

Why are
we here?

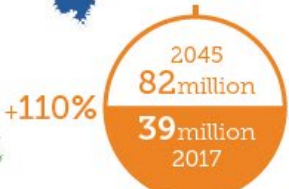
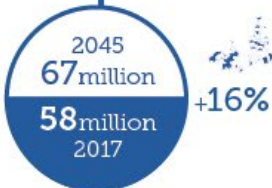
DR JOHN
BARLOW

1 in 7 adults in this region is at risk of type 2 diabetes

EUROPE

USD 1 in every USD 4 of the global diabetes healthcare spending occurs in this region

1 in 6 live births is affected by hyperglycaemia in pregnancy



MIDDLE EAST AND NORTH AFRICA

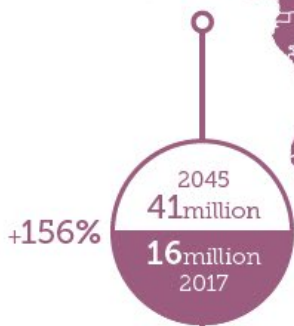
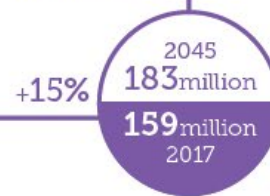
1 in 5 live births are affected by hyperglycaemia in pregnancy

