



University Hospital Carl Gustav Carus Dresden



The European Experience Challenges for Implementation

Prof. Peter Schwarz

Department for Prevention and Care
University Hospital „Carl Gustav Carus“ Dresden

Global Development



ECONOMIC

- 1 Food price volatility
- 2 Oil and gas price spike
- 3 Major fall in USD
- 4 Slowing Chinese economy (6%)
- 5 Fiscal crises
- 6 Asset price collapse
- 7 Retrenchment from globalization (developed)
- 8 Retrenchment from globalization (emerging)
- 9 Regulation cost
- 10 Underinvestment in infrastructure

GEOPOLITICAL

- 11 International terrorism
- 12 Collapse of NPT
- 13 US/Iran conflict
- 14 US/DPRK conflict
- 15 Afghanistan instability
- 16 Transnational crime and corruption
- 17 Israel-Palestine conflict
- 18 Violence in Iraq
- 19 Global governance gaps

ENVIRONMENTAL

- 20 Extreme climate change related weather
- 21 Droughts and desertification
- 22 Loss of freshwater
- 23 NatCat: Cyclone
- 24 NatCat: Earthquake
- 25 NatCat: Inland flooding
- 26 NatCat: Coastal flooding
- 27 Air pollution
- 28 Biodiversity loss

SOCIETAL

- 29 Pandemic
- 30 Infectious disease
- 31 Chronic disease: heart disease, stroke, cancer, chronic respiratory disease and diabetes
- 32 Liability regimes
- 33 Migration

TECHNOLOGICAL

- 34 CII breakdown
- 35 Emergence of nanotechnology risks
- 36 Data fraud/loss

Challenge Implementation

1. **Evidence for diabetes prevention** (guideline)
2. **Evidence for diabetes prevention Practice** (Implementation trial , Experience, practice guidelines)
3. **Political support** (Diabetes plan, Prevention plan, Educational activities,
4. **Partners at different levels of care** (stakeholder involvement, multidisciplinary team....)
5. **Adequate intervention concepts and material** (Exchange with others, know how transfer, networking.....)
6. **Training of the trainer** (license, reimbursement, work plan prevention)
7. **Quality management in the process** (comparable QM, benchmarking)
8. **Business plan prevention including high risk and public health approach**

We know that the prevention of diabetes mellitus is effective, feasible, evaluated but difficult, time consuming, challenging

How to get it to practice

Developing a prevention strategy

- ~~be structured~~ **easy to understand**
- find people where they are – setting approach
- focus on the individual – empowerment
- involve regular contact with individuals with prediabetes
- recruit educated lifestyle managers
- continuously evaluate the success of prevention strategies
- use screening tools that are applicable in a population setting
- include quality management – prevention management

Specific objectives

1

Development of a European practice-oriented guideline for prevention of type 2 diabetes

2

Development of a European curriculum for the training of prevention managers

3

Development of European standards for continuous quality control and evaluation of prevention programs for type 2 diabetes

4

Development of a European e-health training portal for prevention managers

=> European standards applicable in all member states will help to reduce inequalities in health

The IMAGE project – Partners involved

Thank you very much





We need

Plan

Concept

Action

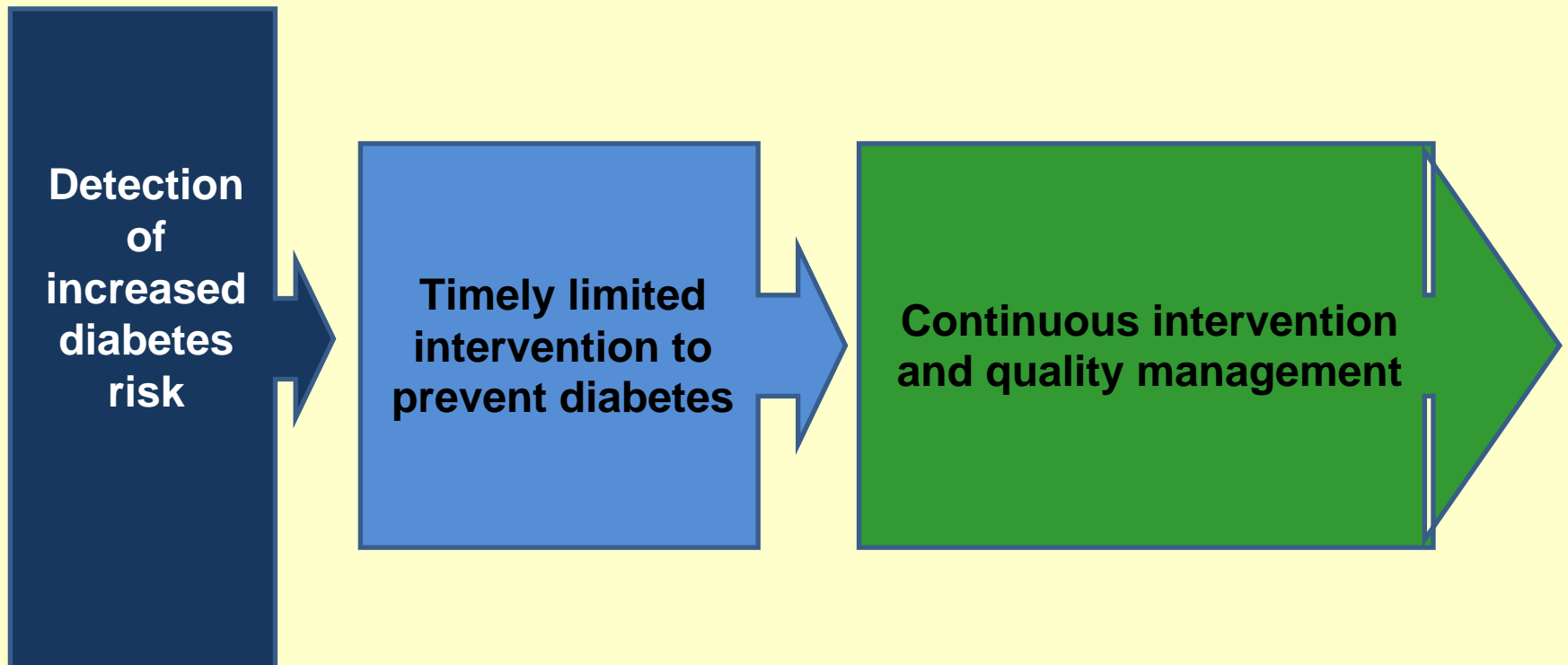
Plan

Development of an Global Action Plan - Diabetes Prevention

The action plan should identify essential activities and available resources for diabetes prevention and spell out the responsibilities of each stakeholder and their involvement. In addition, the plan should recommend and outline action steps specific to each involved cohort - (e.g. families, friends, health care providers, the media, health insurance providers, employers, researchers, professional educators, ethnic and cultural groups to name but a few).

