



The European Union and diabetes

Why should diabetes stakeholders, like FEND and the International Diabetes Federation – European Region, think it necessary to spend time and effort in trying to influence the European Union?

*M Hall**

The figures

Thirty million people in the enlarged Europe are living with diabetes, and over 50% of those are unaware of their condition. By 2025, the number of people with diabetes is expected to rise by 20% in Europe.

- Diabetes is among the leading causes of kidney failure and neuropathy. Cardiovascular disease accounts for 75% of all deaths among diabetes patients in Europe. Diabetes is the main cause of partial vision loss and blindness in people over 20 years of age in Europe. Diabetes also precipitates various socio-psychological conditions.
- The increasing number of people with obesity is a serious threat to public health; it greatly increases the risk of developing diabetes and urgently needs to be addressed.
- The costs of diabetes complications account for between 5–10% of total health care spending in Belgium, France, Germany, Italy, The Netherlands, Spain, Sweden and the UK.¹ Without proper weight and glycaemic control, indi-

Abstract

In Europe, as in the rest of the world, diabetes is increasing rapidly. The International Diabetes Federation – European Region, FEND and other diabetes stakeholders are seeking to influence national governments and the European Union to action which would help in the prevention, diagnosis and control of diabetes. This article describes what is being done and how individual diabetes nurses can help in the campaign. Copyright © 2005 FEND.

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Key words

diabetes: prevention, diagnosis and control; influencing governments; European Union; EU Council recommendation on diabetes; strategy for diabetes in Europe

vidual diabetes patients cost health systems 27% more.

- The obesity epidemic in children is leading to increased type 2 diabetes in our future generations.
- Targeted screening systems, lifestyle, diet and sometimes medication can reduce the risk of developing diabetes. Good glycaemic and blood pressure control can reduce the risk of complications for those already with diabetes. Early interventions are highly cost effective: they reduce the risk of developing complications and the considerable costs of managing them.
- There are significant differences among European member states, with varying levels of prevention, diagnosis and control across Europe. Only nine of the 25 EU member states have national diabetes plans and/or association guidelines. There is currently no benchmark for assessing the level of implementation of national plans or guidelines in EU member states. This relentless increase in the numbers of people with diabetes means that diabetes has become a major

public health concern. It not only threatens individuals and their families but also the economy of European member states.

The need is to:

- Prevent people developing diabetes so that the epidemic can be contained.
- Improve the diagnosis and control of diabetes so that the numbers of people developing the serious complications are contained.

Fortunately, we now have the evidence that the threat to public and individual health, posed by the diabetes and obesity epidemic, can be lessened by quite simple interventions² that reduce the likelihood of those at risk developing diabetes, or reduce the risk of complications for those who already have the condition. This knowledge makes it imperative that action is taken as soon as possible.

These interventions are:

- Diet and lifestyle modification (which needs regular monitoring and the support of health care professionals).

Author

Dr Michael Hall, Board Member, International Diabetes Federation – European Region

*Correspondence to: Dr Michael Hall, IDF Europe, Avenue Du Mot 19, B-1000 Brussels, Belgium

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- Pharmacological intervention (which may be required for those who cannot achieve or maintain the necessary targets).

To achieve such changes, we need to persuade the decision makers, national and European politicians and officials that action is needed. Diabetes requires highlighting as a priority on the EU health agenda.

Whilst the EU cannot determine European laws on these issues it is able to set guidelines in the form of recommendations. These would be a powerful encouragement to individual member states to meet basic criteria for the prevention, diagnosis and management of diabetes.

How are we doing so far?

In the early part of 2004, at the instigation of IDF – Europe, Ireland was able to get diabetes on the agenda of the regular EU meeting of health ministers. The Irish Government felt sufficiently concerned about diabetes to present the Health Council on 2 June 2004 with the statement that: ‘The fast rise in diabetes prevalence in Europe needs to be recognised as a European public health concern beyond merely awareness raising ... Indeed, a European strategy for diabetes ... could make an important contribution to the reduction of public health expenditures in all 25 EU member states.’

In order to promote the implementation of national plans in a timely fashion, raise public awareness to these important issues and assist in the recognition of the importance of proper diabetes nurse and physician training programmes, IDF – Europe, FEND and other diabetes stakeholders called for an EU Council Recommendation to place diabetes as a priority disease. At the General Assembly of the IDF – Europe, the

‘Otocec Declaration’³ was launched, highlighting these issues and sending a clear signal to European leaders that diabetes associations across Europe fully support the creation of an EU Diabetes Strategy. (To see the Declaration, go to the IDF – Europe website: <http://www.idf.org>.)