1 out of 2 deaths due to diabetes were in people under the age of 60

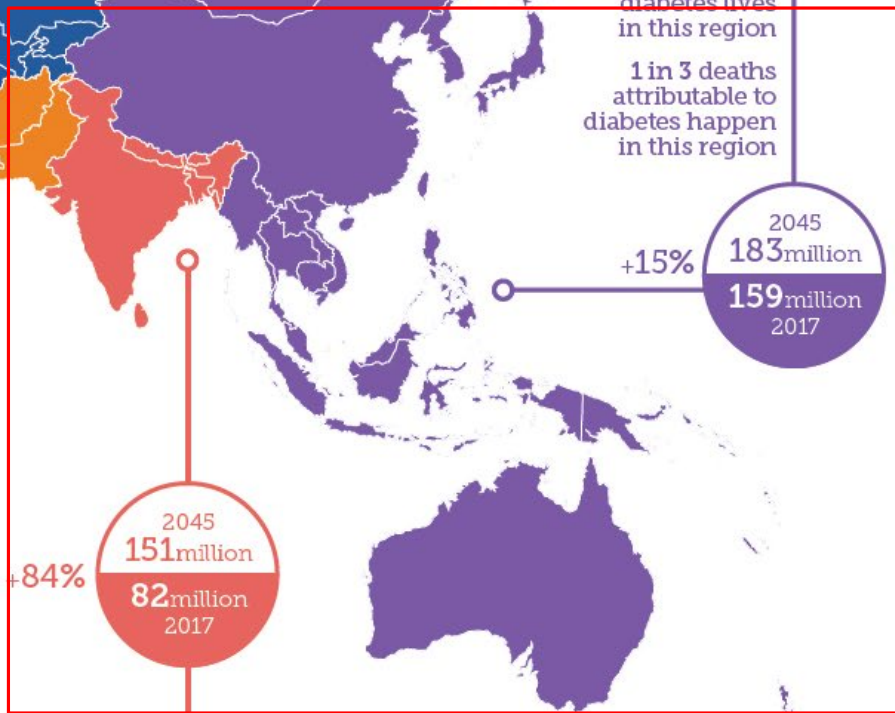
WESTERN PACIFIC

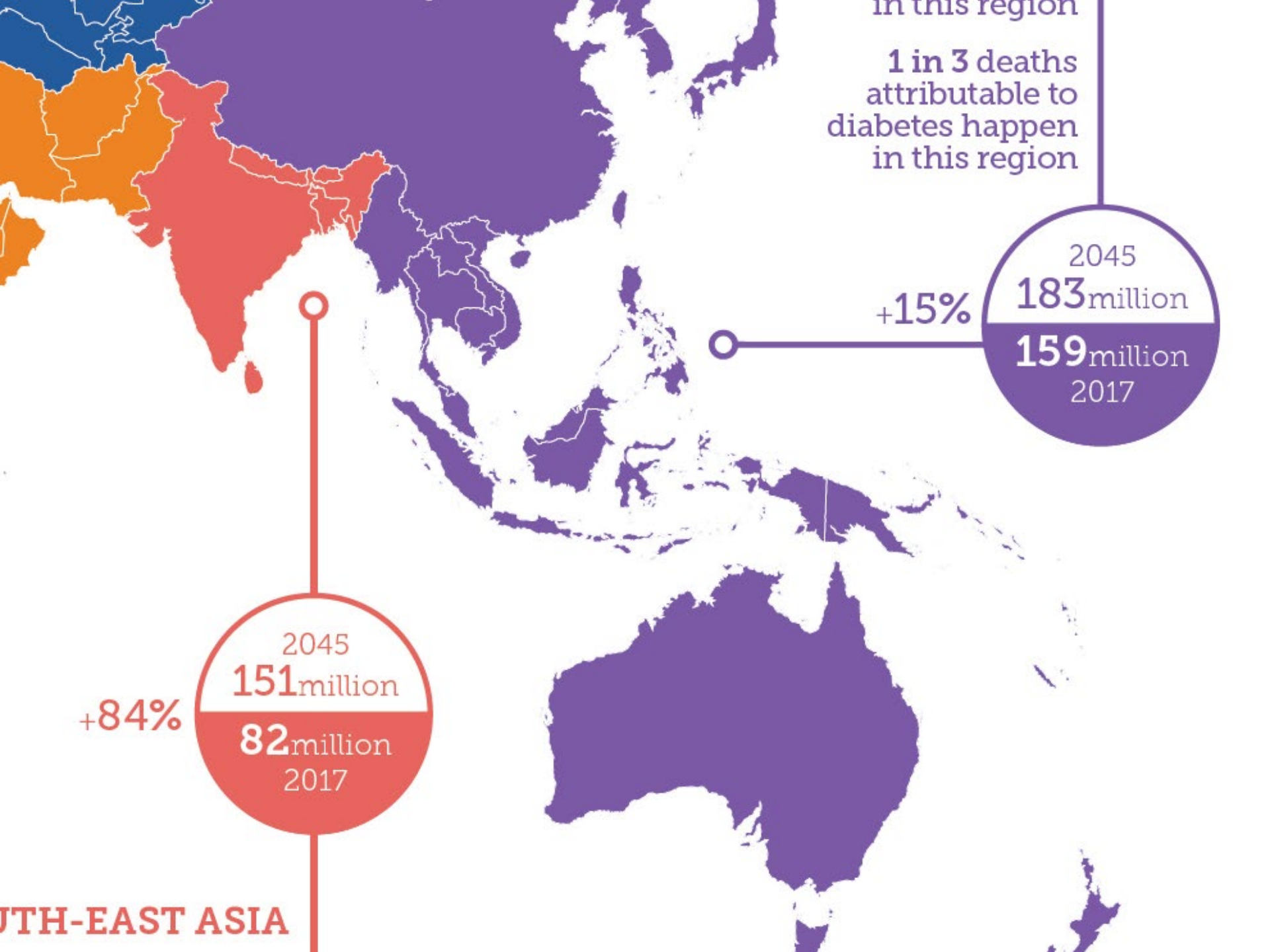
1 in 3 adults with diabetes lives in this region

1 in 3 deaths attributable to diabetes happen in this region

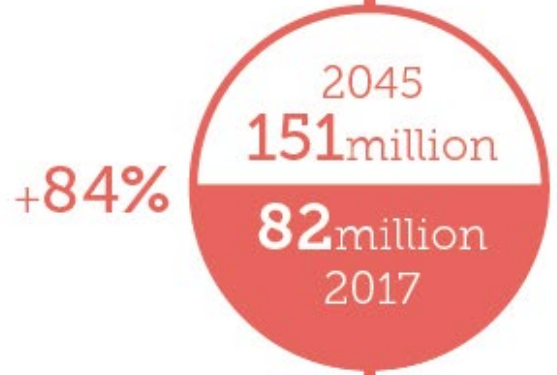


AFRICA





In this region
1 in 3 deaths
attributable to
diabetes happen
in this region



SOUTH-EAST ASIA

In Australia in 2017



**Total adult
population :**

17,519,000



**Prevalence of
diabetes in
adults :**

6.5% (1.13
mil)

