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### Managing Diabetes and Its Cardiometabolic Links

An overview of diabetes-related complications, young-onset diabetes, and pre-diabetes

#### Prevalence of diabetes and its links to cardiometabolic disease

A chronic disease marked by high concentrations of blood glucose

Abnormal  $\beta$ -cell functions can affect insulin production leading to diabetes



Type 1 diabetes is an autoimmune disease characterised by immune-mediated destruction of β-cells

Type 2 diabetes results from an interaction between lifestyle factors and underlying genetic risk



By 2045, the total costs incurred towards treatment of diabetes are estimated to be US\$1 trillion<sup>3</sup>

By **2050**, the number of people with diabetes is expected to increase by 59.7%, resulting in 1.31 billion people living with diabetes<sup>1</sup>



Links between body mass index (BMI), diabetes, and cardiovascular disease<sup>1</sup>

- Obesity is a key risk factor for type 2 diabetes
- Type 2 diabetes is a major risk factor for ischemic heart disease and stroke



- Prevention and<br/>management of diabetes<br/>involves1:• Limiting<br/>diabetes<br/>• Increasir
  - Limiting the risk factors for type 2 diabetes
    Increasing access to treatment
- Enhancing the healthcare infrastructure
  Early identification of type 1 diabetes by screening

Early diagnosis of diabetes and timely visits to healthcare providers combined with appropriate pharmaceutical therapies can improve treatment outcomes<sup>4,5</sup>

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#### Prevalence of diabetes in the Asia-Pacific region and diabetes-associated cardiometabolic disease



#### Obesity

Increased adiposity or fat accumulation is linked to a wide range of chronic diseases including type 2 diabetes<sup>6</sup>

#### Strategies to manage obesity<sup>6-9</sup>



# Lifestyle measures such as<sup>6</sup>:

 Regular exercise Adequate sleep

Bariatric surgery can be utilised for severe forms of obesity<sup>9</sup>

#### Pharmacotherapeutic approaches to<sup>7,8</sup>:

- Decrease cardiovascular risks
- Promote weight loss
- Medications approved for weight loss:
- Lipase inhibitors
- Dual agonist for the glucagon-like peptide-1 (GLP-1) and glucose-dependent insulinotropic polypeptide receptors
- GLP-1 receptor agonists



#### Type 2 diabetes<sup>6,10</sup>

- Asia is an epicentre of the type 2 diabetes epidemic<sup>6</sup>
- China and India contribute to the majority of patients with diabetes in Asia. As of 2013. China's diabetes prevalence stood at 10.9%, compared to India's 7.3% in 2017<sup>6</sup>
- There is an alarming trend of type 2 diabetes in adolescents and young adults in South-East Asia and the Western Pacific regions<sup>10</sup>

#### The rising prevalence of type 2 diabetes in Asia can be linked to various genetic, epigenetic, and environmental factors<sup>6,11,12</sup>



Development of diabetes at a younger age (5–10 years earlier) and with a lower BMI when compared to Caucasians

Higher insulin resistance due to increased visceral fat accumulation

Predisposition to impaired secretion of insulin

β-cell dysfunction (impaired insulin secretion from normal β-cells) or β-cell exhaustion (impaired insulin secretion due to chronic  $\beta$ -cell stress)

#### Complications of diabetes<sup>6,13</sup>

🔊 Cardiovascular complications are a major cause of morbidity and mortality for patients with diabetes

Patients with type 2 diabetes, especially those from Asian countries have<sup>13</sup>:

- Higher risk of stroke and renal complications
- Lower risk of major coronary events and peripheral vascular disease

The widespread differences in culture and economic status of individuals in the Asia-Pacific region demand a coordinated approach to effectively address the challenges of diabetes and associated cardiometabolic risks<sup>6</sup>

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Hypertension in young adults



Chronic kidney disease (CKD) in older adults

Diabetes management in older adults with CKD should focus on the use of safer antihyperglycaemic medications, close monitoring, and personalised care plans

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Pre-diabetes17-21



Pre-diabetes is the clinical condition where blood glucose levels are elevated but do not meet the minimum threshold to be considered diabetes<sup>17</sup>



