# Diabetes in Europa: Prevention using Lifestyle, Physical Activity and Nutritional intervention

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Rafael Gabriel Sánchez Tania Acosta Vergara Jaakko Tuomilehto Instituto IdiPAZ, Madrid









Ciudad, País Centro

Düsseldorf, Alemania

Pisa, Italia

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Verdal, Noruega

Tartu, Estonia

Helsinki, Finlandia Department of Public Health, University of Helsinki

Helsinki, Finlandia National Public Health Institute (THL)

Dresden, Alemania Technical University Dresden,

Krems, Austria Universität Krems

Madrid, España Fundación para la Investigación Biomédica del

Hospital Universitario La Paz

Genova, Italia Azienda Sanitaria Locale N.3-Genovese

German Diabetes Centre (DDFI) Università Degli Studi Di Pisa

University of Oslo

University of Athens Medical School

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**Endocrinology Centre** 

Istanbul, Turquia Istanbul University, Faculty of Medicine,

Leicester, Reino Unido University Hospitals of Leicester NHS Trust

Graz, Austria Styra Vitalis

Barcelona, España Fundacio Jordi Gol I Gurina

Paris, Francia IRMG, Institut de Recherche en Medicine Generale

Santa Maria Imbaro, Italia Consorzio Mario Negri Sud

Krakow, Polonia Jagiellonian University Medical College

Sofia, Bulgaria University Hospital Alexandrov, Clinic of Endocrinology

Kaunas, Lithuania Kaunas Medical University

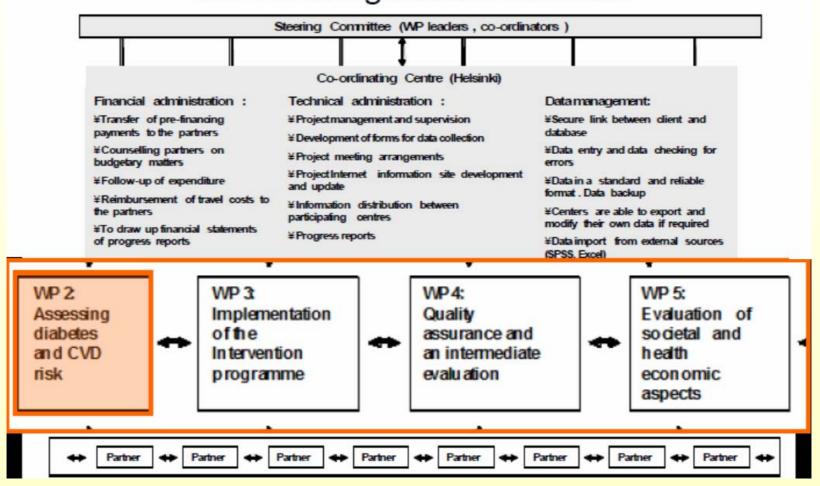
Belgrade, Serbia University of Belgrade, School of Medicine

Belgrade, Serbia Institute for Endocrinology

Tilburg, The Netherlands University of Tilburg, Social Sciences TRANZO Salzburg, Austria Universitätsklinik für Innere Medizin, SALK

# Background

### DE-PLAN organization overview



- Numbers of questionnaires distributed:
   208.172 (Completed: 97.291)
- Number of subjects identified and contacted with high FINDRISC score (>15): 19.004 (19.5%)
- Numbers of people enrolled in the interventions: 10.302

## **AIMS**

♣To assess the risk factor profile and lifestyle habits of people with dysglycemia in the European population

♣To investigate which component of the FINDRISC questionnaire predicts best IGT.

## **SAMPLING**

Random, (representative) population samples: (the majority)

- ♣Population subgroup. People at high risk for T2D (Primary care)
  - Based on FINDRISC score
  - Based on risk factors

## **SAMPLE SIZE**

- Aprox.100.000 people in 17 countries
- 4 Aprox. 5.000 from Spain- (M, CyL, C-L-M)
- **♣Sample sizes vary between 1000-70,000**

In average 1200 people (200 men and women, stratified by 10-year age-groups) per centre.

