# CHRONIC DISEASE MANAGEMENT – WHAT WORKS?

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Important chronic diseases
Disease clusters & what works

Bone and joint cluster
Metabolic syndrome cluster
Chronic respiratory disease cluster

Changing role of the doctor
Take home messages

# Important chronic diseases

- Singapore burden of disease study 2004 (Phua et al, 2009) High burden of disease in - diabetes, strokes, osteoarthritis
- Self reported health study of 5000
   Singaporeans (Malhota et al, 2012)
  - Most prevalent Hypertension (52.1%), joint/nerve pain (30.7%), DM (21.8%)
  - Most disabling stroke (OR 12.7), pelivic/femoral fractures (OR 5.9), osteoporosis (OR 3.1)

# **BONE & JOINT CLUSTER** a case in point

- Aged 50. BMI 30. Knee pain
- Osteoarthritis refer physiotherapy
- Trip to Shanghai "Doctor, no need physiotherapy now"
- o How much weight loss do you need?

## CARDIOMETABOLIC DISEASE CLUSTER IN SINGAPORE

## 2010 (18 -69 years) Disease

- Diabetes mellitus (T2DM) = 11.3%
- Hypertension = 23.5%
- High total cholesterol = 17.4%
- $\circ$  Obesity = 10.8%

### 2013 Deaths

Of the 18,938 deaths (2013)

- IHD = 15.5%
- Cerebrovascular disease = 8.9%
- Diabetes mellitus = 1.3%
- Total: cardiometabolic deaths = <u>25.7%</u>

# Lifestyle change is the key



Criteria of metabolic syndrome = 3 out of the following 5:

- Overweight/ Obesity
   = BMI >23.
- Waist circumference
   >90 cm male. >80
   cm female
- Hypertension
- Hyperlipidemia
- Diabetes mellitus

# TABLE 2. APPROXIMATE MORTALITY REDUCTION POTENTIAL OF LIFESTYLE AND DIETARY CHANGES ESTIMATED FROM STUDIES IN CAD PATIENTS AND THE GENERAL POPULATION

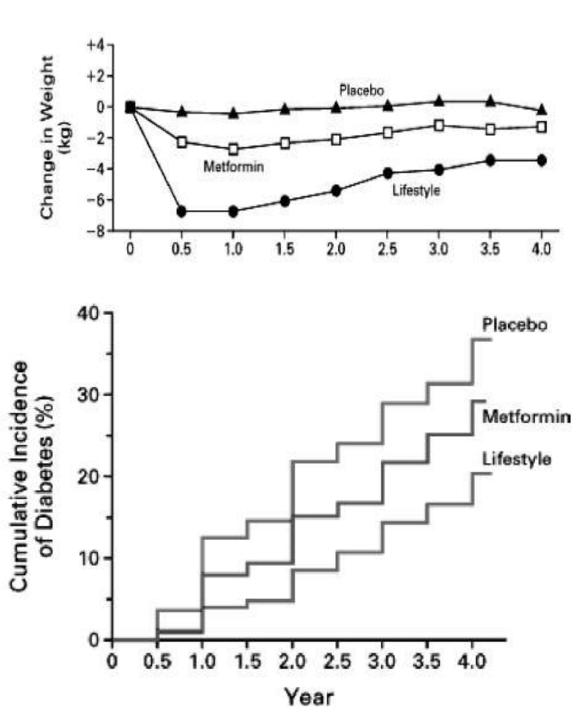
Recommendation	Mortality Risk Reduction Estimated from Studies in CAD Patients (Secondary prevention)	Mortality Risk Reduction Estimated from Cohort Studies in General Population (Primary prevention)
Combined	45%	15-40%
dietary changes		
Physical activity	25%	20-30%
Smoking cessation	35%	50%
Moderate alcohol	20%	15%
Source: lestra, 2005		

