I N GRANT, a 40-year-old cus- tomer advisory worker from Mel- bourne, was sitting in his office gazing out of the window when he noticed he couldn’t clearly read the number plates of the cars parked out- side. Nor could he make out the time on a nearby clock. A visit to his GP shortly afterwards revealed the cause of his visual disturbance: he had type 2 diabetes. That was in 1986. Since then, Ian’s life has changed dramatically, and his story serves as a stark reminder of the multitude of complications that may result from uncontrolled diabetes.

Ian has been insulin dependent for the past 15 years, but he lost part of his right leg in 2007—a landmark in his life that led to a Blinder that became infected, requiring a below-knee amputation. He has also lost 40% of his vision, which means he is unable to work and survives on a disability pension. He also has severe and chronic kidney disease and is waiting for a renal transplant.

The familial links which are so frequently seen in cases like Ian’s have become apparent, too, with both his parents and both brothers also diag- nosed with diabetes in recent years. When Ian was diagnosed in the 1980s, he was unaware what the future would hold if his diabetes was not well controlled.

With help from his current GP, he has mastered the monitoring of his blood sugar levels and adjusted his insu- lin accordingly. He has also focused on diet and lifestyle changes.

Despite advances in specialist dia- betes knowledge over the last 25 years, Ian still feels that more support from GPs is vital in helping patients assume their condition.

“I wish doctors would have more contact with people with diabetes and not just wait for people to visit them. Patients are really managing this dis- ease on their own. We have got control of it now—but it’s also very, very easy to lose that control,” he says.

THE DIABETES EDUCATOR

Dr Mark Daniel
Director of Endocrinology, Royal Melbourne Hospital

As director of endocrinology at the Royal Melbourne Hospital, most of the patients Dr Mark Daniel sees have bad their vision compromised by poor glycemic control or hypertension. While Ian’s case is one of the most severe Dr Daniel has treated, he is by no means alone.

“I am seeing a lot of end-stage diabetics with multiple problems. In general, if they are picked up early, before they lose their vision, it’s much easier to keep it with early laser intervention,” he says. Given the inability of many patients to control their blood sugars, he believes it’s up to GPs to screen patients for vision problems.

“Anyone with retinopathy should be referred, as all patients with diabetes should be screened every ten years.”

While the majority of Dr Daniel’s patients are successfully treated so they can lead normal lives with normal vision, he is particularly saddened by the cases seen, especially among pregnant women.

“In the worse cases with poorly controlled diabetes in pregnancy, despite everything we do, they lose their eyesight,” he says.

And even with a range of new treatments on the horizon that are offering hope for macular oedema and retinal detachment, diabetic complications of the eye remain a major public health issue.

“Diabetes is the commonest cause of blindness in the adult population,” he says.

THE ODYSSEY

Dr Philip Wood
Endocrinologist

Dr Wood credits taking an active role in the practical management of patients with diabetes with helping people like Ian Grant take control of their condition. However, like many GPs, at times he feels “absolutely overwhelmed” by the magnitude of diabetes as a problem in our community and the pressure it places on GPs.

“Too many patients had a large, bigger goal every day. I’ve diagnosed three of these people this week—I had one today whose vision was going. We are not nihilists—we try to manage all our patients with diabetes, including the insulin-dependent ones, in house.”

Dr Wood’s surgery prides itself on a high standard of care and time to be supportive of all its patients with chronic diseases.

“Every patient would probably call me a miracle—as we only act in an active care.”

THE RESEARCHER

Professor Zimmet
MBBS, FRAnZCO, FRACS
Director of the Baker IDI Heart and Diabetes Institute

As one of the authors of the AusDiab study and a diabetes researcher for more than 40 years, Professor Paul Zimmet has devoted his professional life to highlighting the magnitude of the diabetes epidemic in Australia. It was an under-recognised area of medicine when he entered the field in 1967, but diabetes is now acknowledged as one of the most serious public-health problems Australia has ever faced. During his career, Professor Zimmet has seen the controversy was and wars over the role of metabolic control in reducing the complications of diabetes—but he believes that better management over the last 20 years is reducing the rate of kidney failure and retinopathy and this will contribute to cases like Ian’s becoming less common. And he applauds the Government’s introduction of more funding for GPs to manage diabetes.