## WP2 (screening and baseline) methods

- -Design: Cross-sectional multicenter
- -Sampling /setting:
- The FINDRISC (FR-Qx) was distributed using opportunistic sampling techniques in 17 European countries during 2006-2008.
- -Study variables: FR-Qx, serum lipids, fasting & 2-hour glucose and SBP/DBP.
- -The risk of IGT was calculated using logistic regression analysis. The odds ratios (OR) and the respective 95% confidence intervals (CI) are presented.

## **DE\_PLAN**

- 8 questions
- Easy to implement
- Can be completed in less than 5 minutes



### TYPE 2 DIABETES RISK ASSESSMENT FORM

Circle the right alternative and add up your points.

#### 1. Age

0 p. Under 45 years

2 p. 45-54 years

3 p. 55-64 years

4 p. Over 64 years

#### 2. Body-mass index

(See reverse of form)

0 p. Lower than 25 kg/m<sup>2</sup>

1 p. 25-30 kg/m<sup>2</sup>

3 p. Higher than 30 kg/m<sup>2</sup>

### 3. Waist circumference measured below the ribs (usually at the level of the navel)

MEN WOMEN

0 p. Less than 94 cm Less than 80 cm 3 p. 94–102 cm 80–88 cm

4 p. More than 102 cm More than 88 cm



4. Do you usually have daily at least 30 minutes of physical activity at work and/or during leisure time (including normal daily activity)?

0 p. Yes 2 p. No

5. How often do you eat vegetables, fruit or berries?

0 p. Every day 1 p. Not every day 6. Have you ever taken antihypertensive medication regularly?

0 p. No 2 p. Yes

7. Have you ever been found to have high blood glucose (eg in a health examination, during an illness, during pregnancy)?

0 p. No

5 p. Yes

8. Have any of the members of your immediate family or other relatives been diagnosed with diabetes (type 1 or type 2)?

0 p. No

 Yes: grandparent, aunt, uncle or first cousin (but no own parent, brother, sister or child)

5 p. Yes: parent, brother, sister or own child

#### **Total Risk Score**

The risk of developing type 2 diabetes within 10 years is

Lower than 7 Low: estimated 1 in 100

7–11 will develop disease
Slightly elevated:
estimated 1 in 25

will develop disease
12–14 Moderate: estimated 1 in 6

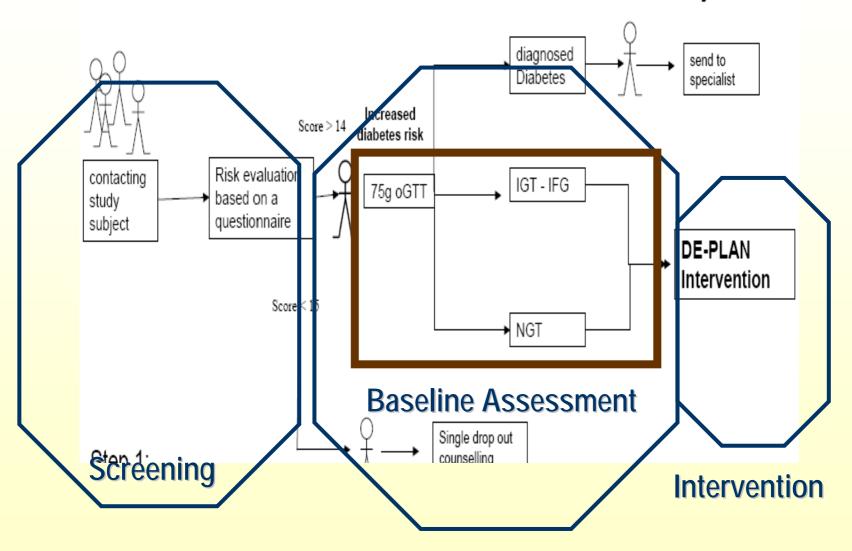
will develop disease 15–20 High: estimated 1 in 3

will develop disease
Higher Very high:
than 20 estimated 1 in 2
will develop disease

Please turn over

### WP2 Methods

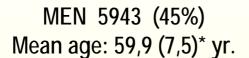
### Advanced - Identification and Selection of the Subjects

