Preventing Type 2 Diabetes: The Role of the GP

It is now over five years since clinical trials in China, Finland, India and the USA have shown that type 2 diabetes (T2D) may be, at least in theory, preventable through lifestyle change (the program goals of the Finnish Diabetes Prevention Study are shown in Box 1). Two implementation trials regarding the prevention of diabetes, the first conducted in Finland and the second, the Greater Green Triangle Diabetes Implementation Trial in Victorian and South Australian General Practices, have now shown what can be done in clinical practice.1,2

Two major developments were adapted from the Trial. The Greater Green Triangle Diabetes Prevention Program (GGT DPP) prevents diabetes in primary care by the identification of high risk individuals using a simple questionnaire, which only takes a few minutes to complete (http://203.89.242.73/dav/Default.aspx).3 The second development is the skilful use of the latest theories of behavioural change, delivered in a six group-session intervention over eight months.

The Implementation Trial achieved a 40% reduction in T2D at twelve months, which persisted into the follow-up at thirty months. All components of the metabolic syndrome (except systolic blood pressure) improved. The importance of a structured approach to diabetes prevention was demonstrated in the GGT DPP and was clearly superior to usual advice or self-management.1

The GGT DPP has been recognised by Council of Australian Governments as the only evidence-based diabetes prevention program in Australia. The Victorian Government has adopted the GGT DPP for its lifestyle modification program called “Life! Taking Action on Diabetes”, managed by Diabetes Australia-Victoria (http://www.diabeteslife.org.au).

**Identifying patients at high risk of T2D**

Using the data from the AUSDIAB Study, an Australian diabetes risk assessment tool “AUSDRISK” was developed based on the successful Finnish “FINDRISK” tool. It has ten questions, each weighted for risk, with one measurement (waist circumference). This tool can be used by health professionals or completed by patients. It is simple and quick enough to be used in a systematic way to identify large numbers of people at risk of T2D as well as those who have not yet been diagnosed (http://203.89.242.73/dav/Default.aspx).

From July 2008, Medicare has funded item numbers to support General Practitioners in the identification and prevention of type 2 diabetes (T2D). There are also new Medicare item numbers available to support the counselling of people at risk of diabetes in the forty to forty-nine year age group. The items are 713 and 710. Once the item number has been claimed, patients can be referred to a suitable accredited lifestyle program and health professionals delivering the program will receive a payment from Medicare to conduct these courses.

**Lifestyle modification programs**

Currently, the only evidence-based lifestyle program that has been shown to reduce the risk of T2D is the GGT DPP, which is being delivered across Victoria as part of the “Life! Taking Action on Diabetes” program. Other providers may be recognised by local Divisions of General Practice and each General Practitioner should ask about the quality and effectiveness of local programs.

**T2D is preventable**

General Practitioners are the most potent motivator for patients to make a change and diabetes prevention needs to become routine; patients at risk need to be directed into effective diabetes prevention programs (see Box 2).

No conflict of interest declared

References available at request