~70% of people with pre-diabetes can progress to diabetes during their lifetime<sup>17</sup>



Pre-diabetes is associated with higher risks of complications of diabetes like cardiovascular diseases, neuropathy, and nephropathy<sup>19</sup>



Knowledge, attitude, and practice (KAP) surveys aid in gauging the awareness of the public, patients with diabetes, and healthcare professionals (HCPs) about lifestyle interventions<sup>17</sup>

#### KAP measures for the prevention of pre-diabetes<sup>17</sup>:

- for management of pre-diabetes
- Increasing the accessibility of lifestyle management programs
- Disseminating knowledge and education
   Providing practical skills to manage pre-diabetes
  - Improving resources for lifestyle management
  - Training of HCPs in pre-diabetes management approaches

Multifaceted efforts involving patients with diabetes, the public, and HCPs can be effective for the prevention and management of pre-diabetes17

#### **Key messages**

management of diabetes

 ${}$  Raising awareness and education on various risk factors that cause diabetes and associated cardiovascular complications can prove to be beneficial

#### Coordinated efforts of patients with diabetes, HCPs, and the public is critical for the effective management of diabetes

#### **References:**

- 1. Ong, K. L., Stafford, L. K., McLaughlin, S. A., Boyko, E. J., Vollset, S. E., Smith, A. E., ... & Brauer, M. (2023). Global, regional, and national burden of diabetes from 1990 to 2021, with projections of prevalence to 2050: A systematic analysis for the Global Burden of Disease Study 2021. The Lancet, 402(10397), 203–234.
- Thomas, N. J., Hill, A. V., Dayan, C. M., Oram, R. A., McDonald, T. J., Shields, B. M., Jones, A. G., ... & StartRight Study Group (2023). Age of diagnosis does not alter the presentation or progression of robustly defined adult-onset type 1 diabetes. Diabetes Care, 46(6), 1156–1163.
- Sun, H., Saeedi, P., Karuranga, S., Pinkepank, M., Ogurtsova, K., Duncan, B. B., ... & Magliano, D. J. (2022). IDF Diabetes Atlas: Global, regional and country-level diabetes prevalence estimates for 2021 and projections for 2045. Diabetes Research and Clinical Practice, 183, 109119.
- 4. Diabetes Prevention Program Research Group (2019). Long-term effects of metformin on diabetes prevention: Identification of subgroups that benefited most in the diabetes prevention program and diabetes prevention program outcomes study. Diabetes Care, 42(4), 601–608. 5. Knowler, W. C., Barrett-Connor, E., Fowler, S. E., Hamman, R. F., Lachin, J. M., Walker, E. A., ... & Spandorfer, J. M. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. The New

- Knowler, W. C., Barrete-Connor, E., Powier, S. E., Hamman, K. F., Lachin, J. M., Walker, E. A., ... & Spandorfer, J. M. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *The New England Journal of Medicine*, *346*(6), 393–403.
   Li, J. J., Yeo, K. K., Tan, K., Ako, J., Krittayaphong, R., San Tan, R., ... & Nicholls, S. J. (2020). Tackling cardiometabolic risk in the Asia Pacific region. *American Journal of Preventive Cardiology*, *4*, 100096.
   Xiyan, D. H., Lingvay, I., Colhoun, H. M., Deanfield, J., Emerson, S. S., Kahn, S. E., ... & Lincoff, A. M. (2020). Semaglutide effects on cardiovascular outcomes in people with overweight or obesity (SELECT) rationale and design. *American Heart Journal*, *229*, 61–69.
- 8. Garvey, W. T., Frias, J. P., Jastreboff, A. M., le Roux, C. W., Sattar, N., Aizenberg, D., ... & Jones, T. (2023). Tirzepatide once weekly for the treatment of obesity in people with type 2 diabetes (SURMOUNT-2): A double-blind, randomised, multicentre, placebo-controlled, phase 3 trial. *The Lancet, 402*(10402), 613–626. 9. Schauer, P. R., Bhatt, D. L., Kirwan, J. P., Wolski, K., Brethauer, S. A., Navaneethan, S. D., ... & Kashyap, S. R. (2014). Bariatric surgery versus intensive medical therapy for diabetes—3-year outcomes. *New England Journal*
- of Medicine, 370(21), 2002–2013. 10. Lascar, N., Brown, J., Pattison, H., Barnett, A. H., Bailey, C. J., & Bellary, S. (2018). Type 2 diabetes in adolescents and young adults. The Lancet Diabetes & Endocrinology, 6(1), 69–80.

