Measures Against Lifestyle Related Diseases


Takashi Tsuchiya

Key words  Lifestyle related disease, Diabetes, Potential diabetes patients, Family physician, Hospitals and clinics

Current Situation Concerning Diabetes

Due to changes in lifestyle habits and an increase in the elderly population, the number of patients with lifestyle related diseases as well as those with the potential of contracting such diseases is increasing. According to the figures issued by the Ministry of Health, Labour and Welfare, the number of diabetes patients including potential patients has reached 16.2 million, an increase of 2.5 million in the past 5 years.

Since diabetes has very few subjective symptoms, many people either do not see a doctor or stop seeing the doctor before the completion of treatment. Of the lifestyle related diseases, however, diabetes is a particularly significant risk factor for cardiovascular and cerebrovascular diseases as well as for complications such as blindness and kidney failure. In other words, it is a disease that should not be underestimated. In addition, diabetic cases may range widely from mild to severe, with a variety of symptoms such as polyposia and polyuria as well as neurological, ophthalmologic, and dermatological symptoms. Diabetes also closely impacts the treatment of other diseases such as concomitant diseases or poor patient recovery. Consequently, all physicians in clinical practice need to be familiar with diabetes, regardless of their respective specialties.

Efforts by the Government

In May 2004, the government developed a ten-year strategy called the “Health Frontier Strategy” that targets the extension of the “healthy life expectancy” of citizens as its basic objective. This strategy has two basic components: “promotion of measures against lifestyle related diseases” and “promotion to prevent the need for nursing care.” It sets numerical targets, and through the accomplishment of these targets, aims to extend healthy life expectancy by about 2 more years.

The Ministry of Health, Labour and Welfare and the Ministry of Education, Culture, Sports, Science and Technology have drawn up a list of measures that should be taken to promote this strategy. The measures to be taken against diabetes include decreasing the incidence by 20% and the government plans to call for more intensive measures.

In addition, a special research project conducted by the Ministry of Health, Labour and Welfare (Diabetes Outcome Intervention Trial: DOIT) recommends halving the transition rate from borderline diabetes to more advanced diabetes, halving the dropout rate of diabetic patients from treatment, and suppressing the progress of diabetes concomitant diseases by 30%.

Based on the results of this project, plans have been made for research covering three specific topics to be conducted as “strategic research for
the prevention of diabetes” over the 5 years from fiscal year 2005.

**Efforts by the Japan Medical Association (JMA)**

The JMA has made continuous efforts to implement and improve measures against diabetes. It published the “Medical Care Manual for Diabetes” as a special issue of the Journal of the JMA in October 2003 as part of our CME series No. 63. In October 2002 it held a public forum on the “Prevention and Treatment of Diabetes” which was broadcast on TV. The videotapes of the forum were distributed to prefectural medical associations as well as city level medical associations in order to provide educational materials as part of the efforts to spread measures against diabetes.

To improve the health level and welfare of citizens by promoting measures against diabetes such as the prevention of onset of the disease and its complications, the JMA, Japan Diabetes Society and Japan Association for Diabetes Care and Education worked together to establish the “Japan Diabetes Prevention Committee” in February 2005. This committee has three objectives: 1) enhance the functions of family physicians and promote partnership in the roles of hospitals and clinics, 2) encourage patients to see a doctor and improve medical follow-up for the patient after the completion of his/her visit to the clinic, and 3) increase the achievement level in the treatment of diabetes.

In 2004, the committee produced two kinds of educational leaflets on diabetes for the general public and medical professionals and a book for the treatment guideline titled “The Essence of Diabetes Treatment.”

- A guideline “The Essence of Diabetes Treatment” was created from the need for cooperative work between family doctors and medical specialists in the treatment of diabetes, which also requires consensus between them. The leaflet describes the treatment in five sections: 1) partnership in the roles between hospitals and clinics; 2) basics for initial consultations of diabetes patients; 3) treatment objectives, control indexes, dietetic therapy, and exercise therapy; 4) timing of drug therapy and prescription; and 5) diabetic complications. Some of the important topics to be cited are as follows: what is necessary to improve the treatment achievements is a daily practice which ensures smooth referral of the patient between the hospitals and clinics. Importance should be also emphasized on the team care which should include cooperative work not only between family physicians and specialists, but also co-medical personnel such as nurses and national registered dietitians, and physicians from other specialist fields such as ophthalmology. This guideline was distributed to about 160,000 JMA members in addition to 15,000 members of the Japan Diabetes Society and some 800 doctors in the Japan Association for Diabetes Care and Education. This leaflet has been in big demand even from non-association members and is distributed free-of-charge to anyone wishing to have a copy.

In September 2005, the JMA and Japan Diabetes Prevention Committee co-hosted a public forum with the theme of “Reduce diabetes!” We believe, however, it is more important along with these kinds of activities that we make utmost efforts focusing on how local communities can be engaged in specific measures such as strengthening of the partnership between hospitals and clinics in future.

In these environments, we plan to prepare basic materials to be used in the preventive and clinical settings such as “Basics for the treatment of diabetes” (draft), a check sheet for check-ups, a result table given to patients at the examination, an assessment sheet for patients in need of medical care in the diabetes screening, an assessment sheet following dietary guidance, a check sheet for diabetes treatment, and a model form of treatment information for the referral of diabetes patients.

The key to success of diabetes control lies in the efforts at the community level. As of November 2005, 23 prefectures have already established a diabetes prevention committee or similar body, 5 prefectures are planning to establish a diabetes prevention committee or similar body, and 14 prefectures have not established a committee but are in the process of or planning to implement some types of programs. Further efforts to challenge this problem are expected.

**Future Perspectives**

One serious problem in treating some 7.4 million diabetes patients in the future is reflected in the fact that only half of the diabetes patients...
see a doctor. There is a need to prepare a program for all the patients to be covered. For the treatment options, dietary therapy or exercise therapy are more important than drug treatment. Cooperation between health nurses and dietitians as well as sports doctors may be necessary to support the patient’s efforts to change their life-style.

Potential diabetes patients estimated to account for about 8,800,000 are not listed in the target areas for medical care, but they should be provided with prevention benefits.

As discussed above, measures against diabetes cover a number of issues concerning its prevention, early detection and treatment and prevention of complications. Enhancement of the functions of family physicians should be one of the top priorities, but encouraging patients to see doctors, improvement in the medical guidance, and partnership between hospitals and clinics are also important. The quality of medical care may be another top priority that is also required. It is also necessary to promote teamwork between doctors, nurses, nutritionists, and other health professionals. Finally, we must say that opportunities such as public forums should be provided for the general public to obtain correct knowledge about diabetes. This will surely lead to enhanced awareness of this disease by Japanese citizens.