Concept

3 Steps of a Diabetes prevention program



Action

Take Action to prevent Diabetes

**A toolkit for the prevention of type 2
diabetes**



TAKE ACTION TO PREVENT DIABETES

A toolkit for the prevention of type 2 diabetes in Europe

Take Action to Prevent Diabetes – The IMAGE Toolkit for the Prevention of Type 2 Diabetes in Europe

Guidelines 537

Authors

J. Lindström¹, A. Neumann^{1,2,3}, K. E. Sheppard⁴, A. Gills-Januszewska⁵, C. J. Greaves⁶, U. Handke⁶, P. Pajunen⁷, S. PuM⁸, A. Pöönen⁹, A. Rissanen¹, M. Roden¹⁰, T. Stempert¹¹, V. Tell e-Hjellset¹², J. Tuomilehto¹³, D. Velickiene¹⁴, P. E. Schwarz¹⁵, on behalf of the IMAGE Study Group^{*}

^{*} IMAGE Study Group: T. Acosta, M. Adler, A. Alkewi, N. Barengo, R. Barengo, J. M. Boavida, K. Charlesworth, V. Christov, B. Gabriel-Sanchez, A. Gills-Januszewska, M. Goldfracht, J. L. Gomez, C. J. Greaves, M. Hall, U. Handke, H. Hauner, J. Herzig, N. Hermans, L. Hermibrough, C. Huber, U. Hühner, J. Hutvainen, A. Jelic, Z. Kamenov, S. Karadeniz, N. Katsilambros, M. Khalafoglu, K. Kisimova-Silabek, D. Köhler, V. Kopp, P. Koonstein, B. Kuzes, D. Rynne-Gzebakki, K. Lalic, N. Lalic, R. Landgraf, Y. H. Lee-Barley, S. Laitis, J. Lindström, K. Malerik, C. Mcintosh, M. McKee, A. C. Mensquita, D. Misina, E. Muijke, A. Neumann, A. C. Palva, P. Pajunen, B. Paulweber, M. Petronen, L. Perrenoud, A. Pfeffer, A. Pöönen, S. PuM, F. Raposo, T. Reinherz, A. Rissanen, C. Robinson, M. Roden, U. Roth, T. Saaristo, J. Scholl, P. E. Schwarz, K. E. Sheppard, S. Spens, T. Stempert, B. Strassman, J. Szendroedi, Z. Szybinski, T. Tankova, V. Tell e-Hjellset, G. Terry, D. Tollo, F. Toti, J. Tuomilehto, A. Undeutsch, C. Valadas, P. Valensi, D. Velickiene, P. Vermunt, R. Weiss, J. Weiss, T. Ylmar

Affiliations

The affiliations are listed at the end of the article

Executive Summary

When we ask people what they value most, health is usually top of the list. While effective care is available for many chronic diseases, the fact remains that for the patient, the taxpayer and the whole of society: **Prevention is Better Than Cure.**

Diabetes and its complications are a serious threat to the survival and well-being of an increasing number of people. It is predicted that one in ten Europeans aged 20–79 will have developed diabetes by 2030. Once a disease of old age, diabetes is now common among adults of all ages and is beginning to affect adolescents and even children. Diabetes accounts for up to 18% of total health-care expenditure in Europe.

The Good News is That Diabetes is Preventable. Compelling evidence shows that the onset of diabetes can be prevented or delayed greatly in individuals at high risk (people with impaired glucose regulation). Clinical research has shown a reduction in risk of developing diabetes of over 50% following relatively modest changes in lifestyle that include adopting a healthy diet, increasing physi-

cal activity, and maintaining a healthy body weight. These results have since been reproduced in real-world prevention programmes. Even a delay of a few years in the progression to diabetes is expected to reduce diabetes-related complications, such as heart, kidney and eye disease and, consequently, to reduce the cost to society.

A comprehensive approach to diabetes prevention should combine population based primary prevention with programmes targeted at those who are at high risk. This approach should take account of the local circumstances and diversity within modern society (e.g. social inequalities). The challenge goes beyond the health care system. We need to encourage collaboration across many different sectors: education providers, non-governmental organisations, the food industry, the media, urban planners and politicians all have a very important role to play.

Small Changes in Lifestyle Will Bring Big Changes in Health. Through Joint Efforts, More People Will be Reached. The Time to Act is Now.

Abbreviations

▼
DPS: Finnish Diabetes Prevention Study
FINDRISC: Finnish Diabetes Risk Score
IFG: Impaired fasting glucose
IGT: Impaired glucose tolerance
OGTT: Oral glucose tolerance test
T2DM: Type 2 diabetes mellitus

Why is it Time to Act?

- ▼
The alarming epidemic
■ In Europe, around 55 million adults have diabetes.
■ By 2030, this figure is estimated to rise to 66 million adults.

Bibliography
DOI: <http://dx.doi.org/10.1055/s-0029-1240975>
Horm Metab Res 2010; 42 (Suppl. 1): 537–555 © Georg Thieme Verlag KG Stuttgart – New York · ISSN 0018-5043

Correspondence:
Anne Neumann
Carl Gustav Carus Medical Faculty, MK III
Technical University of Dresden
Fetscherstr. 74
01307 Dresden
Germany
Phone: +49 35 145 82782
Fax: +49 35 145 873 19
Anne.Neumann@unklinikum-dresden.de



General aim

- To provide a **credible, simplistic, concise, clear, pragmatic, accessible** document with a **positive message** about health promotion
- Grounded on the IMAGE evidence-based guideline and training curriculum for prevention managers and should preferably be used alongside them
- Target group
 - **Politicians / policy makers** (esp. executive summary)
 - All **service providers** in the field of health care and promotion
 - Background / education in health care – basic knowledge
 - Information for “clients” will be included within the document and will be provided to them by the person delivering the intervention.

What is necessary

SMART Goals

F.I.T.T. Principles

EAT CLEVER strategy

START





Toolkit - Contents

- **Executive summary** (“the problem&solution in a nutshell”)
- **Why is it time to act?**
 - Facts and Figures; Risk factors; Large number of unknown cases; Complications through late diagnosis; Costs for health care system and the society; Prevention is possible: the evidence; Economic and social benefits of diabetes prevention
- **How can I make a difference?**
 - Prevention as joint effort; Why and how to involve societal framework partners; Practical tips for societal support; How to build up multidisciplinary prevention team; Practical tips for networking
- **How to budget and finance a prevention programme**
 - Realistic budget; Possible sources of income
- **How to identify people at risk**
 - Diabetes risk factors; Risk assessment; Care pathway for healthcare provider; Strategy and practical tips for encouraging participation in intervention activities
- **How to change behaviour**
 - Elements and targets of effective lifestyle intervention programmes; Supporting behaviour change; Effective communication

5. DE-PLAN meeting 5.4.2011 in Madrid



• **Physical activity to prevent diabetes**

- Why to increase physical activity; How to encourage to increase physical activity
- The **FITT** principle for training routine:
 - **Frequency - Intensity - Time - Type**

• **Nutrition & dietary guidance to prevent diabetes**

- Long-term dietary goals (in nutrient and food intake level)
- The **EAT CLEVER** principle for counselors
 - **Estimation of the dietary pattern, Aims in the long and short run, Tools, guidance, and support, Composition of the diet, Lifestyle for the whole life, Energy, Variety, Evaluation, Risks**

