

Pull 57 million Americans from the brink of diabetes

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When it comes to diabetes, the United States now faces a rising tide of damage — measured in lives and dollars — that is far deeper and broader than many recognize.

Diabetes is a killer and a primary cause of kidney failure, blindness, and amputations. For people 50 to 64 years old, it is also a rapidly growing cause of disability. Diabetes is one of the biggest health expenses facing employers, costing \$22.6 billion annually in worker absenteeism and reduced productivity. And, even as the U.S. faces a crisis with our Medicare trust fund, diabetes is now the leading contributor to growth in inflation-adjusted Medicare spending — exceeding cancer, heart disease and high blood pressure.

Already, some 24 million Americans suffer from diabetes, while another 57 million people — one quarter of all American adults — suffer from what is known as pre-diabetes. This is a precursor condition causing blood glucose levels to creep dangerously high, which, while not yet moving across the official threshold of diabetes, puts these individuals on the fast-track to full-blown diabetes. Pre-diabetes increases a person's chances of heart disease or stroke by 50 percent and increases the likelihood of complications from kidney disease, hypertension, and other medical conditions. In fact, the medical costs of pre-diabetes contribute an additional \$25 billion to health spending each year. In addition, as many as 40 percent of those with pre-diabetes will go on to develop full-blown diabetes in just three to eight years.

At a cost to the U.S. of \$174 billion annually, diabetes threatens the economic wellbeing of the nation, while also placing our citizens in a frightening health crisis.



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Diabetes is a rapidly growing cause of disability for people 50 to 64 years old.

So the question remains, how are we going to manage this massive threat to our health and wellbeing? What must we do before it bankrupts us? The answer is surprisingly simple: We need to fix it now.

As co-chairs of the Congressional Diabetes Caucus, this week we brought in experts on diabetes and pre-diabetes to brief Members of Congress and their staff on the path forward to pulling the 57 million Americans back from the brink of diabetes and addressing this massive challenge to our nation's health and economy.

The key message of this briefing was that the devastating one-two punch pre-diabetes and diabetes can inflict upon the future of our nation is not a foregone conclusion. It is a future that can be changed with smart investments, right now, in sound, evidence-based prevention. Fortunately, we have ample evidence that such efforts can be effective,

lasting, and even low-cost.

A seminal National Institutes of Health clinical trial, called the Diabetes Prevention Program, found that for people with pre-diabetes, behavioral changes can turn the tide. The clinical trial found that exercise and changes in diet can reduce the risk of diabetes by 58 percent, while drug therapy cuts risk by about half that. A ten-year follow-up study, published last fall, reported that these measures can help prevent or delay diabetes for a decade or more. In fact, improvements in diet and exercise can also return glucose levels to their normal state — thus not only preventing pre-diabetes from worsening, but reversing it entirely.

A powerful and low-cost laboratory test called the hemoglobin A1c (HbA1c) test — which reports a patient's average glucose levels over the previous two to three months — is also now proving to be an

easier and more amenable evaluation tool for patients. A March 2010 study in the *New England Journal of Medicine* found the test not only accurately predicted the risk of diabetes in patients with high glucose levels, but also predicted the long-term risk of subsequent cardiovascular disease. Further, because HbA1c does not require patients to fast before taking it, the American Diabetes Association (ADA) believes it will encourage more people to get tested, and as such, ADA recently included it in their recommended group of tests for diagnosing diabetes and identifying pre-diabetes.

There is a view, of course, that prevention means more utilization of health services, which in turn, generates higher costs. However, with the resulting value in healthier patients, who can live independently and can continue to work, prevention is actually a sound investment in a robust and productive citizenry for the long-term. Further, prevention does not always need to involve expensive interventions. The HbA1c test costs about \$7.50, while exercise and diet improvement can be done by patients on their own, or with the local YMCA or other community-based organizations.

In Washington, we often struggle to find issues that bring together members on both sides of the aisle. Facing the challenges of diabetes to our nation and to America's families has fortunately become one of those uniting issues. With projections that the diabetes population and the related costs will at least double in the next 25 years, the U.S. must recognize the full scope of today's diabetes challenges and take appropriate preventive action.

Rep. DeGette is the Vice Chair of the House Committee on Energy and Commerce and a member of the Subcommittee on Health. Rep. Castle is the Ranking Member of the House Early Childhood, Elementary and Secondary Education Subcommittee.