



22. National Institute for Health and Clinical Excellence. Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care. Clinical guidelines 1. London: NICE, 2002 (<http://www.nice.org.uk>).
23. 'Schizophrenia and Diabetes 2003' Expert Consensus Meeting, Dublin, 3–4 October 2003: consensus summary. *Br J Psychiatry Suppl* 2004; **47**: 112–114.
24. Taylor D, Young C, Esop R, *et al*. Testing for diabetes in hospitalised patients prescribed antipsychotic drugs. *Br J Psychiatry* 2004; **185**: 152–156.
25. Holt RIG, Peveler RC. The high prevalence of undiagnosed metabolic complications in people with severe mental illness. *Diabetic Med* 2007; **24**(Suppl 1): P251
26. Tuomilehto J, Lindstrom J, Eriksson JG, *et al*. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med* 2001; **344**: 1343–1350.
27. Pan XR, Li GW, Hu YH, *et al*. Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance. The Da Qing IGT and Diabetes Study. *Diabetes Care* 1997; **20**: 537–544.
28. Knowler WC, Barrett-Connor E, Fowler SE, *et al*. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002; **346**: 393–403.
29. Diabetes Prevention Program Research Group. Long-term maintenance of weight loss in patients with severe mental illness through a behavioural treatment programme in the UK. *Acta Psychiatr Scand* 2007; **115**: 286–294.
30. Menza M, Vreeland B, Minsky S, *et al*. Managing atypical antipsychotic-associated weight gain: 12-month data on a multimodal weight control program. *J Clin Psychiatry* 2004; **65**: 471–477.

## Eurowatch

# Call for an EU Council Recommendation on diabetes

There is now a clear consensus at EU parliamentary level that diabetes is a serious condition, but I wish I could say the same across the range of member state governments, parliaments, health services and insurers, media and people.

The global acknowledgement of the public health challenge which diabetes poses may point us towards some of the answers to this crucial question. I remind us all that the St Vincent Declaration in Italy in 1989 saw representatives of government health departments and patients' organisations from all over Europe meeting with diabetes experts under the aegis of the WHO Europe and the IDF. They unanimously agreed on general goals for people with diabetes and on five-year targets for combating it.

Fifteen years on, and the Heidelberg Declaration was signed. This declaration stated that politicians and representatives of the healthcare system had yet to sufficiently recognise that the linked obesity and diabetes epidemics represent an enormous threat to Europe. The message was clear. Poor diets and unhealthy lifestyles lead to diabetes and cause the destruction

of arteries that can lead to stroke, kidney failure and amputation.

The St Vincent and Heidelberg Declarations are still important concepts for Europe and the wider world. They are still used as a guide to national diabetes service developments. However, we must do better than that. That is why I will not weaken my resolve and our campaign to achieve an EU Council recommendation for diabetes prevention, diagnosis and control.

So far, progress towards this objective has been tantalisingly slow. We have seen some significant successes. In Dublin in 2004, we had an important step forward when the Irish Presidency initiated a move towards placing diabetes more firmly on the EU agenda. This led to a call in the EU Health Council in June 2004 for a European strategy on diabetes.

Then during its 2006 Presidency of the EU, Austria chose diabetes as one of its key health issues. In order to draw up recommendations and joint strategies, a conference was held by the Austrian Health Institute in Vienna.

The recommendations of the working groups were amalgamated

into a single document, now known as the Vienna Declaration on Diabetes. The declaration highlighted the need for an EU diabetes strategy to include a recommendation on diabetes prevention, diagnosis and management.

In addition to the conference, a written declaration on diabetes was submitted and signed by myself and a large majority of MEPs. It called upon the EU to prioritise diabetes and to call, again, for an EU recommendation for its prevention, diagnosis and control.

We now need to step up our action on diabetes, aiming for the development of such a recommendation. These declarations can serve as a foundation on which the commission can draft its proposal.

I believe an EU Council Recommendation for diabetes prevention, diagnosis and control would act as a wake-up call for the citizens of Europe.

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