• **Other behaviours to consider**

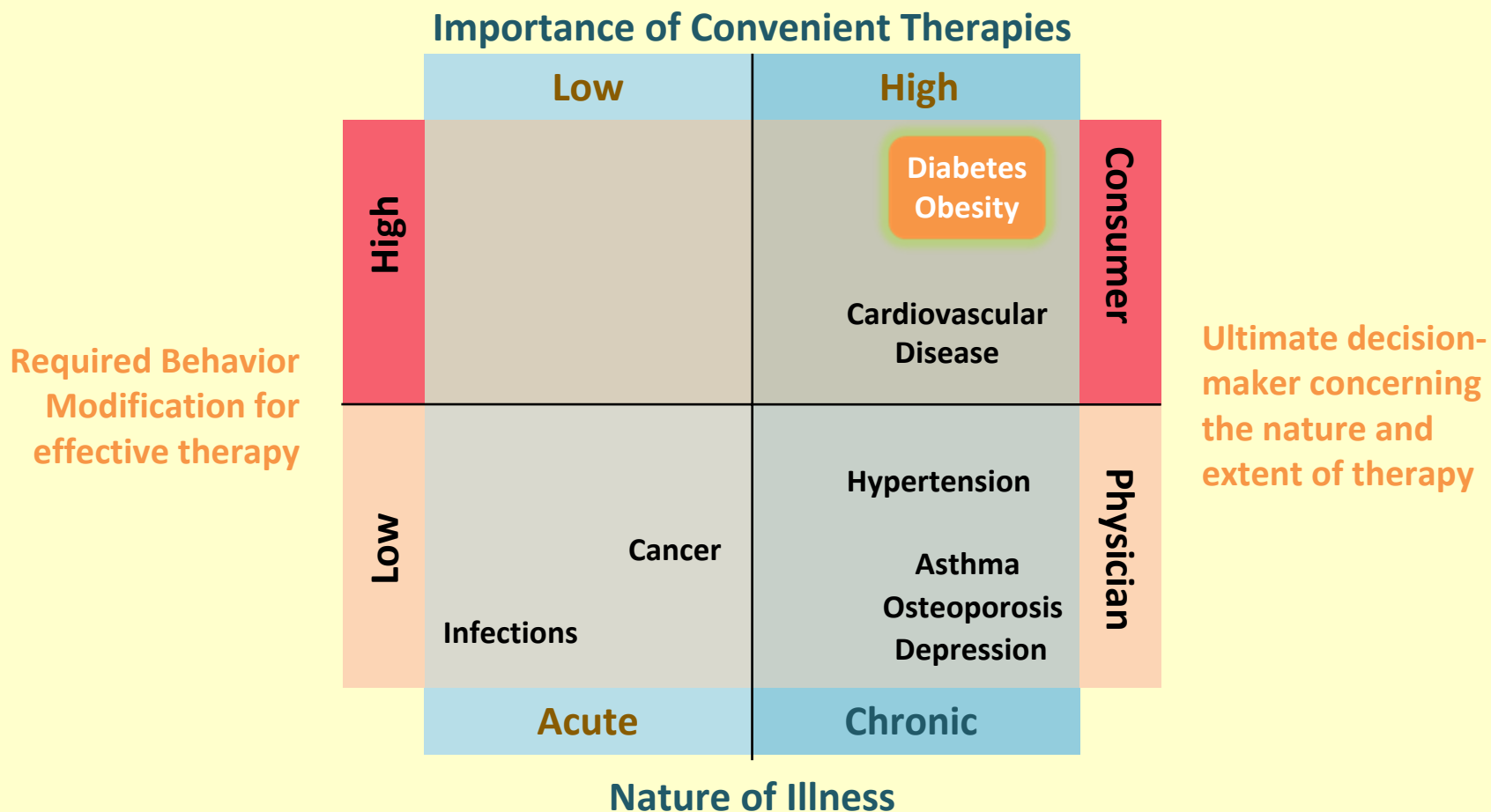
- Stress and depression; Smoking; Sleeping patterns

• **Evaluation / quality assurance**

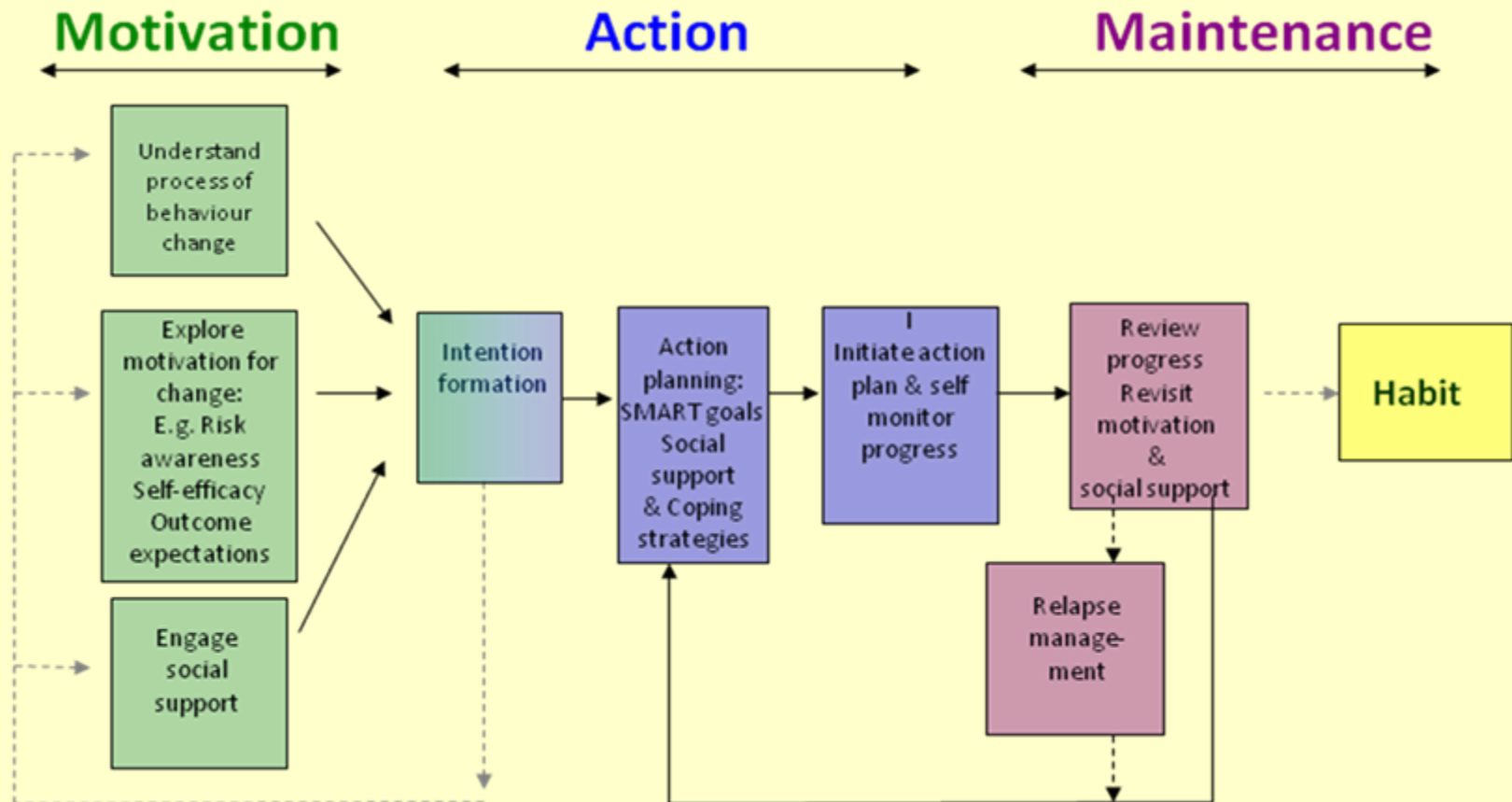
- Quality criteria; Risks and adverse effects

