who feel that treatment should be based on the pathophysiology, on the other.

“The most attractive aspect of the new position statement,” he concludes, “is that more than any other previously reported guidelines to date, it clearly emphasizes that ‘one size clearly does not fit all.’”

Vivian Fonseca, MD, President, Medicine & Science of the American Diabetes Association, said that having a more patient-centered focus better reflected the reality of what happens when a patient seeks diabetes treatment. “The wide range of pharmacological choices, along with conflicting data about some of those choices, and differences in how patients respond to medications, makes it difficult to prescribe a single treatment regimen based on an algorithm that is designed to work for everyone,” he said. “What’s more, patients may not be able to continue long-term with a treatment program that isn’t working for them, whether it’s because of side effects from the medication, issues of convenience or lifestyle, or even a matter of financial resources. Diabetes is a

complex disease that manifests differently in different people and the best way for one person to manage it may not work for someone else. If we encourage people to work with their health care providers to find an individualized personal plan that works well for them and fits their lifestyle and personal needs, it has a higher chance for success in controlling glucose and decreasing the risk of long term complications.”

Welcoming this new statement, EASD President, Prof. Andrew J.M. Boulton underlined the importance of individualizing diabetes treatment. Prof. Boulton commented that, “The new guidelines were prepared using the best available evidence. Diabetes is a condition which affects people in a multitude of ways: the new guidelines take a more holistic approach, focusing on treating the patient as an individual and understanding that treatments need to be ‘made to measure,’ an approach that will likely improve not only patient care, but also quality of life.”

Diabetes Care, published by the American Diabetes Association, is the leading peer-reviewed journal of clinical research into one of the nation’s leading causes of death by disease. Diabetes also is a leading cause of heart disease and stroke, as well as the leading cause of adult blindness, kidney failure, and non-traumatic amputations.

The American Diabetes Association is leading the fight to Stop Diabetes and its deadly consequences and fighting for those affected by diabetes. The Association funds research to prevent, cure and manage diabetes; delivers services to hundreds of communities; provides objective and credible information; and gives voice to those denied their rights because of diabetes. Founded in 1940, our mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. For more information please call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit www.diabetes.org. Information from both these sources is available in [English](#) and [Spanish](#).

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