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Annex 1

Conference programme

Programme EU Conference on the Prevention of Type 2 Diabetes

Wednesday 15 February 2006

BALLROOM at the Federal Ministry of Health and Women

13:00 - 14:30 Plenary session

13:00 – 13:10

Welcome address

Maria Rauch-Kallat, Federal Minister for Health and Women, Austria

13:10 – 13:20

Welcome address

Markos Kyprianou, EU Commissioner for Health and Consumer Protection

13:20 – 13:40

Diabetes mellitus – a challenge for health policy

Dr. Michaela Moritz, Austrian Health Institute (ÖBIG)

13:40 – 14:00

The Austrian diabetes plan

Prim. Dr. Michael Roden

Austrian Diabetes Association (ÖDG), Vienna District Health Insurance Fund (WGKK),
European Association for the Study of Diabetes (EASD)

14:00 – 14:30

Diabetes in Europe – an increasing health problem

Prof. Ulf Smith

European Association for the Study of Diabetes (EASD)

Chairs:

Maria Rauch-Kallat, Federal Minister for Health and Women

Dr. Gojka Roglic, WHO Geneva, Diabetes Unit

Meeting rooms at the Mezzanine Floor of the Hilton Vienna

15:00 – 18:15 Parallel working groups

Working Group 1 - Prevention of cardiovascular disease in diabetes

Keynote speaker:

Prof. Lars Rydén

European Society of Cardiology

Chairs:

Prim. Dr. Michael Roden

Austrian Diabetes Association (ÖDG), Vienna District Health Insurance Fund (WGKK),
European Association for the Study of Diabetes (EASD)

Prof. Ulf Smith

European Association for the Study of Diabetes (EASD)

Rapporteurs:

Prof. Peter Kopelman

Barts and The London, Queen Mary's School of Medicine & Dentistry

Prof. Jan Skrha

European Association for the Study of Diabetes (EASD)

Working Group 2 - Disease management - reducing diabetic complications

Keynote speaker:

Dr. Peter Schwarz

German Diabetes Association (DDG), TU Dresden

Chairs:

Dr. Michael Hall

International Diabetes Federation (IDF) Europe

Prof. Monika Lechleitner

Austrian Diabetes Association (ÖDG), Austrian Obesity Association (ÖAG)

Rapporteurs:

Eva-Maria Baumer

Vienna District Health Insurance Fund (WGKK), Association of Austrian Diabetes Educators (VÖD)

Dr. Eugene Hughes

Primary Care Diabetes Europe (PCDE)

Working Group 3 – Early prevention of Type 2 diabetes

Keynote speaker:

Prof. Jacqueline Dekker

VU University Medical Center Amsterdam

Chairs:

Wilfried Kamphausen

European Commission, DG SANCO

Prof. Jaakko Tuomilehto

National Public Health Institute, Finland

Rapporteurs:

Prof. Anita Rieder

Medical University of Vienna

Sari Rodriguez

Federation of European Nurses in Diabetes (FEND)

Working Group 4 – Social, societal and gender aspects of Type 2 diabetes

Keynote speaker:

Dr. Anne Dornhorst

Imperial College London, Hammersmith Hospital

Chairs:

Anne-Marie Felton

Federation of European Nurses in Diabetes (FEND)

Mag. Dr. Doris Langeder

ARGE Diabetiker, Austria

Rapporteurs:

Sarah Hills

Federation of European Nurses in Diabetes (FEND)

Dr. Tony O'Sullivan

International Diabetes Federation (IDF) Europe

Thursday 16 February 2006

Meeting rooms at the Mezzanine Floor of the Hilton Vienna

8:30 – 11:45 Parallel working groups

Working Group 1 - Prevention of cardiovascular disease in diabetes

Working Group 2 - Disease management - reducing diabetic complications

Working Group 3 - Early prevention of Type 2 diabetes

Working Group 4 - Social, societal and gender aspects of Type 2 diabetes

BALLROOM at the Federal Ministry of Health and Women

13:30 – 14:50 Plenary session

13:30 – 13:40

Report Working Group 1

Skrha, Kopelman, Rapporteurs WG 1

13:40 – 13:50

Report Working Group 2

Baumer, Hughes, Rapporteurs WG 2

13:50 – 14:00

Report Working Group 3

Rieder, Rodriguez, Rapporteurs WG 3

14:00 – 14:10

Report Working Group 4

Hills, O'Sullivan, Rapporteurs WG 4

14:10 – 14:40

Podium discussion: Summary and next steps

Participants: **Dr. Jill Farrington** (WHO Regional Office for Europe), **Michael Hübel** (European Commission, DG SANCO), **John Bowis MEP** (European Parliament, Diabetes Working Group)

14:40 – 14:50

Conclusions and proposals for the informal conference of ministers

Maria Rauch-Kallat, Federal Minister for Health and Women

Chairs:

Hon.-Prof. Dr. Robert Schlögel, Austrian Federal Ministry of Health and Women

Dr. Gojka Roglic, WHO Geneva, Diabetes Unit

Annex 2

Welcome Addresses:

- Maria Rauch-Kallat, Austrian Federal Minister for Health and Women
- Markos Kyprianou, EU Commissioner for Health and Consumer Protection

Welcome Address by Maria Rauch-Kallat, Austrian Federal Minister for Health and Women

Diabetes mellitus represents a grave problem across all of Europe. According to the 2002 European Health Report of the World Health Organization, over 22.5 million people already suffer from diabetes mellitus in Europe. At an EU workshop organized by the Diabetes Federation of Ireland and the International Diabetes Federation in April of 2004, there was even talk of 60 million people, such that one may assume that over 50 per cent of those affected have no awareness of their being ill.

According to the 2004 Austrian Diabetes Report, more than 300,000 diabetics are living in Austria; for the Year 2025 WHO expects a rise of 37 per cent as compared to the Year 2000.

Diabetes mellitus is associated with serious complications and consequent illnesses: complications in pregnancy that lead to a rise in perinatal mortality; neuropathy along with the risk of gangrene and a later amputation; nephropathy that can lead to obligatory dialysis as well as to the necessity of a kidney transplant; and retinopathy with the danger of premature blindness.

What can be considered the severest consequence of diabetes mellitus is the markedly elevated risk of coming down with cardiovascular disease; pursuant to the 2002 European Health Report of WHO, the risk of a diabetic dying prematurely in the aftermath of a heart-circulatory-system sickness is three to four times higher than that of the remaining population.

Particularly Type 2 diabetes – 85 to 95 per cent of all diabetics suffering from this type - is moreover associated with enormous costs to the health system. With CODE 2 (Cost of Diabetes Type II in Europe), for the first time a study comprehending multiple countries was presented, in which the costs of Type 2 diabetes in eight countries (Belgium, France, Germany, Italy, The Netherlands, Spain, Sweden, Great Britain) were analyzed, based on data from 1999, and according to which the direct medical costs amounted to some 29 billion Euros annually; average annual costs of 2,834.00 Euros were attributed to each patient.

The greatest share of costs in this total accrued to stationary courses of treatment (55 per cent), which were necessary for treatment of the long-term consequences of diabetes mellitus. The avoidance of diabetic complications through treatment and monitoring of the illness thereby represents the key variable in order to prevent any potential explosion in costs due to the increasing incidence and prevalence of diabetes mellitus.

At the same time, steps have to be taken that will push back the number of new cases of illness. Attention is called in this connection to the Diabetes Prevention Study of the Finnish Diabetes Prevention Study Group, in which it could be shown that a significant reduction in risks (58 per cent) is possible by means of an intensive nutritional and exercise program, even within a high-risk group (overweight individuals with suppressed glucose tolerance). The effectiveness of lifestyle measures in the prevention of Type 2 diabetes and their frequent superiority relative to medical steps has been substantiated scientifically in multiple studies.

In Austria, four working groups were set up in 2005 towards the development of an Austrian Diabetes Plan. Detailed in the course of the working group sessions were the current range of activities and the deficits yet existing in the field of prevention and medical care of diabetes mellitus.

Further conducted in 2005 was a study with the goal of obtaining a snapshot of the measures relevant to health policy undertaken towards prevention of diabetes mellitus and its sequela in Austria and other EU as well as candidate countries.

On this basis it was intended to determine strengths and weaknesses of the previously established prevention steps and to derive recommendations for future measures. Both of these studies are now going to be presented to you.

Because of the findings resulting from all of these studies and the challenges in terms of health policy for all EU member states yielded there from, I have resolved to make diabetes into one of the dual great health topics of Austria's EU presidency.

The conclusions and recommendations elaborated in the context of the 4 working groups "Prevention of Cardiovascular Disease in Diabetes", "Disease management – Reducing Diabetic Complications", "Early Prevention of Type 2 Diabetes" and "Social, Societal and Gender Aspects of Type 2 Diabetes" are compiled in a conference report, and will serve as the basis of discussion for the informal meeting of the health ministers on the 25th and 26th of April, 2006, as well as for the formal council of health ministers in June of 2006.

In this spirit I wish you all interesting and profitable discussions, and feel quite assured that, through your commitment, a halt can be called to the continued rise of diabetes mellitus with all of its complications.

Welcome Address by Markos Kyprianou, EU Commissioner for Health and Consumer Protection

Madam Minister, Ladies and Gentlemen,

Let me thank you for the opportunity to speak at the opening of this important conference, which addresses one of the most serious public health challenges that we are facing.

It is estimated that about 25 million Europeans are presently living with diabetes in the European Union's Member States. The average prevalence rate in these countries is estimated at 7.5 % of the adult population. And to make matters worse, the experts think that as much as 50 % of those who have diabetes are unaware of their condition.

