# DARK SHADOW of type 2 diabetes

More than just blood glucose control



Summary document

PEOPLE WITH TYPE 2 DIABETES HAVE A

## HIGHER RISK

**OF DEVELOPING DEMENTIA** 

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The burden of diabetes complications casts a *dark shadow* across the body. We need greater education and support for people with type 2 diabetes, and their GPs.

Professor Jonathan Shaw Head of Clinical Diabetes and Population Health

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#### PEOPLE WITH TYPE 2 DIABETES ARE

### 8 times more likely

TO EXPERIENCE HEART FAILURE PEOPLE WITH TYPE 2 DIABETES ARE

**AS LIKELY** 

**TO DEVELOP SEVERAL** 

**TYPES OF CANCER** 

#### TYPE 2 DIABETES – INCREASED CANCER RISK



A 45-YEAR-OLD WITH DIABETES WILL LIVE

> THAN A PERSON WITHOUT DIABETES

### **Overview**

Diabetes remains one of the greatest contemporary health challenges. The numbers of people with diabetes are measured in the hundreds of millions globally, and the list of organ systems adversely affected by diabetes continues to grow.

In 2017, we released *The Dark Heart of Type 2 Diabetes* report. This report summarised what was known about the various effects of diabetes on the heart, and provided an estimate of how many lives could be saved if the new class of sodium–glucose co-transporter-2 (SGLT2) inhibitor drugs was used more widely. The report sought to highlight aspects of the effects of diabetes that are not always well-recognised and thereby to increase awareness and improve outcomes for people with type 2 diabetes.

The success of *Dark Heart* in raising these issues prompted us to use a similar format to expand into some of the other complications of diabetes. In this Dark Shadow report, we provide up to date information on the impact of diabetes on a broader range of complications. We bring the latest information on the major microvascular complications - those caused by damage to the small blood vessels, such as kidney disease, eye disease and amputations - as well as the major macrovascular complications - those caused by damage to the large blood vessels, such as strokes, heart attacks and heart failure. We also delve into a number of the other 'non-traditional' complications, including cancer, dementia and liver disease. Wherever possible, we provide information directly relevant to Australia.

Similar to *Dark Heart*, we also look at opportunities to improve outcomes. The last few years has seen a flurry of publications of major trials showing benefits of novel glucose-lowering drugs on both cardiovascular and renal outcomes, such as heart failure, stroke and kidney disease. Importantly, these benefits did not result from lowering blood glucose, but arose from other, as yet inadequately understood, mechanisms. In this report, we summarise the published literature on the benefits of these agents. Finally, we estimate the potential population-wide benefits of increasing the uptake of these agents among those at highest risk.

However, not everything is about the latest discoveries. As has been documented repeatedly in many areas of health, there is underuse of interventions whose benefits have already been established over many years. This implementation gap remains wide in type 2 diabetes, and so this report also provides estimates for how many cardiovascular deaths could be prevented if there if there was better use of existsing cholesterol lowering medications - statins - and blood pressure lowering medications - ACE inhibitors and angiotensin receptor blockers.

### baker.edu.au

#### Melbourne

#### **Alice Springs**

75 Commercial Road Melbourne Vic 3004 Australia W&E Rubuntja Research and Medical Education Building Alice Springs Hospital Campus Gap Road, Alice Springs NT 0870 Australia

T +61 3 8532 1111 F +61 3 8532 1100

PO Box 6492 Melbourne Vic 3004 Australia T +61 8 8959 0111 F +61 8 8952 1557

PO Box 1294, Alice Springs NT 0871 Australia