• **Join forces to make a difference! (“positive mission statement”):**

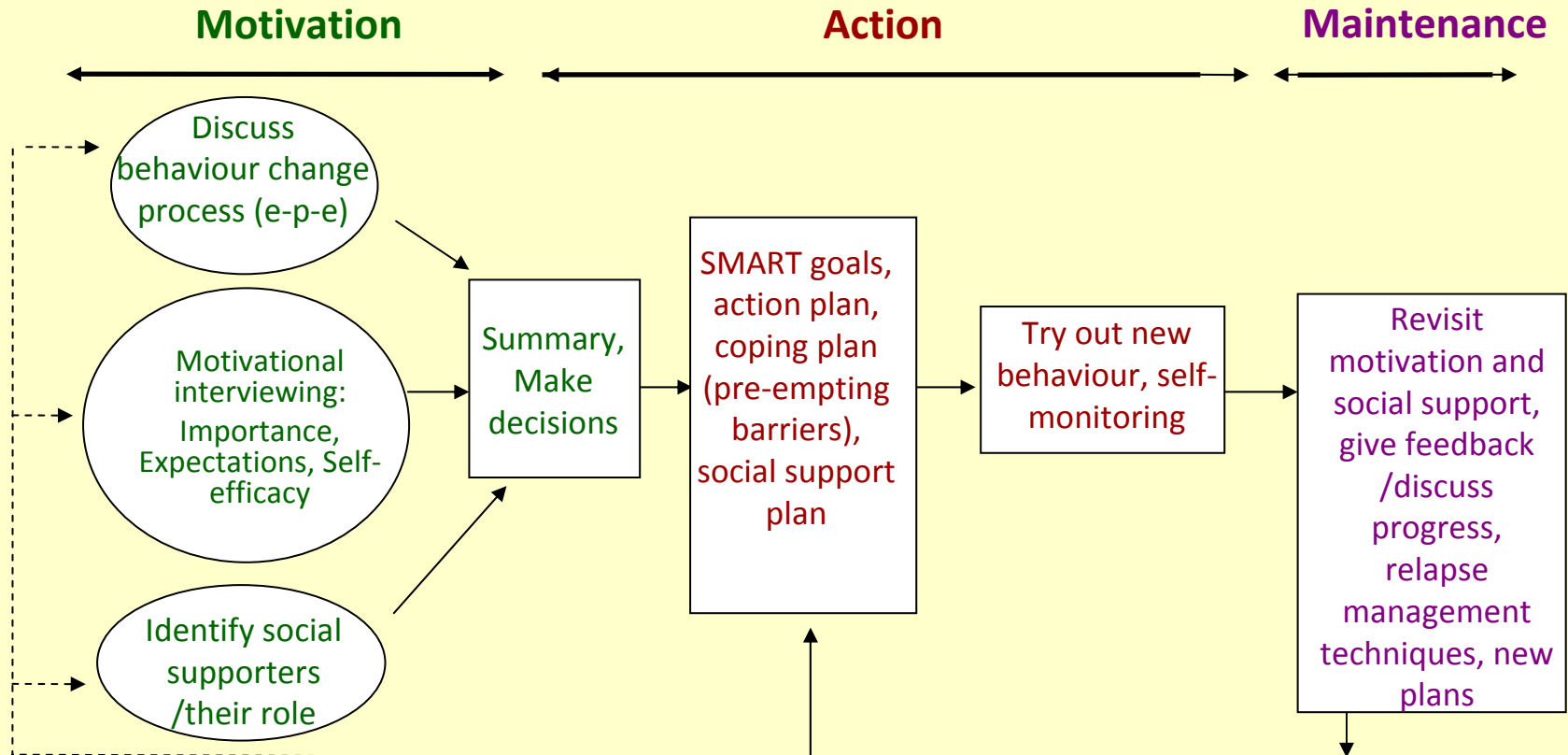
How to change behavior ?



Behaviour Change Model (Greaves et al, 2011)



Behaviour Change Techniques (Greaves et al, 2011)



5. DE-PLAN meeting
5.4.2011 in Madrid



**TAKE ACTION TO PREVENT
DIABETES. YOU CAN DO IT
NOW!**

Take Action to prevent Diabetes

**A curriculum for Prevention managers for
the prevention of type 2 diabetes**

Why an Prevention manager

- Large companies negotiating capitation cohorts -
 - Industry become disease management partner -/+
 - Economic pressure in diabetes care -
 - Network structures in diabetes care +
 - Intensive try to establish patients liaisons -/+
 - Pay for performance and quality reimbursement +
 - More responsibilities for nurses in diabetes +
- **Prevention manager =**
quality in intervention

Tasks of the Prevention Manager (PM)

Management:

Communication with other players (diab. prevention and society), networks

Motivation and recruitment of participants (persons at high risk)

Organization of the programme (time line, dates, places, coworkers*, reimbursement, ...)

Evaluation

Counselling and Training:

Behaviour change & Motivation

Lifestyle I – specific aspects of nutrition*

Lifestyle II – specific aspects of physical activity*

*) in some countries the prevention manager will establish a „diabetes prevention team“ assuring to integrate experienced experts of the respective prevention areas

Overall Structure of the PM Training

Pre-course assignment: supported by the e-learning platform (WP 7) about 4 weeks before the face-to-face-part the participants have to work on preparatory texts, book chapters, ...

