



Innovative Medicines Initiative

'What's in a number?'

Annemarie Bevers
IDF region Europe

IDF Europe is:



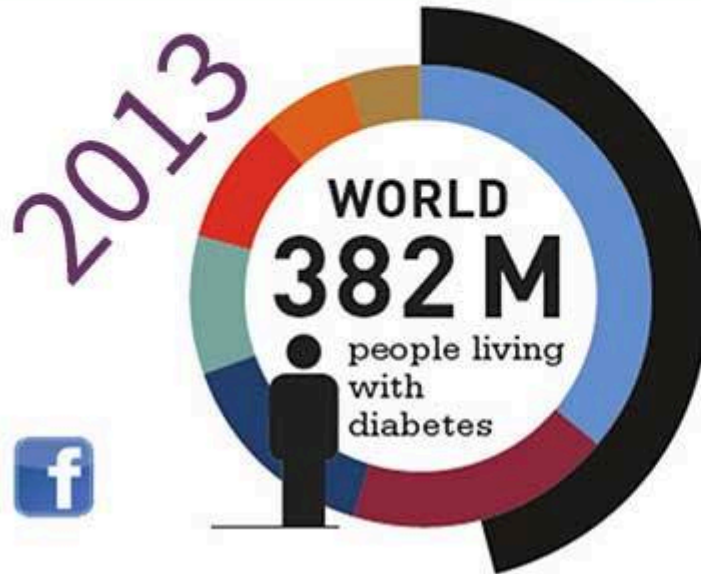
- an umbrella organisation representing **66 diabetes associations in 47 countries across Europe**
- represent people living with diabetes and healthcare professionals.
- provide **essential expertise** and **up-to-date evidence on diabetes**
- support diabetes **awareness campaigns**
- advocate** European and international organisations for **proper public policies** for diabetes.



From 2013 to 2035:



IDF DIABETES ATLAS Sixth edition



Once there was a little girl....just like many others



In 1998



-
- I wasn't feeling well but couldn't put my finger on what was wrong
 - My doctor picked up the signal and started research on several things
 - After half a year, still not feeling well, no diagnose
 - I was send to the hospital for a consult
 - After 8 months, still no diagnose, still feeling bad
 - My question then: could it be Diabetes? Although I had none of the specific symptoms



And then you know: life will never
be the same



Diagnose



Diagnose: Diabetes Mellitus Type 2

Type 2 at first stage because I was diagnosed at the age of 40 years. Genetically based on mothers side.

Later: DM type 1 or another type of Diabetes? Maybe LADA (Latent Autoimmune Diabetes Mellitus in Adults)?

Re-diagnosed: 10 years after the diagnose Type 2, I was tested for anti-GAD (glutamic acid decarboxylase). Result of testing: negative. Research learned that these anti-GAD could disappear shortly after the diagnose.

Nowadays: still living with questions about what type of diabetes I have.

Carrying a backpack



From the beginning:

- Lots of changes in therapy
- Lots of complications (liver, inflammations, cheiropathy, stomach, thyroid gland, allergic reactions and so on) like my mother had
- No 'regular' patient with 'regular' symptoms
- Not fitting in the regular healthcare treatment
- Struggling for being heard as a non-regular patient
- Struggling for customised care **and** patient centred care.



Most important starting point



Quality of life



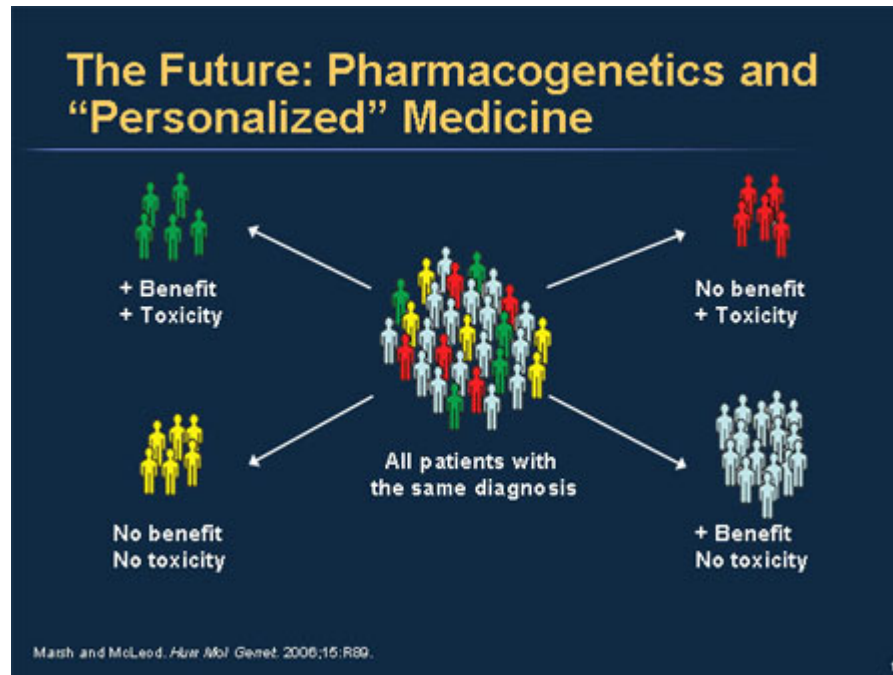
Needs



-
- Dialogue with all the HCPs
 - More dedicated research on finding the right number of diabetes
 - More information about the different kinds of diabetes and how to treat 'personally'
 - Make HCPs aware that listening is important
 - Help to make choices
 - More use of Pharma genetica
 - DNA profiling (more genetically risks?).



Tailor-made?



Research and development:



From 'one size fits all' to 'tailor-made'



Always carrying a handbag full with devices, pills, dextro,...



Thank you
Questions?