
Dakota Diabetes Coalition is proud to offer this column on diabetes and related concerns every other Friday.



Dr. Johnson is a family practice doctor in Grand Forks with a special interest in diabetes -- and a special knack for writing. As a member of the Dakota Diabetes Coalition, he has generously made himself available to answer questions through our listserv. If you have comments, or questions for Dr. Johnson to address in future columns, please contact gailhand@q.com



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ADA's 69th Annual Meeting

Dispatches from Scientific Sessions

It's 50 degrees, it's raining, so it must be summer in North Dakota! Believe it or not, that sounded more comfortable than being in New Orleans, where the ADA's Annual Scientific Sessions just wrapped up. Last year, we heard about the landmark ACCORD, ADVANCE and VADT studies (see last summer's column covering these). Let's get to the news from this year's important diabetes cavalcade.

Early control still best

Some follow-up from the above trials were presented this year. As you may recall, intensive glucose control (A1C) may not be of benefit in terms of cardiovascular disease in patients with type 2 diabetes. These studies did not necessarily dispute the benefit of lower A1C's in terms of microvascular disease, of the eye, kidney or nerves. In the VADT, it appears that raising HDL "good" cholesterol levels reduces cardiovascular risk. Although the data from these studies continues to be analyzed, the message is that cardiovascular disease risk factors, such as cholesterol disease and hypertension, need to be aggressively managed in patients with type 2 diabetes. Additionally, early and aggressive control of A1C earlier in the course of the disease helps people more than attempting tight control in an older patient who has had diabetes longer.

A1c for diagnosis?

The meeting opened last Friday with a release from an expert panel on the possible use of A1C to diagnose diabetes. Currently, it is **not** officially a recommended guideline for making the diagnosis of diabetes, but that may change in the near future. The expert panel included professionals from the American Diabetes Association, the International Diabetes Federation, and the European Association for the Study of Diabetes. It appears that an **A1C of >6.5% may be the proposed "cut-off" but it likely will be combined with traditional screening methods** of fasting and casual blood glucose levels. We'll cover this story more as it develops in the coming months.

Tech improvements

In the wake of the exciting JDRF study published in 2008, showing benefit of continuous glucose monitoring, this year's scientific sessions featured **advancements in pumps and continuous glucose sensor technology**. These systems are moving more toward the so-called "closed-loop" or artificial pancreas, and significant products will likely come to market in 2010.

More meds

New medications, as is the case most years, were in the spotlight as well, particularly **developments in the incretin classes**. Current medications on the market in this class are the GLP-1 analog Byetta, and the DPP-IV

Inhibitor Januvia. Other medications in these classes are on the way, with some of the same benefits expected: improved post-prandial glucose control, lower A1C, weight neutrality or weight loss and improvement in some other cardiovascular disease markers. Many of these agents are also being studied for diabetes prevention in pre-diabetes patients.

Preventing type 1?

Most diabetes prevention efforts focus on type 2, so it was encouraging to see scientific work on preventing type 1 diabetes, as well. Prevention strategies in persons at risk for type 1 diabetes have had some breakthroughs recently. These have focused primarily on **disrupting the auto-immune process that is the underlying cause** for the development of type 1. Antigenic–antibody treatment is one possibility being explored, as well as the use of biologic agents such as rituximab. Similar treatments for other auto-immune diseases, such as rheumatoid arthritis, are already on the market and are being prescribed. Stem-cell treatments are still being pursued as a potential cure for those like me already afflicted with type 1 diabetes.

If you'd like to read more about the American Diabetes Association Annual Scientific Sessions from this year, or past years, or any other diabetes-related topic, check the ADA's website at www.diabetes.org

Eric L. Johnson, M.D., is a member of the Dakota Diabetes Coalition. He serves as Assistant Medical Director at Altru Diabetes Center and is an Assistant Clinical Professor in the Department of Family and Community Medicine at the University of North Dakota School of Medicine and Health Sciences.

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[Latest from ADA's Scientific Sessions, Dr. Johnson's Column #47, June 12, 2009](#)