Face-to-face part of the PM-training (training course)

- Presentation of basic information to the participants (e.g. lecture)
- Group work (2 participants each): key questions of the respective module from every day practice have to be answered and prepared for the
- Presentation of group results

Post-course assignments: Transfer of results to own local prevention activities: documented organization and evaluated commence of the prevention programme (supported by the e-learning platform)

Overall Structure: Duration / time line of the Training Curriculum PM^{T2Dm}

7 training units (one day/8 hours each; total: about 55 to 60 hours)

Longitudinal project report with respect to local course organization and implementation for the respective target groups (min. workload of 40 hours)

Pre- and post-course assignments supported by the IMAGE e-learning platform (min. workload of 60 hours)

Overall course timespan: about 6 months

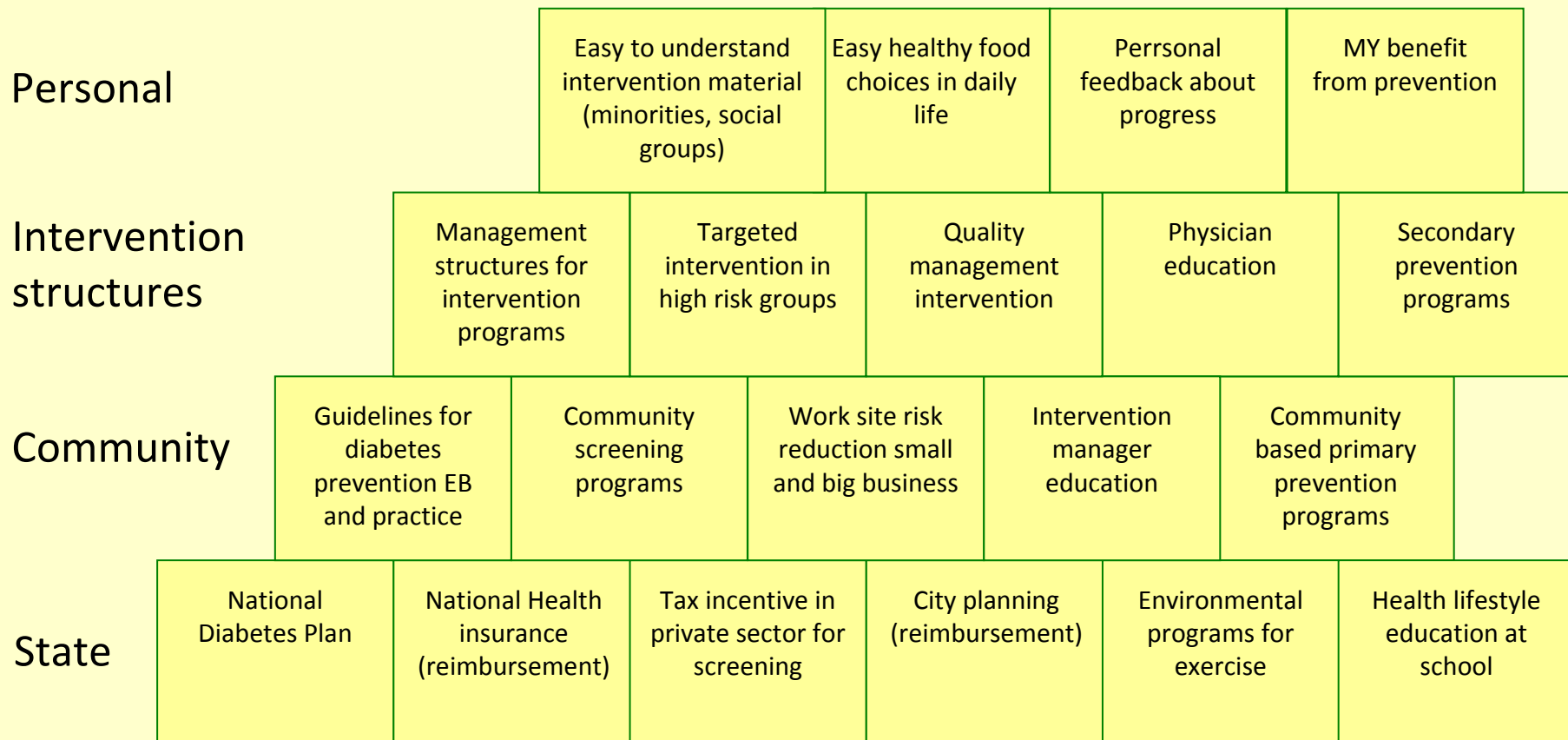
Regional or national **alumni networks** for subsequent quality assurance

Structure of the Training Curriculum PM^{T2Dm}

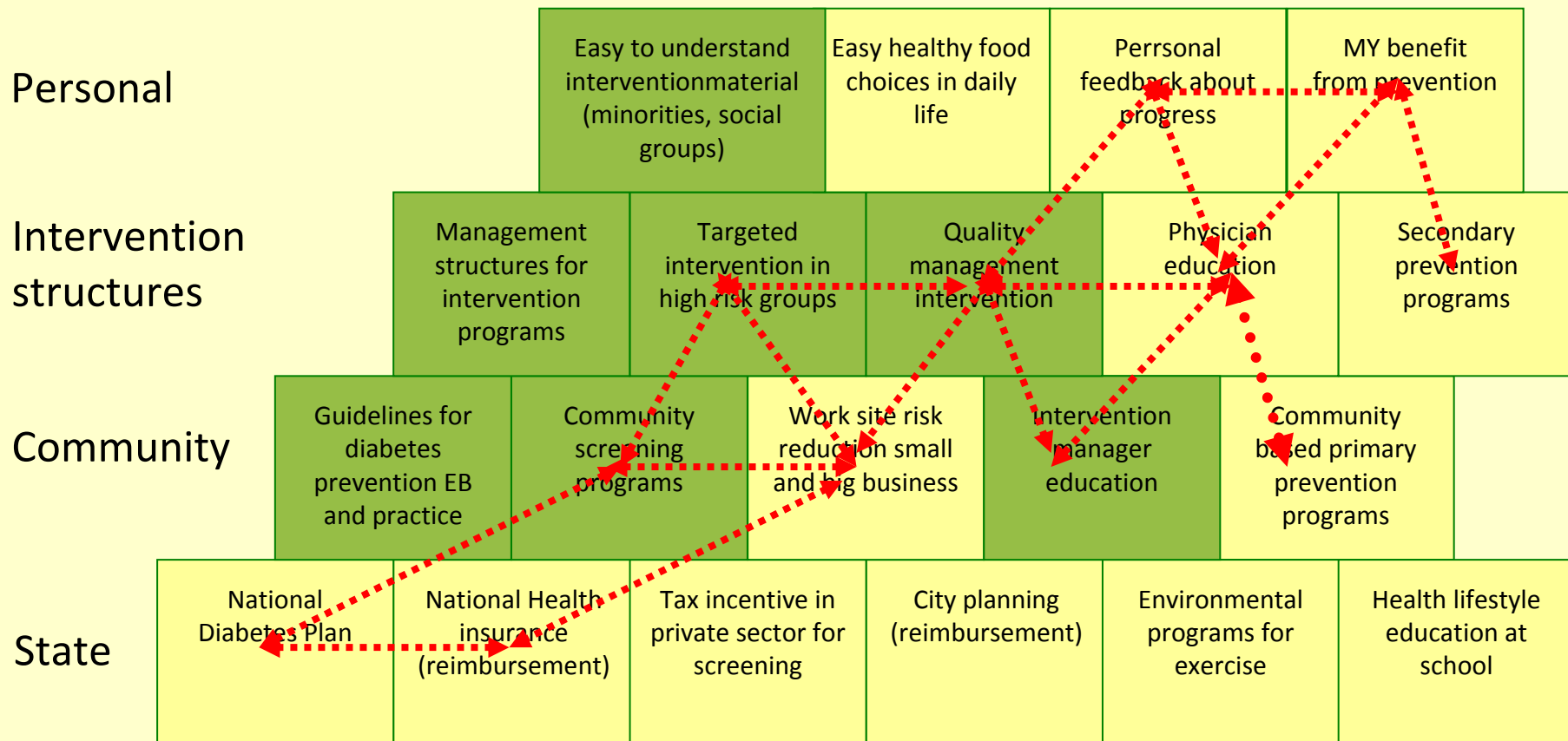
The Training Curriculum PM^{T2Dm} includes **8 modules**
(7x face-to-face plus 1x project report)

- Module 1:** Problem, Evidence, and Tasks
- Module 2:** Course Organization, Recruitment, Networking, Evaluation Management
- Modules 3 & 5:** Behaviour Change I (Motivation) and Behaviour Change (II) (Action and Maintenance)
- Module 4:** Specific Aspects of Physical Activity in Diabetes Prevention
- Module 6:** Specific Aspects of Nutrition in Diabetes Prevention
- Modules 7 & 8:** Longitudinal Project Report/Presentation of the Report

5. DE-PLAN meeting 5.4.2011 in Madrid




5. DE-PLAN meeting 5.4.2011 in Madrid



How can we.....