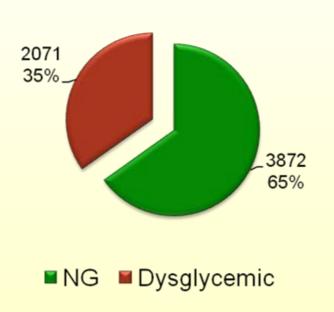


## **DE\_PLAN WP2**

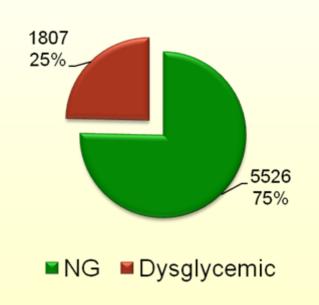
# RESULTS

## Baseline characteristics: gender and age

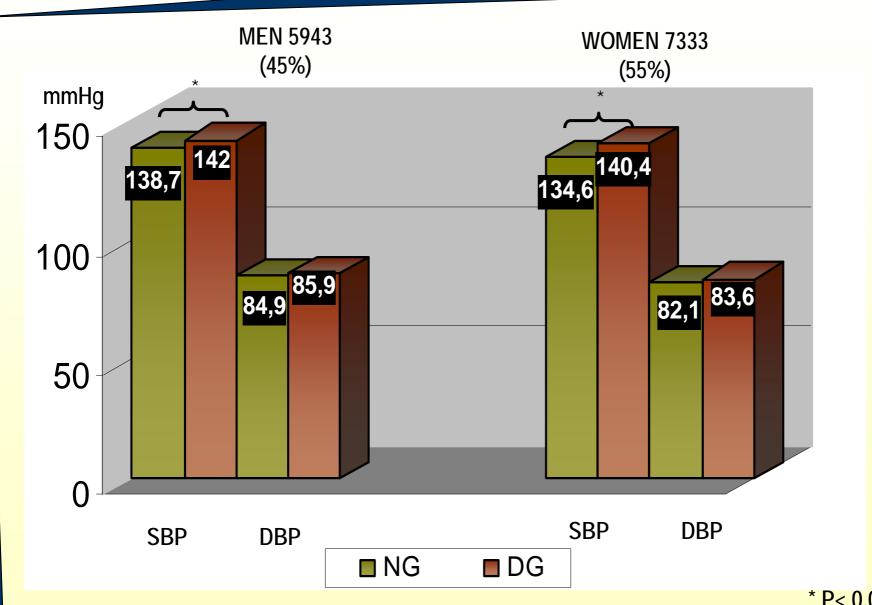




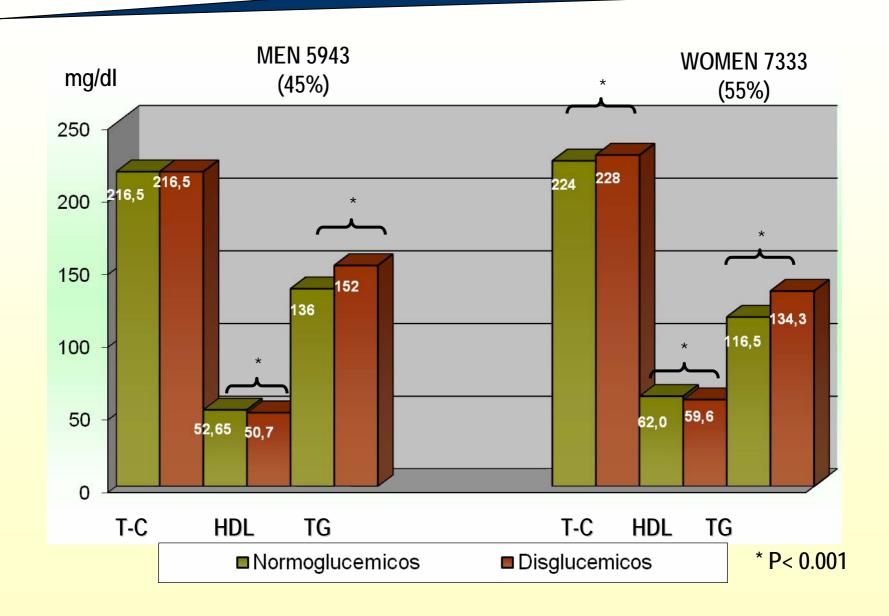
WOMEN 7333 (55%) Mean age: 60 (7.7)\* yr.