- Ma, R. C., & Chan, J. C. (2013). Type 2 diabetes in East Asians: Similarities and differences with populations in Europe and the United States. *Annals of the New York Academy of Sciences*, *1281*(1), 64–91.
   Kong, A. P., Xu, G., Brown, N., So, W. Y., Ma, R. C., & Chan, J. C. (2013). Diabetes and its comorbidities—where East meets West. Nature reviews. *Endocrinology*, *9*(9), 537–547.
   Clarke, P. M., Glasziou, P., Patel, A., Chalmers, J., Woodward, M., Harrap, S. B., ... & ADVANCE Collaborative Group. (2010). Event rates, hospital utilization, and costs associated with major complications of diabetes: A
- Luk A. O. (2024). Changing landscape of diabetes in Asia What are the unmet needs? *Journal of Diabetes Investigation*, *15*(4), 402–409.
   Utzschneider, K. M., Tripputi, M. T., Kozedub, A., Barengolts, E., Caprio, S., Cree-Green, M., ... & RISE Consortium. (2021). Differential loss of β-cell function in youth vs. adults following treatment withdrawal in the Restoring Insulin Secretion (RISE) study. *Diabetes Research and Clinical Practice*, *178*, 108948.
- Wu, H., Lau, E. S., Yang, A., Ma, R. C., Kong, A. P., Chow, E. ... & Luk, A. O. (2020). Trends in diabetes-related complications in Hong Kong, 2001–2016: A retrospective cohort study. *Cardiovascular Diabetology*, *19*, 1–11.
   Teoh, K. W., Ng, C. M., Chong, C. W., Bell, J. S., Cheong, W. L., & Lee, S. W. H. (2023). Knowledge, attitude, and practice toward pre-diabetes among the public, patients with pre-diabetes and healthcare professionals: A systematic review. BMJ Open Diabetes Research and Care, 11(1), e003203
- 18. Bell, K., Shaw, J. E., Maple-Brown, L., Ferris, W., Gray, S., Murfet, G., ... & Gordon, B. A. (2020). A position statement on screening and management of prediabetes in adults in primary care in Australia. Diabetes Research and Clinical Practice, 164, 108188.
- 19. Bansal, N. (2015). Prediabetes diagnosis and treatment: A review. World Journal of Diabetes, 6(2), 296. 20. Pan, X. R., Li, G. W., Hu, Y. H., Wang, J. X., Yang, W. Y., An, Z. X., ... & Howard, B. V. (1997). Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance: The Da Qing IGT and Diabetes Study. Diabetes Care, 20(4), 537-544.
- 21. Gong, Q., Zhang, P., Wang, J., Ma, J., An, Y., Chen, Y., ... & Roglic, G. (2019). Morbidity and mortality after lifestyle intervention for people with impaired glucose tolerance: 30-year results of the Da Qing Diabetes Prevention Outcome Study. The Lancet Diabetes & Endocrinology, 7(6), 452-461.



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#### Clinical criteria for pre-diabetes18:

Fasting blood glucose levels: 6.1–6.9 mmol/L

Lifestyle interventions reduce the risk of

progression to type 2 diabetes by 58%<sup>5</sup>

- Glycated haemoglobin (HbA1c) levels: 6.0–6.4%
- 2-hour blood glucose levels: ≥7.8 and <11.1 mmol/L</li>



Healthy diet and exercise regimens monitored by lifestyle coaches can increase the overall life expectancy and minimise diabetes-related complications<sup>5, 20, 21</sup>