## Diabetes Prevention Program

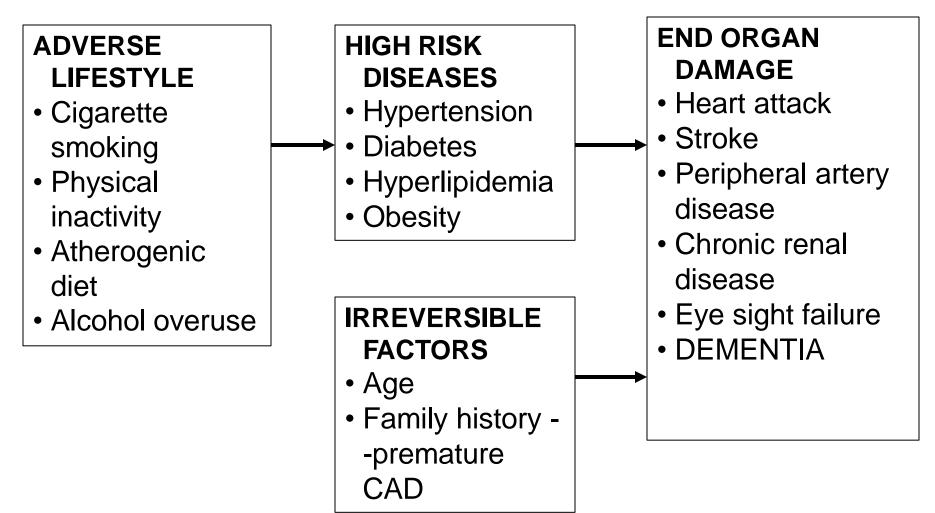
NEJM 2002 Feb 7; 346(4):393-403

(n = 3234)

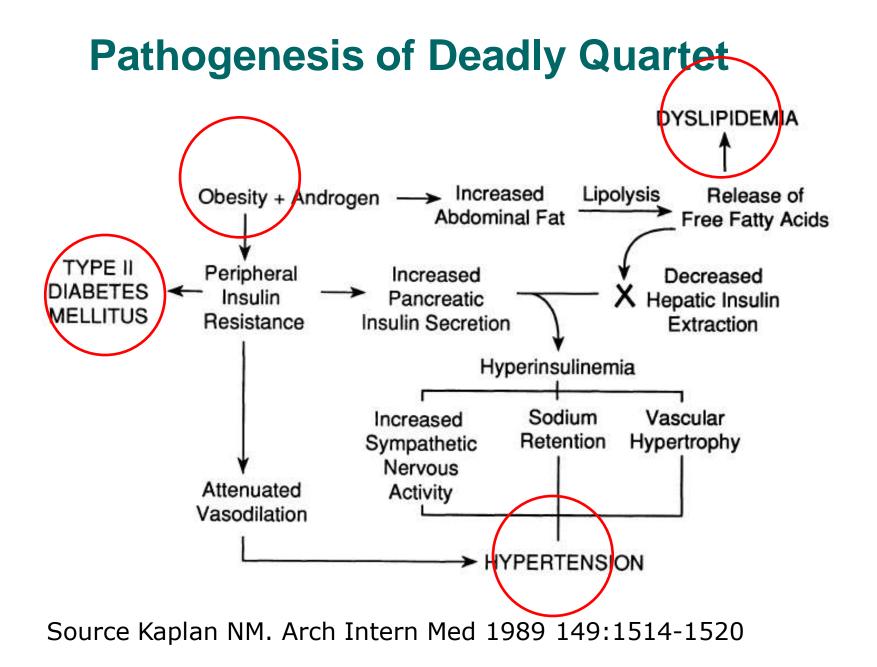
Reduced DM in IGT patients by 56% through: Diet Exercise BW control



## FIGURE 1 -- MAJOR RISK FACTORS FOR CVD



MOH: CPG on screening for CV Disease and risk factors, March 2011



#### FORMULA FOR INTENSIVE LIFESTYLE INTERVENTION IN PREDIABETES

#### **HEALTHY DIET**

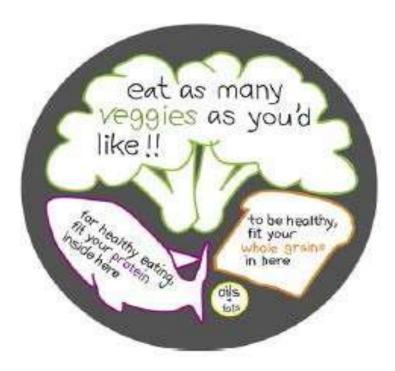
- Eat a healthy meal plate
- Eat every meal
- Boil, steam; not fry your food
- Eat 70% full for buffet
- Calorie deficit diet if overweight
- No sweetened beverages; and no fruit juices

#### PHYSICAL ACTIVITY

- Brisk walk 30 min each day X 5 days a week
- Resistance exercises -- 3 times a week