- **Bring people together who are interested or active in the prevention of diabetes**
- **Increase the understanding for difficulties and barriers while the implementation of prevention programs**
- **Increase the ability for the development of successful programs for diabetes prevention in public health**
- **Enable the primary prevention of diabetes in practice**

A world map is visible in the background of the top banner, showing the continents in a light beige color against a blue background.

Directory - who is active in diabetes prevention

Do you think that Diabetes Prevention is important?

Worldwide network of people active in Prevention of Diabetes

www.active-in-diabetes-prevention.com

Info@activeindiabetesprevention.com

Number of users in the network „Active in diabetes prevention“

1 month after start - **338**



north america: 21
africa: 14

south america: 10
asia: 24

europa: 263
australia: 6

Number of users in the network „Active in diabetes prevention“

2 months after start - **1085**



north america: 247
africa: 49

south america: 60
asia: 102

europa: 583
australia: 44

Number of users in the network „Active in diabetes prevention“

6 months after start - 2016 user



north america: 470
africa: 76

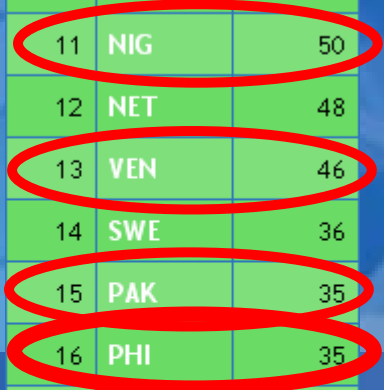
south america: 101
asia: 235

europa: 1063
australia: 71

Country ranking		
RANK	COUNTRY	MEMBER
1	GER	579
2	CD	328
3	USA	321
4	FIN	148
5	UK	143
6	IT	122
7	AUS	102
8	SP	88
9	IND	85
10	POR	59
11	NIG	50
12	NET	48
13	VEN	46
14	SWE	36
15	PAK	35
16	PHI	35
17	FR	33
18	BR	32
19	SWI	32
20	AU	29

Users per country in the network „Active in diabetes prevention“

Today - 3688 user



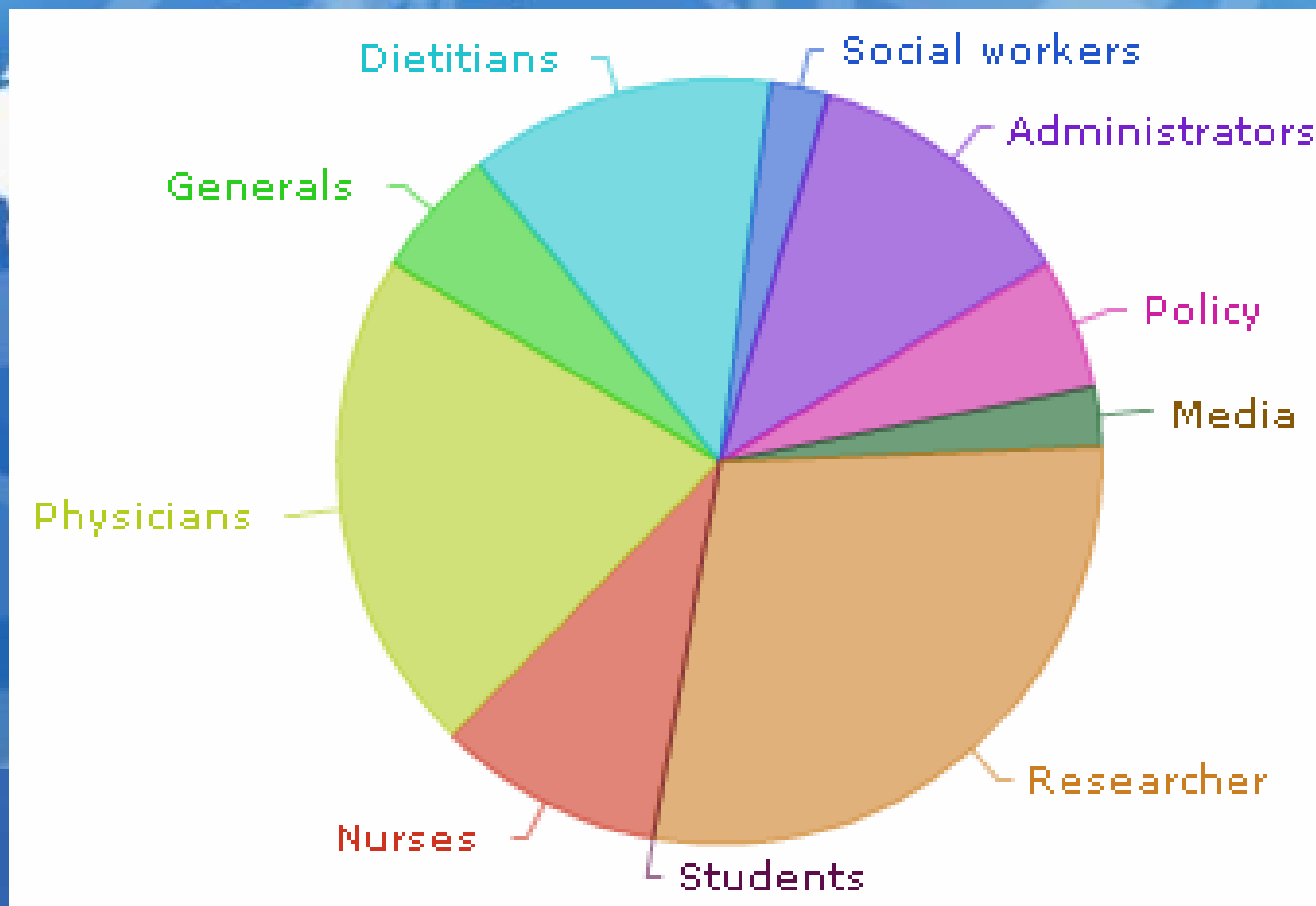
america: 681
130

south america: 135
asia: 415

europa: 1444
australia: 100

www.activeindiabetesprevention.com

Distribution of members in the network „Active in diabetes prevention“



What is the situation today?

