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***American Diabetes Association Increases Focus on Prevention:
Two New Reports Provide Further Support for Long-Term Cost and Medical
Effectiveness of Lifestyle Intervention, Medication in Preventing Type 2 Diabetes***

Alexandria, VA (March 22, 2012) – Lifestyle intervention and treatment with metformin provide safe, long-term, cost-effective means of preventing type 2 diabetes and should be incorporated into prevention strategies for reducing the dramatic rise in incidence of type 2 diabetes in the U.S., according to two new analyses and an editorial published in the April issue of *Diabetes Care*.

The two reports provide further analyses and follow-up to the landmark Diabetes Prevention Program research first funded a decade ago primarily by the National Institutes of Health’s National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The studies are accompanied by an editorial highlighting the American Diabetes Association’s recently revised Strategic Plan, which calls for an increased focus on translating the growing body of research on prevention into primary care and community treatment strategies.

“With the current economic realities facing our nation and with the ever-changing health care delivery landscape, the financial costs of such an initiative will indeed drive the discussion,” concluded Diabetes Care Editor William Cefalu, MD. “On one hand, one can argue that we cannot afford to implement prevention on a national level. On the other hand, we could also argue that we cannot afford not to!”

Currently, the Centers for Disease Control and Prevention estimates that 35 percent of U.S. adults aged 20 years or older (roughly 79 million Americans) may have prediabetes, a condition in which blood glucose levels are higher than normal, but not yet high enough for a type 2 diabetes diagnosis. People with prediabetes are usually not aware of their condition, which generally occurs without symptoms but is easily detectable through testing. Cefalu’s editorial notes that because the “major factors contributing to the development of diabetes consist of lifestyle habits (i.e., physical inactivity and dietary intake) and obesity” and because research has shown the effectiveness of preventing or delaying type 2 diabetes through lifestyle intervention and medication, those numbers could be drastically reduced.

One analysis by the Diabetes Prevention Program Research Group found that, over 10 years, investing in lifestyle intervention or treatment with metformin for adults at high risk for type 2 diabetes provided “good value for the money.” Over the first three years of the clinical trial, lifestyle interventions (losing 5-8 percent of body weight, or 10-16 pounds for a 200-pound person, plus increasing physical activity to at least 150 minutes per week) reduced the incidence of type 2 diabetes by 58 percent and significantly improved quality of life. Metformin reduced diabetes by 31 percent. This follow-up analysis found that lifestyle intervention came at a cost-effectiveness of about \$10,000 per cumulative-quality-adjusted life-year (QALY) gained. Cost-

effectiveness of commonly used interventions such as mammography or blood pressure generally range from \$10,000 to \$50,000 per QALY.

"This new analysis of costs and outcomes in the DPP and its follow-up study shows both metformin and lifestyle change were very cost-effective for prevention or delay of type 2 diabetes when analyzed from the perspective of health care payers," said Griffin P. Rodgers, MD, director of the NIH's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). "Metformin treatment led to a small savings in health care costs over 10 years. The individual training in lifestyle change, as delivered in the study, was cost-effective and could become cost saving if offered to groups in community settings."

The second analysis found that long-term treatment with metformin safely produced sustained weight loss at 10 years and prevented or delayed the onset of type 2 diabetes.

The Association's Strategic Plan calls for doubling the percentage of Americans with prediabetes who are aware of their condition (from 7.3 to 15 percent) so that they may have the opportunity to prevent progression to type 2 diabetes. It also calls for a 10 percent increase in people who report engaging in specific preventive behaviors, such as weight control and weight loss, physical activity and healthy eating.

"We now know how to prevent type 2 diabetes and have the data to show that doing so is not only safe, it is cost-effective," said Vivian Fonseca, MD, President, Medicine and Science, of the American Diabetes Association. "We should be taking much greater steps on a broad scale to reduce this serious health epidemic in our country. There are nearly 26 million children and adults currently living with this debilitating disease, with 90 to 95 percent having type 2 diabetes. Another 79 million are at high risk for developing it. Those are staggering numbers, and we have the knowledge and ability to reduce them. I would encourage every American to estimate their own risk using simple tools (for example see diabetes.org/risktest) and then, if at risk, take simple measures to prevent the disease."

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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