### **CV Risk Factors: Blood Pressure**



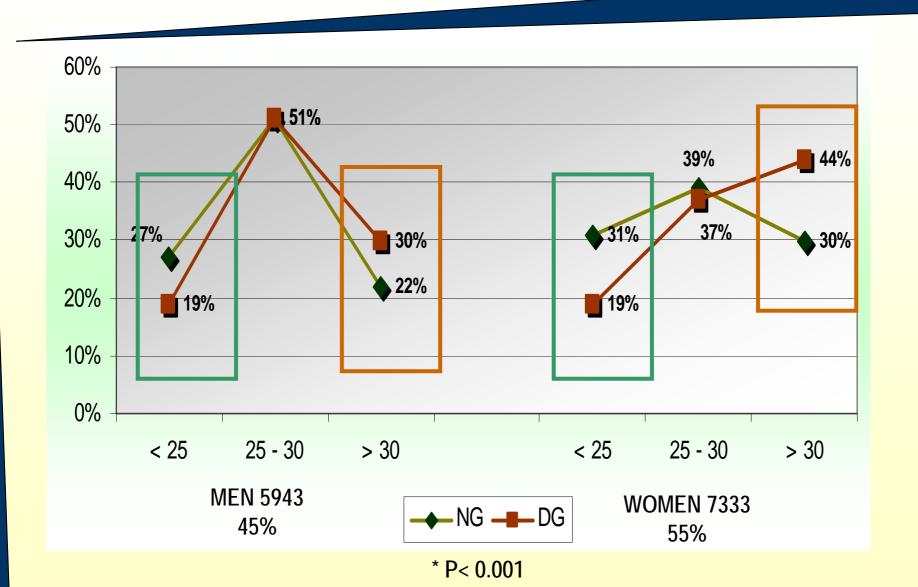
## CV Risk Factors: Blood Lipids



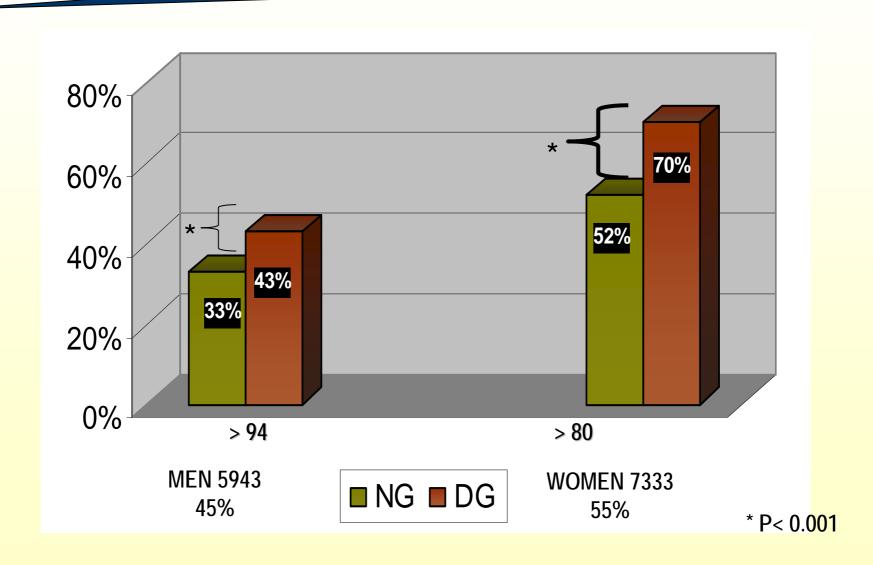
# CV Risk Factors: Body Mass Index(BMI) and Waist Circumference( WC)

	Men n = 5943 (45%)	Women n = 7333 (55%)	P
BMI (Kg/m2)	Mean values	Mean values	
Normoglycaemic	27.5	27.9	p< 0.001
Dysglycaemic	28.4	29.8	p< 0.001
WC (cm)			
Normoglycaemic	97.4	88.9	p< 0.001
Dysglycaemic	100.7	94.7	p< 0.001