### WEIGHT REDUCTION

- 7 10% weight loss in 6 months
- Maintain BMI of less than 23 kg/m<sup>2</sup> (Asians)



SOURCES OF INFORMATION

American Diabetes Association. Standards of Medical Care, 2013

American College of Sports Medicine & American Diabetes Association. Colberg et al, 2010

American College of Sports Medicine & American Heart Association. Haskell et al, 2007

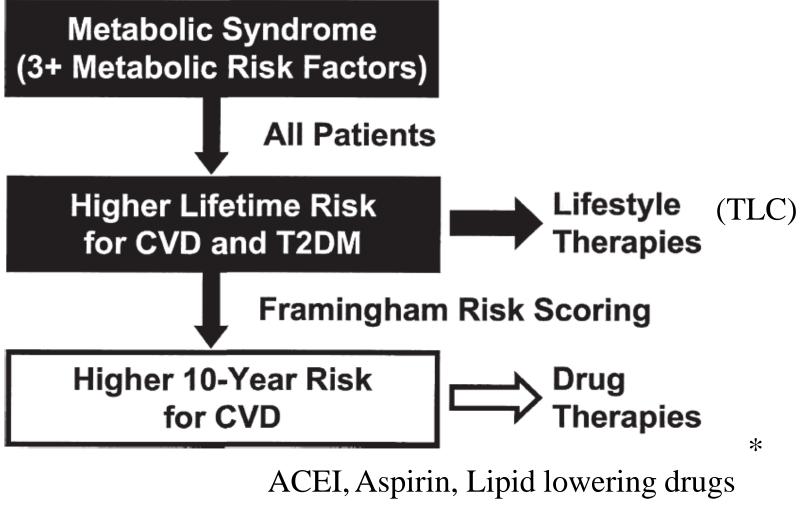
Diabetes Healthy Plate. Risadl et al, 2007

Diabetes Preventive Programme (DPP). Knowler et al, 2002

Diabetes Prevention Study (DPS). Tuomilehto et al, 2001

Bohnert AM, Randall ET, Tharp S, et al. 2011

# **Total solution for Metabolic syndrome**

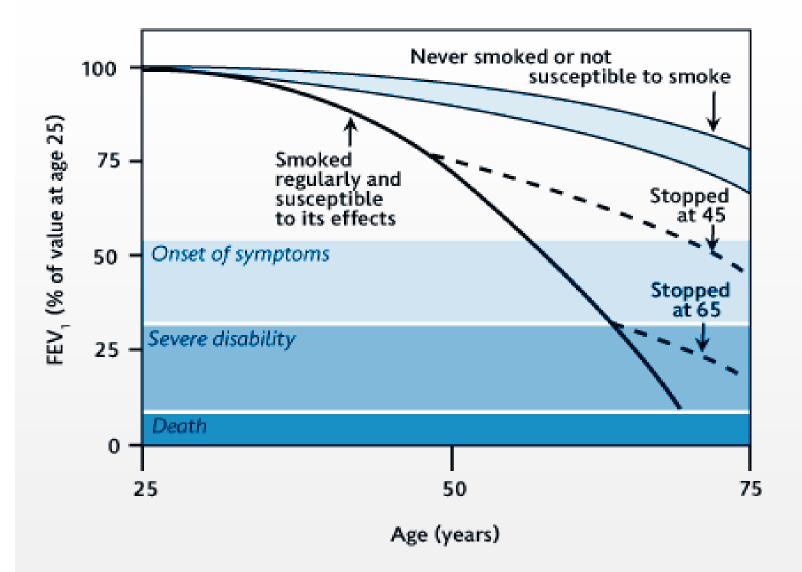


Grundy SM. AJM 2007; 120(9A):S3-S9

# CHRONIC RESPIRATORY DISEASE CLUSTER

- Smoking cessation reduces risk of death by 50%
- Treatment of COPD bronchodilators, pulmonary rehabilitation
- Treatment of complications
- Advanced care planning

## The power of smoking cessation



# CHANGING ROLE OF THE DOCTOR

- Paternalistic Do as I tell you
   Coach Help identify strengths, weaknesses, monitor progress, encourage and inspire
  - -- Counselling
  - -- Motivational interviewing Emphasise prevention & life course approach

# **TAKE HOME MESSAGES**

- Chronic diseases management work on them today
- Start Lifestyle change
- Treat high risk diseases
- Your doctor is your coach you are the driver