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

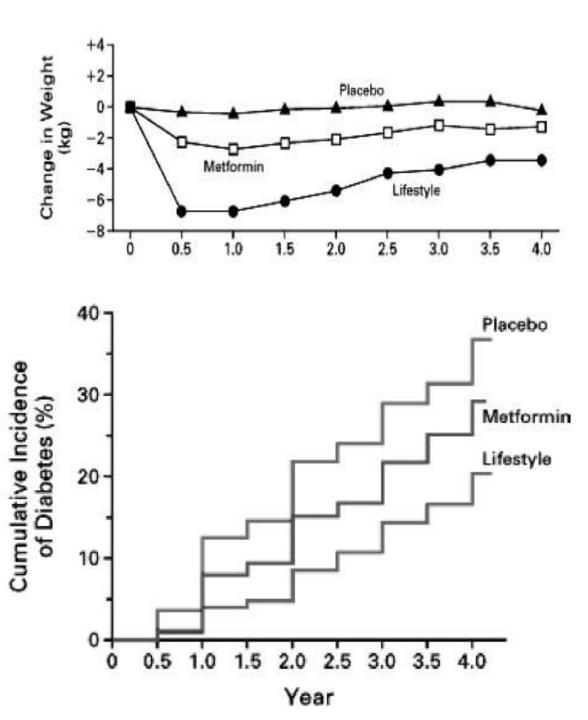
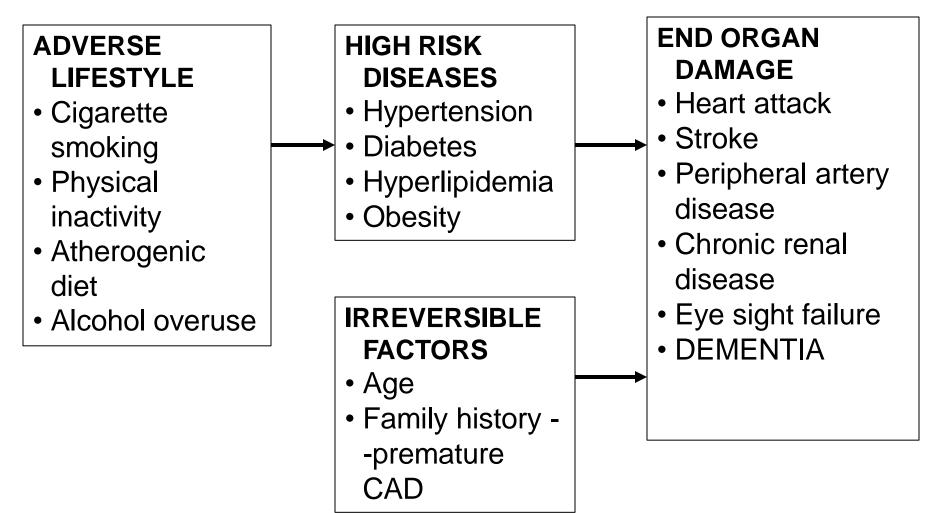
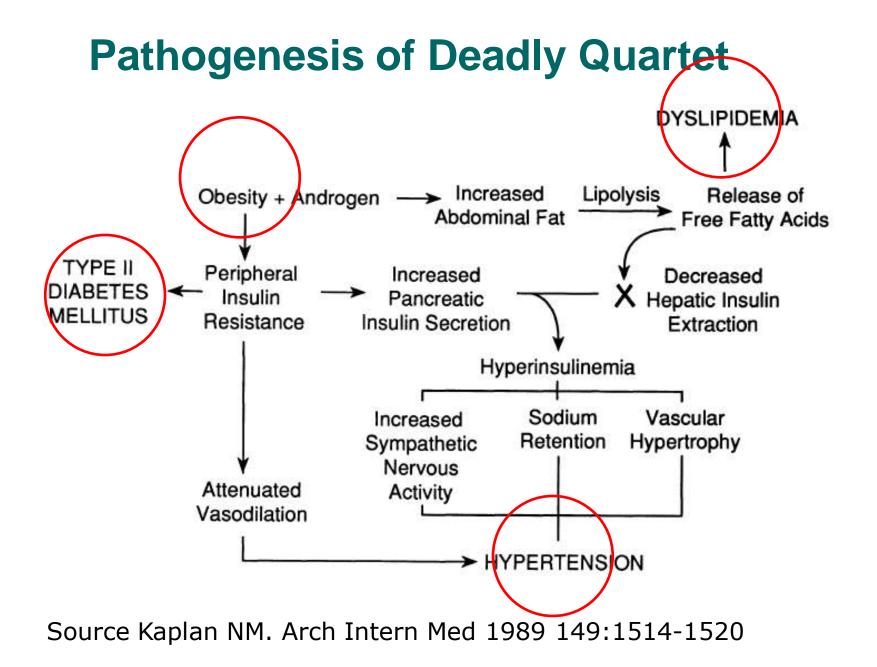