## Body Mass Index (BMI) categories (%)



## Waist Circumference (WC)



## Odds ratio (OR) of risk factors with IGT (95% CI)

Variables		Men	Women
BMI (Kg/m2)	< 25	1 (ref))	1 (ref)
	25-30	1.21 (0.95-1.55)	0.92 (0.73-1.16)
	>30	1.21 (0.95-1.55)	1.26 (0.97-1.64)
WC (cm)	< 94 / < 80	1 (ref))	1 (ref)
	94-102 / 80-88	1.38 (1.09-1.75)	1.26 (0.96-1.66)
	>102 / >88	1.82 (1.40-2.37)	2.37 (1.79-3.13)
Physical activity	>30 min/day	1 (ref))	1 (ref)
	<30 min/day	1.25 (1.07-1.46)	1.31 (1.13-1.52)
Daily fruit & vegetable intake	yes	1 (ref))	1 (ref)
	No	1.25 (1.06-1.46)	1.29 (1.10-1.52)

Covariates age, BMI, W, physical activity, daily fruit/vegetable consumption

## **Conclusions WP2**

- 1.Dysglycaemic individuals had a worse Risk Profile than normo-glycaemics in De-PLAN Study (BP, Blood Lipids, BMI and WC)
- 2. Low physical activity and central obesity are independently associated with IGT, in both men and women in the European population.
- 3. Waist circumference, low physical activity and low vegetal intake seem to be associated with IGT.

## Work package 3 (steps)

- 1. Identification of the individuals at high risk of type 2 diabetes (screening)
- 2. Baseline assessment of high risk individuals (OGTT & CVRF measurements)
- 3. Intensive core intervention in different intervention settings

4. Continuous intervention for motivation maintenance and evaluation

# CENTRES SURVEY (30/07/2010) 18 centres have data

Centres	COUNTRY	BASELINE	1 year FOLLOW- UP	2 year FOLLOW- UP	3 year FOLLOW- UP
Athens	GREECE	X	X		
Barcelona	SPAIN	X	X		
Belgrad	SERBIA	X	X	X	X
Dresden		X			
Genova	ITALY	X	X		
Graz	AUSTRIA	X	X		
helsinki	FINLAND				
Istanbul	TURKEY	X	X		
Kaunas	LITHUANIA	X	X		
Krakow	POLAND	X	X		
Krems	AUSTRIA	X	X		
Madrid	SPAIN	X	X	X	X
Oslo	NORWAY	X	X		
Paris	FRANCE	X			
Pisa	ITALY	X			
Salzburg	AUSTRIA	X			
Sta. Maria	ITALY	X	X	X	
Sofia	BULGARIA	Х	Х		
Tartu	ESTONIA	Х	Х		
TOTAL		18	14	3	2

## **DE-PLAN: Global figures**

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THANKS

OD_ ODG_ ODG_	P_Abd_0 Perimetro de Cintura en Cms AÑO BASAL	P_Abd_ 1 Perímetr o de Cintura en Cms AÑO 1	PESO_ 0 PESO EN KILOS		(cm)
54 71	77 94 94	101 <b>97</b> 87	70,00 84,50	7 <del>0,00</del>	5168 67 168
48	2 109	? 93	7 77,50	778,00	154
22	115	100	75,00	00,00	155
202	114	111	88,00	90,00	172
396	113	105	89,50	84,50	160
37	112	115	85,50	78.80	146
15	110	116	104,70	103,00	174
389	109	105	63,10	57,20	150
12	109	108	90,20	85,00	168
452	108	103	72,00	64,00	153
203	107	93	58,50	50,20	168
18	107	106	83,00	80,00	157
220	106	101	55,00	49,10	137
310	105	(96) y	73,00	68,80	150
26	105	102	76,00	68,40	143
212	104	89	66,90	66,00	160
155	104	95	62,00	63,40	147
186	104	103	80,00	80,20	154
243	104	97	78,60	71,00	167
330	104	102	69,40	63,70	162
(463)	103	(91)	70.00	(70,70)	(157)