“They might not have worked out how they were going to work, but this is the concept it.”

As well as lobbying for more Government interventions in diabetes, Professor Zimmet is looking at the role of genomics in diabetes. He’d also like to see a greater effort to find people susceptible to diabetes, and this will help to identify the causes of the disease in patients so therapies can be targeted more accurately.

THE PHOTOTHERAPIST

Dr Mark Daniel
Director of Ophthalmology, Royal Melbourne Hospital

As director of ophthalmology at the Royal Melbourne Hospital, most of the patients Dr Mark Daniel sees have bad their vision compromised by poor glycemic control or hypertension. While Ian’s case is one of the most severe Dr Daniel has treated, he is by no means alone.

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THE ENDOCRINOLOGIST

Dr Murray Gerstein
MBBS, FRACP
Monash Hospital, Melbourne

“I would say Ian is one of the most severe patients I saw.”

In the years since Dr Murray Gerstein started treating diabetics, two things have changed. First, he’s now seeing people diagnosed with the disease at increasingly younger ages. While type 2 diabetes in children was virtually unheard of 20 years ago, he’s now regularly seeing young people with the disease.

“There have been a number I have seen who have come back at the age of 25-27, with a guide dog because they are blind, or they are waiting for a renal transplant,” he says.

But secondly, the good news is that more aggressive cholesteral and blood pressure control in people with diabetes means they are developing fewer complications and achieving better management of their condition, he says.

An ongoing problem is a lack of co-ordination among the specialists who manage people with diabetes.

For instance, specialists might treat a patient’s vascular disease, but they don’t worry about getting blood pressure under control.

“I still see people who are told it’s just mild diabetes—but they are slowly developing peripheral neuropathy.”

“This disease can still cause very serious damage over time,” he says.

New treatments, particularly in the area of weight control, are starting to offer hope. But even so, Dr Gerstein says, most therapies wear out, the patient eventually goes into insulin and loss of control.

“We still haven’t got to the basis of the underlying cause.”

LIVING WITH DIABETES: A TEAM APPROACH

Helen Sinyo relates one patient’s experience of life with type 2 diabetes and speaks to the army of experts involved in her care.

THE DIABETES EDUCATOR

Catherine Prochilo
Diabetes Educator, Tamar Leeton, Diabetes Australia – Vic

Familiar with many cases like Ian’s, Catherine Prochilo, a diabetes educator for the past eight years, says diabetes education is all very well, but health professionals need to understand the disease from the patient’s perspective. Public health messages concerning obesity and exercise are largely ignored and there is a general lack of awareness of the psychological issues that may have led to the lifestyle that caused diabetes in the first place.

For example, almost everyone who goes on a diet eventually regains the weight unless those issues are addressed. For people with diabetes, particularly, losing weight may be a near-impossible task.

“It’s not just about eating – that’s limited. If people are suffering from depression or they have other concerns and diabetes isn’t their primary focus, I think there is a lot of other things that need to be implemented,” she says.

The day-to-day management of diabetes can also be exhausting for patients, Ms Prochilo says.

“It impacts on every part of their lives. It’s about limiting their food intake, increasing exercise, monitoring their blood sugar, checking their feet and eyes – there are so many aspects to it.”

It’s vital that, in a multifaceted way, patients manage their diabetes, every health professional involved understands the patient’s goals and roles, she says.

“The GPs’ goal may be to improve sugar levels, but the patient’s might be to be able to play with their grandchildren.”

The best way to achieve that, in her experience, is to offer practical solutions rather than information overload.