VPC

The Virtual Prevention Center



THE VIRTUAL PREVENTIONCENTER



VPC

The Virtual Prevention Center

FINDRISK - Diabetesrisiko heute test einfach

Besteht Sie, so wie alle Typ-2-Diabetiker, aus einem genetischen Risiko, das durch Lebensstilfaktoren verstärkt wird?

Ergebnis:

- 1. Risiko:** Sie sind ein hohes Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.
- 2. Risiko:** Sie sind ein mittleres Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.
- 3. Risiko:** Sie sind ein niedriges Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.

Die verschiedenen Bewegungsbereiche im Überblick

Statische Freizeitaktivität (z.B. Fernsehen, Lesen)

- Sparen ist die unverzichtbare Basis
- lange Sitzzeiten unterbrechen

Leichtere Bewegung (z.B. Gehen, Treppensteigen)

- Im freien Aktivitätsfeld
- Beweglichkeit fördert sich gut als Abschluss einer Bewegungseinheit

Kraftigung (z.B. im Fitnessstudio, im Sportverein)

- Übertragung der Muskelmasse
- Vermeidung von Fehlhaltungen
- Erhöhung des Grundumsatzes

Ausdauer (z.B. Joggen, Schwimmen, Radfahren)

- Im freien Aktivitätsfeld
- erhöht den Energieverbrauch
- kann gut mit Alltagsaktivitäten verbunden werden

Alltagsbewegung (z.B. im Haushalt, beim Einkaufen)

- Er einen erhöhten Energieverbrauch und mehr Wohlfühl finden im Alltag
- kann auf kleine Bewegungsmomente verteilt werden

Diabetesrisiko heute test einfach

Besteht Sie, so wie alle Typ-2-Diabetiker, aus einem genetischen Risiko, das durch Lebensstilfaktoren verstärkt wird?

Ergebnis:

- 1. Risiko:** Sie sind ein hohes Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.
- 2. Risiko:** Sie sind ein mittleres Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.
- 3. Risiko:** Sie sind ein niedriges Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.

Diabetes-Risikotest

Testen Sie Ihr Erkrankungsrisiko!

1. Wie hoch ist Ihr Erkrankungsrisiko?

- Weniger als 10%: 0 Punkte
- 10% bis 20%: 1 Punkt
- 20% bis 30%: 2 Punkte
- 30% bis 40%: 3 Punkte
- 40% bis 50%: 4 Punkte

2. Wie hoch ist Ihr Body-Mass-Index (BMI)?

- unter 25: 0 Punkte
- 25 bis 30: 1 Punkt
- über 30: 2 Punkte

3. Wie hoch ist Ihr Alter?

- unter 45 Jahre: 0 Punkte
- 45 bis 54 Jahre: 1 Punkt
- 55 bis 64 Jahre: 2 Punkte
- über 64 Jahre: 3 Punkte

DIABETES-RISIKOTEST

Testen Sie Ihr Erkrankungsrisiko!

1. Wie hoch ist Ihr Erkrankungsrisiko?

- Weniger als 10%: 0 Punkte
- 10% bis 20%: 1 Punkt
- 20% bis 30%: 2 Punkte
- 30% bis 40%: 3 Punkte
- 40% bis 50%: 4 Punkte

2. Wie hoch ist Ihr Body-Mass-Index (BMI)?

- unter 25: 0 Punkte
- 25 bis 30: 1 Punkt
- über 30: 2 Punkte

3. Wie hoch ist Ihr Alter?

- unter 45 Jahre: 0 Punkte
- 45 bis 54 Jahre: 1 Punkt
- 55 bis 64 Jahre: 2 Punkte
- über 64 Jahre: 3 Punkte

Quality and Outcome Indicators for Prevention of Type 2 Diabetes in Europe - IMAGE

TAKE ACTION TO PREVENT DIABETES

A toolkit for the prevention of type 2 diabetes in Europe

Quality and Outcome Indicators for Prevention of Type 2 Diabetes in Europe - IMAGE

Ne können Sie sich auf Diabetes - ein Diabetesrisikotest

TAKE ACTION TO PREVENT DIABETES

A toolkit for the prevention of type 2 diabetes in Europe

Kalender 2008

Gesund leben

Belegter für einen aktiven Alltag

...Get Tested! Help Prevent Diabetes!

FINDRISK - Diabetesrisiko heute test einfach

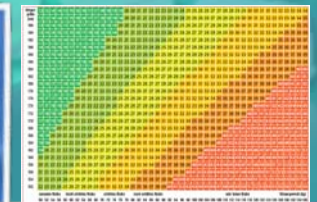
Besteht Sie, so wie alle Typ-2-Diabetiker, aus einem genetischen Risiko, das durch Lebensstilfaktoren verstärkt wird?

Ergebnis:

- 1. Risiko:** Sie sind ein hohes Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.
- 2. Risiko:** Sie sind ein mittleres Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.
- 3. Risiko:** Sie sind ein niedriges Risiko für Diabetes. Sie sollten sich für eine ärztliche Beratung und eine Lebensstiländerung entscheiden.

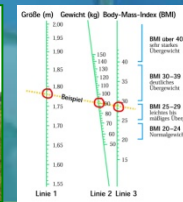
Diabetes vermeiden - selbst aktiv werden

Diabetesprävention in Europa



Beweg Dich!

Die Anleitung für ein gesundes Leben





Quality management in the virtual center

Netzwerk für Qualitätsmanagement

Informationen Kontakt **VP-Auswertung** Patienten-Auswertung Logout



VERTRAGSPARTNER-AUSWERTUNG

LOGIN: MANAGEMENT, AOK

Auswahl Vertragspartner 1

Demo0, VP0 (Leipzig)
Demo1, VP1 (Leipzig)
Demo10, VP10 (Leipzig)

Auswahl Vertragspartner 2

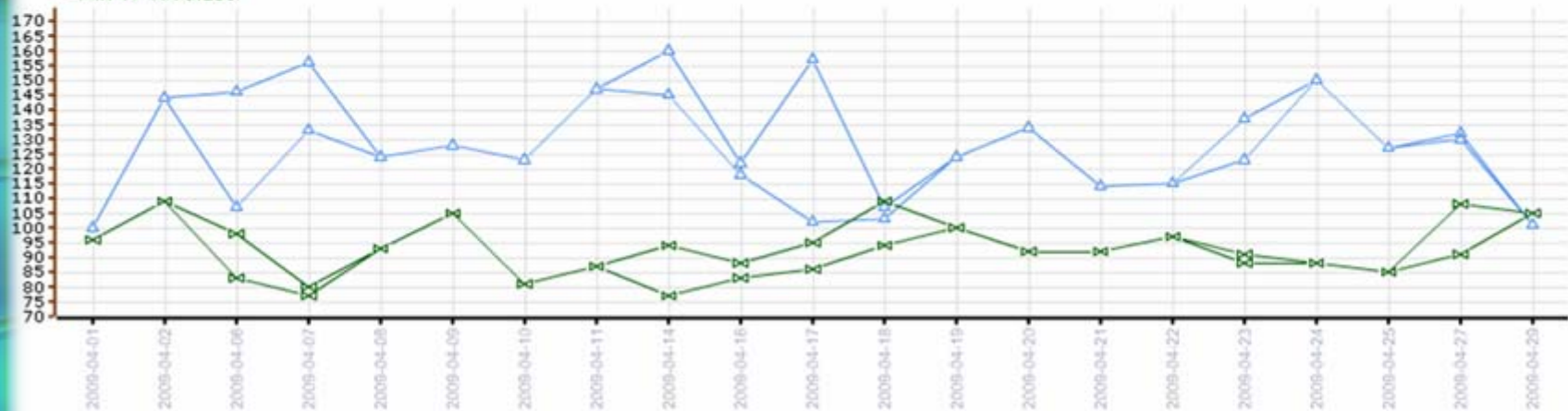
Demo0, VP0 (Leipzig)
Demo1, VP1 (Leipzig)
Demo10, VP10 (Leipzig)