An EU Council Recommendation

An EU Council Recommendation would encourage member states to:

- Place diabetes as a priority disease in their national health policy.
- Implement national plans in a timely fashion.
- Raise public awareness of diabetes prevention and management of risks and complications through public campaigns.
- Identify European best practice for prevention, screening and disease management.
- Accept the importance of proper diabetes nurse and physician training programmes.
- Consider setting up screening programmes for early detection of the disease for all at-risk citizens.
- Establish disease control policy, based on the management of blood glucose levels at an early stage.

What can diabetes nurses do to help?

If this campaigning is to be successful it needs everyone’s help. Diabetes nurses are very influential.

As individual nurses and through FEND, diabetes nurses’ work in the fields of research, edu-

cation and training is much respected. They have been involved in the work with the European Association for the Study of Diabetes (EASD), and representatives of FEND have made important contributions in the debates of the European diabetes organisations when preparing documentation and campaigns to increase awareness of diabetes. Their importance from the perspective of many decision makers is that they can be seen as the professional closest to the patient and therefore in a sense ‘representative’ of the patient viewpoint.

It would be very helpful if diabetes nurses were to speak to local politicians and decision makers within their own health care organisations and bring to their notice the current evidence of the rapid increase in the numbers of people with diabetes and the need for urgent action. A good starting point is the ‘Otocec Declaration’, so perhaps even a brief personal letter, enclosing a copy of this short document, would help in raising the issues. An offer to meet the person concerned or provide more evidence is sometimes a useful tactic. Finally, ask them to raise the issue with their minister or departmental head.

IDF – Europe and FEND, working with the European Parliamentary Diabetes Working Group, will do all they can to address the sharp increase of dia-

Author’s details

Michael Hall is a retired GP/Senior Lecturer of Exeter University. Clinical research led to his interest in diabetes. He became Chair of Diabetes UK 1996–2001 and in 1999 Chair of a UK Advisory Panel on the prevention of diabetic retinopathy. He presided over the organising committee of EASD Glasgow 2001. Since 2003 he has been a member of the board of IDF – Europe with special responsibility for EU affairs and the development of National Diabetes Plans as a follow up of the St Vincent movement. He has lectured and published on diabetes related topics, especially care issues, patient education, and doctor and nurse training



betes in Europe – by, for example, contacting individual national health ministers requesting action at Council level and encouraging MEPs to sign a Parliamentary Declaration calling for action by the European Commission. Once more, individual nurses can help influence this process by writing to MEPs and asking them to consider European action to reduce the threat of the diabetes epidemic. Politicians are sometimes stimu-

lated to action more by the approach of an individual voter than by what they may see as an organised lobby by a pressure group, however worthy.

Working towards a strategy for diabetes in Europe needs collaboration between all stakeholders: people with diabetes, health care professionals, politicians, administrators and the general public. Diabetes is a shared responsibility: *together we are stronger.*

References

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The European Diabetes Research Database, a new networking tool

C Brendel*

Scientific and political background

EURADIA (Alliance for European Diabetes Research) aims to co-ordinate European diabetes research and to be active in public advocacy and political lobbying at the highest European level.

In this regard, EURADIA has already ensured that diabetes features as a thematic priority area in the Sixth Framework Programme (2002–2006) of the European Commission and will continue these activities, so that diabetes keeps a high position in the Seventh Framework

Abstract

EURADIA's ambition is to create the 'Who's Who' of people and groups carrying out clinical and basic research on diabetes in Europe in order to stimulate international collaboration. Copyright © 2005 FEND.

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Key words

database; research; health care; clinical trials; collaboration

Programme (planned to span 2007–2013).

The aim of the European Union is to become the leading knowledge-driven economy in the world by 2010. Cutting edge science requires wide communication, collaboration and competition. EURADIA launched an open-access European Diabetes Research Database in 2002 which provides a platform for improved communication and the sharing of resources among diabetes research groups in geographical Europe and beyond, including Iceland, Russia and Israel. This initiative was welcomed by the diabetes research community as well as by European Commission representatives. (See <http://www.euradia.org>.)

Structure of the database

This database is a non-exhaustive list of the main European centres, groups and individuals researching diabetes or related subjects at both clinical and basic levels, including psychological aspects and patient education. It covers 33 countries and includes academic institutes as well as non-academic institutes and industry. Physicians, nurses or other health care professionals who have a research-related activity also appear in the database and are strongly encouraged to do so. Since all the details on each group could not be included in the database, the users are invited to visit the homepages of the institutes, when available. Consequently, we urge researchers to create their own

Author

Carole Brendel, PhD, Scientific Officer, EURADIA, Düsseldorf, Germany

*Correspondence to: Carole Brendel, PhD, Scientific Officer, EURADIA, c/o EASD Rheindorfer Weg 3, D-40591 Düsseldorf, Germany; tel: +49-211-75 84 69 18 / +49-211-75 84 69 0; fax: +49-211-75 84 69 29; e-mail: euradia@easd.org