FIGURE 1 -- MAJOR RISK FACTORS FOR CVD



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



FORMULA FOR INTENSIVE LIFESTYLE INTERVENTION IN PREDIABETES

HEALTHY DIET

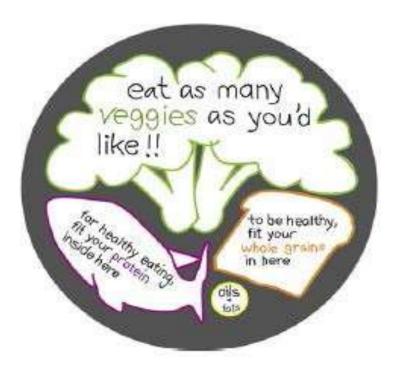
- Eat a healthy meal plate
- Eat every meal
- Boil, steam; not fry your food
- Eat 70% full for buffet
- Calorie deficit diet if overweight
- No sweetened beverages; and no fruit juices

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/m² (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

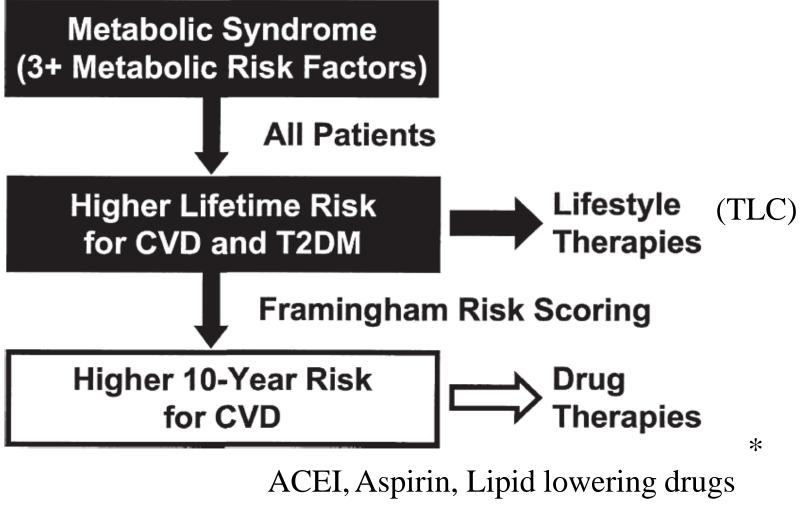
Diabetes Healthy Plate. Risadl et al, 2007

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

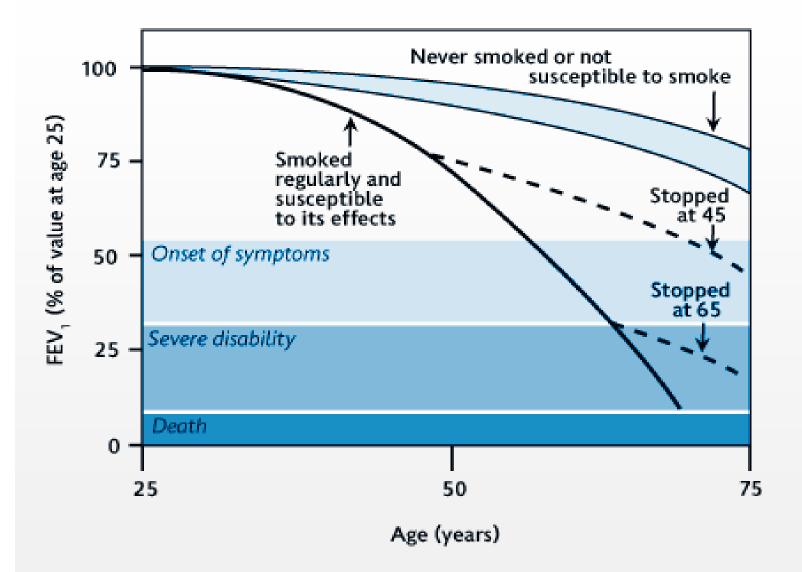


Grundy SM. AJM 2007; 120(9A):S3-S9

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