Klicken Sie hier, um eine Übersicht über die **Patientenzahl pro Vertragspartner** zu erhalten ODER wählen Sie aus den beiden Auswahllisten jeweils einen oder mehrere Vertragspartner aus, die sie **miteinander vergleichen** möchten.

VP-Auswertung

VP (1) vs. VP (1)

— Max PM RR syst. — Min PM RR syst. — Max PM RR diast. — Min PM RR diast. — Max VP RR syst. — Min VP RR syst. — Max VP RR diast. — Min VP RR diast.





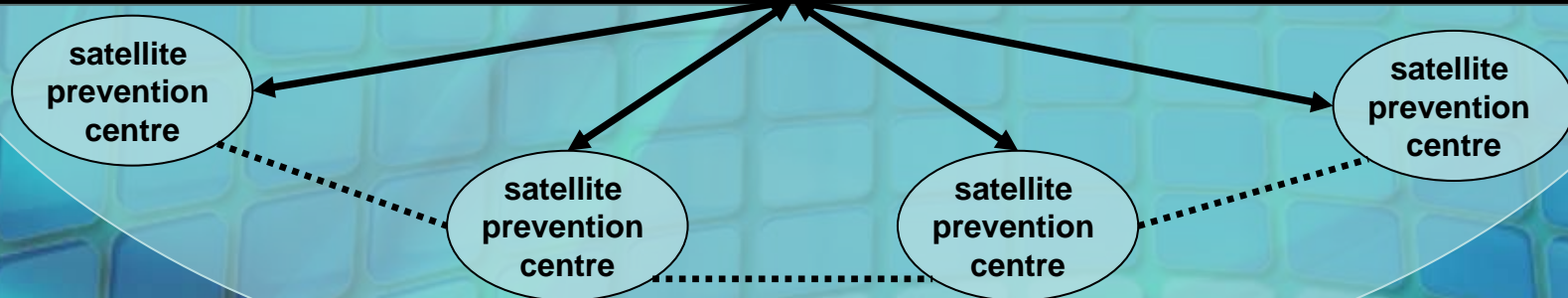
International Diabetes Federation

European Diabetes Prevention Network

Virtual Prevention Centre

Competence groups

Research and development	Education and training	Screening and Risk Stratification	Intervention coordination	Quality management	Regular Diabetes Survey	Business-planning in prevention	Health politics and advocacy
--------------------------	------------------------	-----------------------------------	---------------------------	--------------------	-------------------------	---------------------------------	------------------------------



THE BRITISH JOURNAL OF

Diabetes & Vascular Disease

Free Online Access
<http://dvd.sagepub.com>

JULY/AUGUST 2011

SPECIAL ISSUE ON DIABETES PREVENTION

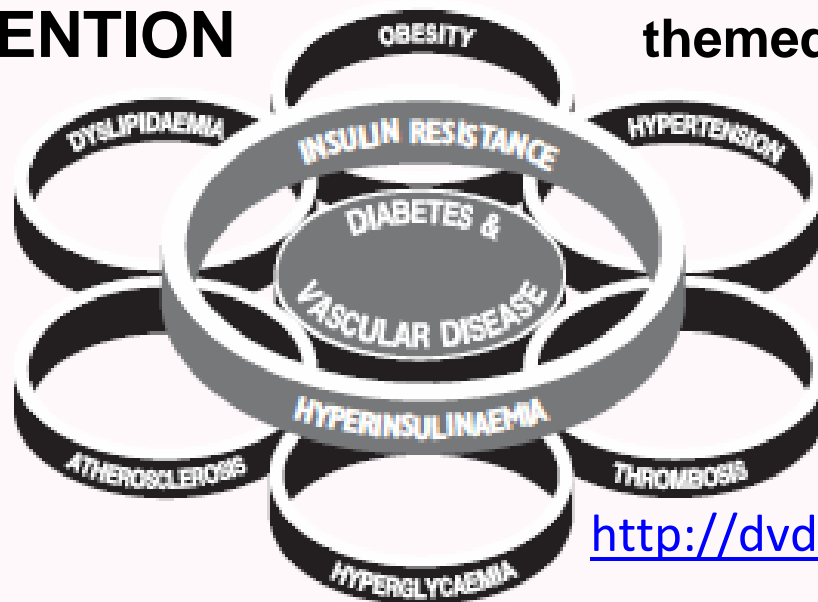
VOLUME 11 ISSUE 4

DIABETES PREVENTION

themed issue July/Aug 2011

Guest Editor

Peter Schwarz
University of Dresden



To receive an email alert when this issue is available online visit:

<http://dvd.sagepub.com/cgi/alerts>

To receive a personal copy of the journal contact ukcircrequests@sagepub.co.uk
Alternative URL for free online access www.bjdvd.com

5. DE-PLAN m
5.4.2011 in Ma

Network –

who are active in
diabetes prevention

Network - who is active in diabetes prevention

Info Register Login Partner

Review IMAGE toolkit!

Welcome to the Network of Diabetes Prevention

Invitation letter Our aims

Here you can find useful information about diabetes prevention. Furthermore this board should be used as a communication platform between all those interested on diabetes prevention worldwide.

Currently we have 3074 registered users from 134 countries.

World directory for people active in the prevention of diabetes - [Register Today!](#)

Our aim is to bring people world wide together interested in diabetes prevention. We invite everyone who is active in the prevention of diabetes and chronic diseases - medical professionals but also lay-people, politicians, administrators, public health specialists, health care providers and many, many others - become a partner in the network.

We would like to establish an online world directory for "people active in diabetes prevention" to connect individuals who are interested and active in the field of prevention of diabetes mellitus. This should help to:

- * build up a network of people being active in the prevention of diabetes worldwide
- * exchange information and experiences leading to successful implementation of prevention programs

With this network we would like to build a climate of understanding of success but also difficulties in the process of implementation.

If you are interested please go ahead and register with your name and Email address today. Step by step we would like to extend the information based on your inputs and responses.

Join the network "people active in diabetes prevention" and make the prevention of diabetes mellitus become reality.

Prof. Peter Schwarz - Dresden, Germany

Diabetes Prevention Forum

Number of users in the network „Active in diabetes prevention“

Today - 3107 user



www.activeindiabetesprevention.com