Prevalence of diabetes



Global

5.9%



National

5.1%



NSW

5.3%

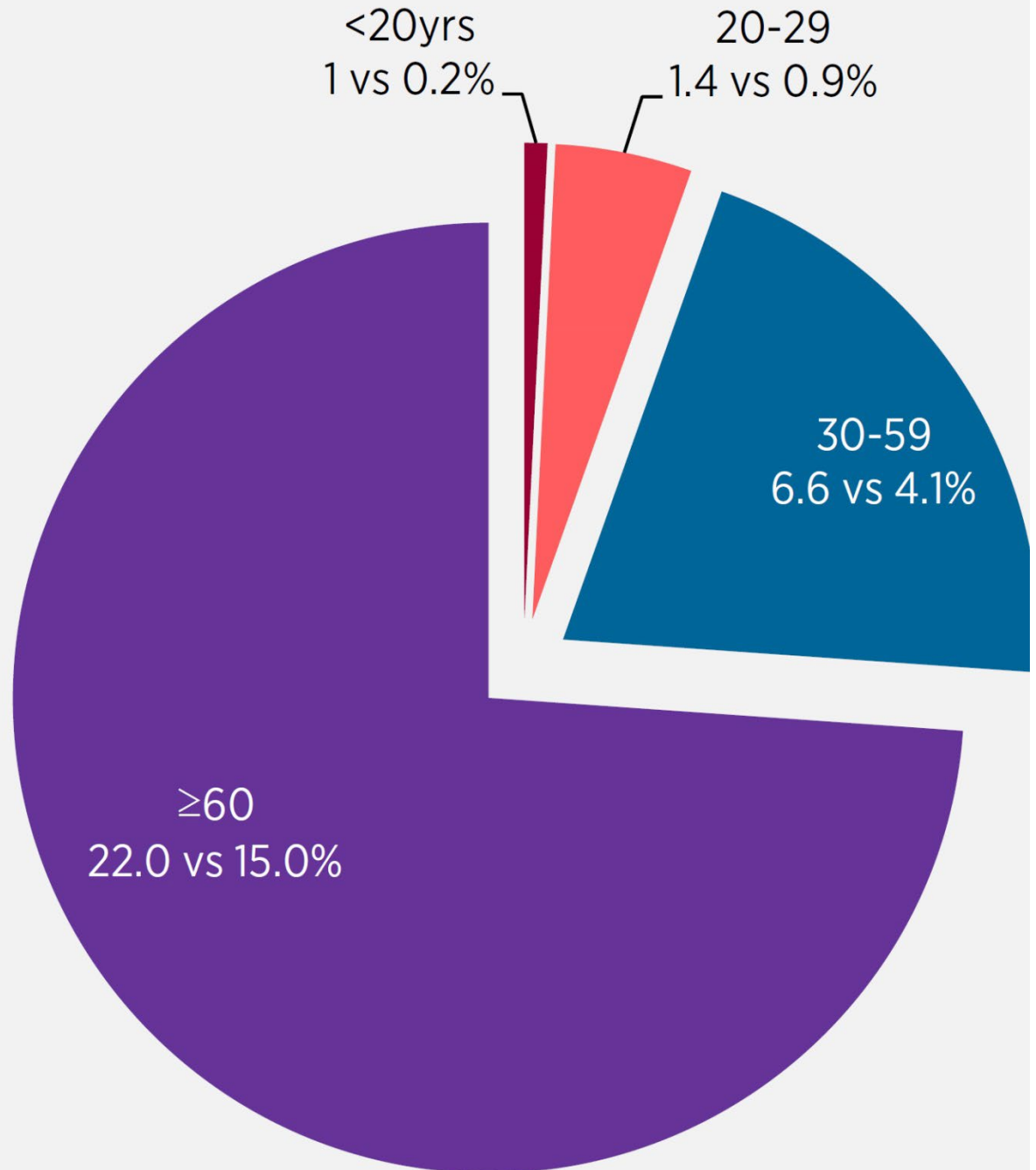


SWS

6.7%

Prevalence of diabetes

SWS VS National Rates



So what?

Rate of hospitalisations with diabetes as principal diagnosis:

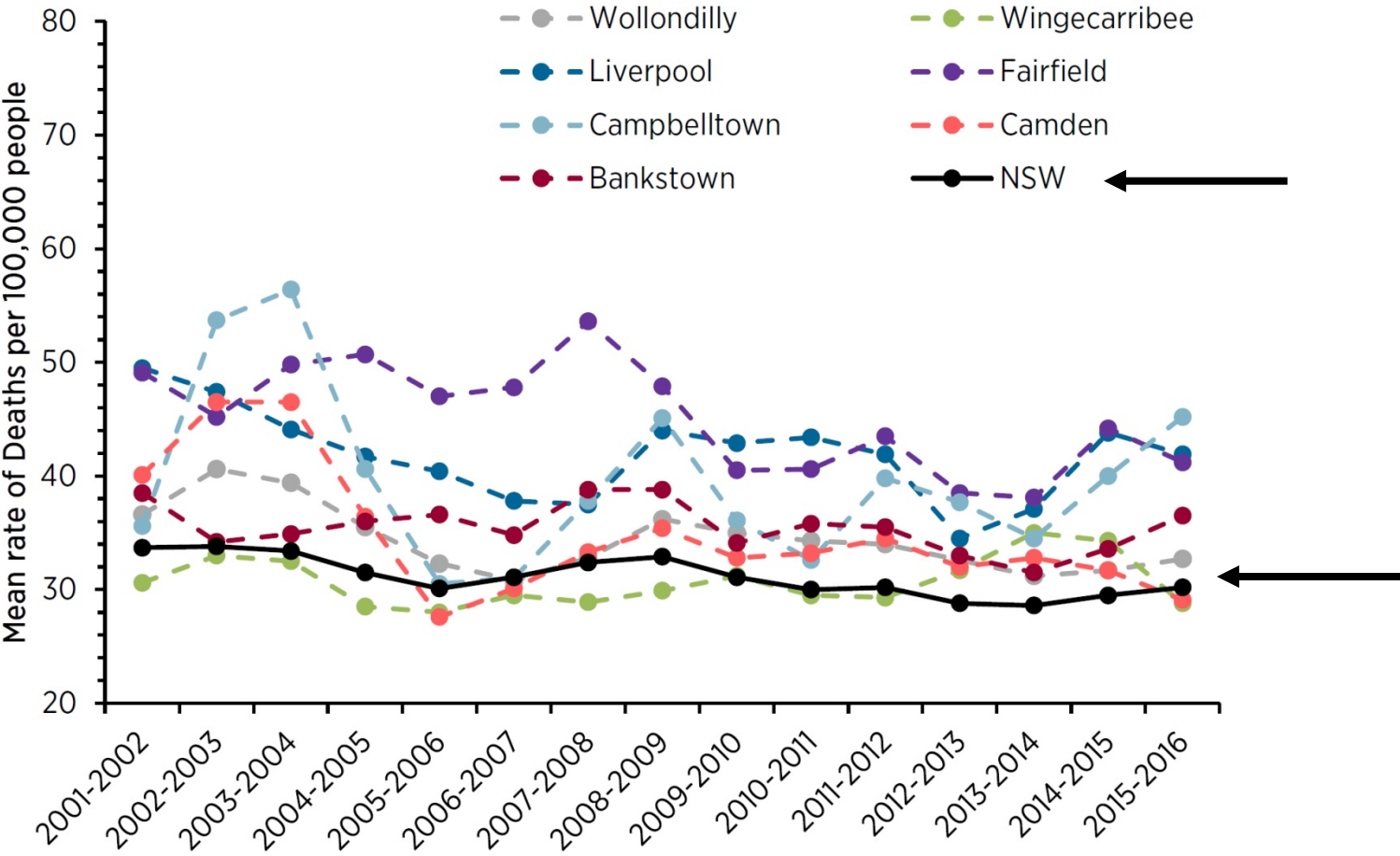
SWS (167.6/100,000) vs NSW (151.8/100,000)

Rate of hospitalisations for potentially preventative conditions related to diabetes:

SWS (248/100,000) vs NSW (150/100,000)

SWS has the **2nd highest** number of patients with lower limb amputations (146.3/100,000)

Fig 9. Mean rate of deaths with diabetes as an underlying or associated cause in SWSLGA between 2001 and 2015



Diabetes Monograph 2017, DOMTRU

Workload in primary care



In patients 45-64 y, **10.6% have T2D**



Of these, 78.6% have multiple co-morbidities



In patients >65 y, **19.4% have T2D**



They have even more co-morbidities

The best team managing T2D?

- 80% of T2D managed by GPs
- Limited number of endocrinologists (and limited time)
- Early disease prevail while patients are in primary care
- **Legacy effect** – early control has enduring benefits
- The **GP Team** has the best rapport with the patient
- The **GP Team** has more time with the patient
- It is rewarding!



What do we want in primary care?

01

Reduce rates of obesity

02

Reduce rates of diabetes

03

Slow down the progression of diabetes

04

Improve diabetes management to reduce diabetes complications

Our Learning objectives today

Identify	Identify the management options when oral therapy fails in patients with type 2 diabetes
Understand	Understand the pros and cons of injectable therapy (GLP1-RA or insulin) in patients with type 2 diabetes
Learn	Learn how to use additional information to assist in choosing the right therapy when escalating therapy in patients with type 2 diabetes
Learn	Learn how to support patients who have been initiated on injectable therapy
Acquire	Acquire the skills in escalating from basal insulin in appropriate patients
Appreciate	Appreciate the value of the multidisciplinary team in the management of diabetes

Injectable Masterclass

LET'S GO!



Pathophysiology of type 2 diabetes

DR CHEE KHOO