‘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

2013

WORLD 382 M
people living with diabetes

2035

WORLD 592 M
people living with diabetes in 2035

46% undiagnosed
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 sent 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: 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?

The Future: Pharmacogenetics and “Personalized” Medicine

All patients with the same diagnosis

+ Benefit + Toxicity

No benefit + Toxicity

No benefit
No toxicity

+ Benefit
No toxicity

IMI – JDRF Diabetes Patient Focus Meeting
20 May 2014 - Brussels
Research and development:

From ‘one size fits all’ to ‘tailor-made’
Always carrying a handbag full with devices, pills, dextro,...
Thank you
Questions?