Press release

Mobile Health in Diabetes: Facilitate Self-management

Berlin/Düsseldorf, September 2016 – Diabetes is a chronic disease affecting currently more than 415 million people worldwide with a constant increase in numbers. Also in treated diabetes patients, late complications and secondary diseases will be possible if the diabetes therapy is not adjusted in time. A lot depends on good self-management of the patients which facilitates close follow-up by the treating doctors. An expert talked about the chances that are offered by these new technologies at the advance press conference of the German Society for Internal Medicine (DGIM) for the MEDICA EDUCATION CONFERENCE on September 13 in Berlin.

Sufficient control of the blood glucose level, also called glycemic control, is the objective of the treatment of diabetes patients. A lack of glycemic control with constantly elevated blood glucose levels leads to diabetes complications such as eye, heart and kidney diseases. But also hypoglycemia, a too low blood glucose level, may be life threatening and is a major complication in insulin treated patients. “Both, type 1 and type 2 diabetes mellitus therefore require very good knowledge on their disease to allow self-management with close follow-up by their respective diabetes expert”, states Dr. Julia Mader from the Clinical Department for Endocrinology and Diabetology at the Medical University of Graz. “Thus, diabetes therapy can be adjusted in time.”

Until recently patient-physician interaction could only take place during office hours, and there were a number of limiting factors – such as lack of specialists in the country, working hours of diabetes experts or availability of diabetes experts in general) - which hindered specialist treatment for a large proportion of the affected patients. “In the last years a number of mobile solutions for patients with chronic diseases have been developed”, reports the expert. “The diabetes market now comprises a bundle of new technologies that address patients’ needs.”
The new technologies include both, devices or solutions for patient as well as health care professional (HCP) use. Often there is an interaction between the patient centered solution and the HCP application to share data that allows the treating physician to interact with the patient upon request.

Technologies that are mainly designed for patient use comprise electronic diaries, nutrition guides and exercise trackers where patients can enter their data and get advice from the system. More sophisticated devices also include individualized bolus-calculators that help patients on their decisions regarding insulin dosing. Furthermore, there is the possibility for the majority of currently available insulin pumps and (continuous) glucose monitoring devices to share data with the HCP for therapy adjustments. However the issue of HCP reimbursement for telemedicine is not yet addressed which limits the HCP’s willingness to offer such service. In addition frameworks regarding data protection must also be created.

For health-care professional use, not only risk calculators for calculation of the individual cardiovascular risk such as The Heart Risk Calculator http://www.cvriskcalculator.com, for example, but also decision support systems with regard to diabetes management in the hospital setting (Glucotab http://www.glucotab.at, Glucommander https://www.glytecsystems.com) are available. “Newer versions in the future will also include individualized therapy approaches as well as timely initiation of discharge management such as patient training for the handling of the blood glucose meters, insulin pens and diabetes self-management”, explains Dr. Mader.

As a next step these systems will also be made available for the outpatient setting and GP use. Such systems will reduce the barrier to initiate insulin therapy for non-expert users such as GPs, since they will not only provide support for insulin initiation but also for insulin dose adjustment. They will also allow an interaction of the GP with a diabetes expert if deemed necessary by the GP. “As holistic system the aim is to see the patient as a whole”, explains Dr. Mader. Thus, not only treating diabetes but also reminding the non-expert to regularly screen for late complications such as neuropathy, retinopathy, nephropathy, cardiovascular disease and to take into account the existing late complications when intensifying or de-intensifying therapy. “In conclusion
mobile health will help to facilitate diabetes management", summarizes the expert, "Specialist counseling, however, will be required on a regular basis." Dr. Julia Mader, keynote speaker for the MEDICA EDUCATION CONFERENCE 2016 reports about such approaches in the field of telemedicine.

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About the MEDICA EDUCATION CONFERENCE
The MEDICA EDUCATION CONFERENCE is an interdisciplinary advanced training course of the German Association for Internal Medicine (DGIM) and the Messe Düsseldorf according to the motto “Science Meets Medical Technology” which takes place from November 14 to 17, 2016 in Düsseldorf. It takes place concurrently with the world trade fair for medical technology MEDICA on Monday and Tuesday between 9:00 am and 3:30 pm. Due to the clear scheduling structure, visitors have flexibility in choosing between the different topics and sessions. Three events (sessions) and various courses on a focus topic are offered in parallel each day. A CME certification has already been requested for the sessions; the courses are partially internationally certified. Following the conference at 3:30 pm, the participants have the opportunity to visit the MEDICA trade fair until 6:30 pm. The world’s largest trade fair offers the perfect addition to the conference with its innovative technological worlds. For further information on the conference program see [www.medica.de/mec1](http://www.medica.de/mec1).

Contact for inquiries:
Press office DGIM/MEDICA EDUCATION CONFERENCE
Anne-Katrin Döbler/Stephanie Priester
PO BOX 30 1 20
70451 Stuttgart
Phone: 0711 8931-605
Fax: 0711 8931-167
Email: priester@medizinkommunikation.org

Messe Düsseldorf GmbH
Press office MEDICA 2016
Martin-Ult Koch/ Larissa Browa
Phone: +49(0)211-4560-444/-549
FAX: +49(0)211-4560-8548
Email: KochM@messe-duesseldorf.de