Diabetes is a chronic and progressive disorder that impacts on almost every aspect of life. In the midst of our populations, this disease takes a terrible toll. Diabetes is a leading cause of blindness. People with diabetes are also at higher risk for heart disease, kidney failure, amputations, and other chronic conditions.

And if we turn our eyes from the patients and look at society as a whole, we see that the cost to our over-burdened health care systems, and our economies in general, is just as unacceptable as the human suffering that goes along with this disease. The total cost of diabetes across the EU is estimated at 2.5-15% of total health care spending, and that does not include the wider costs to the economy – working days lost, early retirement.

What makes matters worse is that diabetes is a risk that many Europeans seem to know surprisingly little about. There is little awareness of the fact that people with diabetes are far more likely to have heart attacks or strokes than those without diabetes. With cardiovascular disease being one of the biggest killers of our citizens, this ignorance can be fatal.

In fact, diabetes increases the risk of having a stroke by a factor between two and four, and around 80% of all diabetes patients die from CVD.

The increase in diabetes which we see is strongly linked to the prevalence obesity, which is rising rapidly. Put bluntly, today's obese children are tomorrow's middle aged heart attack victims. Tackling childhood obesity now is a highly effective way of preventing diabetes and heart disease in the future. Type 2 diabetes was once a disease of adults 40 and older, referred to as "mature onset diabetes". Now it's found in children as young as eight. Why? Because our children are more sedentary and overweight than ever before. In fact, in some of our Member States the number of overweight children has tripled in just two decades.

Yet as sombre as this picture is, there is also good news. Although medical research and technology are invaluable supports, and offer hope of more effective screening, treatment and management of the disease, fighting diabetes is largely a low-tech exercise.

Prevention is the key. The overwhelming majority of diabetics suffer from type 2 diabetes, which is largely preventable. And prevention is surprisingly easy. The major battlefields here are influencing the lifestyle choices that individuals make – and shaping the environments in a way to make healthy choices easy. In order to win this battle, coordinated and coherent efforts are required across a broad range of policies, by a large

number of different stakeholders, and at levels ranging from the local to the international level.

As there is an almost linear relationship between body mass index and diabetes risk, weight management is the best strategy to prevent the development of type 2 diabetes. Modest and easily achievable increases in our level of physical activity, and paying more attention to the food we eat, can work wonders. It is proven that moderate physical activity can substantially reduce the risk of developing type 2 diabetes - not to mention heart disease, colon cancer, high blood pressure and obesity. Research also shows that eating more fruits and vegetables can help prevent not just diabetes, but also cancer and heart disease.

In our efforts, we should put particular emphasis on providing our children with the skills they need to lead healthy lives. We need to get them off the junk food, and we need to make them more physically active, off the play consoles and onto the playgrounds. I call on the schools to help parents in their efforts, and I call on town and city planners to allow more places for children to play, cycle and generally exercise, and to ensure that walking and cycling to school is safe again.

These examples show that preventing diabetes is closely linked to preventing obesity, CVD, or certain forms of cancer. In fact, all these chronic conditions are closely linked to our physical, social and cultural environment, and to the way we live our lives within it. It is the lifestyle determinants, and the wider determinants of health - social, cultural and economic -, which form the matrix from which many chronic conditions arise.

And because these major chronic diseases have common or related risk factors, it makes sense to follow a common approach to address them at the prevention stage - it being understood that interventions further down the road, particularly when it comes to screening and treatment, will have their own particular characteristics.

And this is precisely the approach which we are implementing at EU level.

We have in fact managed to engage all relevant stakeholders at European level in a joint effort to pledge more action towards healthy eating, and towards promoting physical activity. In March 2005, I have launched the European Platform on Diet, Physical Activity and Health together with the Presidents of the Health Council and of the European Parliament's Health committee. The Platform aims, quite simply, to catalyse action that encourages healthier diets and more physical activity.

Its members include the key EU-level representatives of the food industry, advertisers, retailers, fast-food restaurants, the cooperative movement, the consumer movement and health NGOs.

As a first step, the Platform has established a baseline, mapping what each of its members has already been doing to promote healthy eating and regular exercise.

Members have now drawn up action plans of the new initiatives which they plan to launch in the framework of the Platform process, and of the new investments they plan to make in the future. As part of a transparent process, these plans can be followed in a publicly accessible database on the Commission's web site.

Although it is still too early to draw definite conclusions, I think that the Platform is moving in the right direction, and I have been encouraged by some of the responses of

industry and other stakeholders to this process so far. As an example, the European soft drinks industry has committed itself, as a result of the Platform process, not to engage in any direct commercial activity in primary schools.

I will meet all the Platform members later this month in order to discuss progress so far. And I have made crystal clear what I want to see coming out of this process:

I want to see a significant increase in the collective effort devoted to fighting obesity and overweight in Europe. Warm words and a few token initiatives will not be enough. We are looking for concrete and sustainable results.

In parallel with the Platform process, which aims at quick and effective action, we have to develop comprehensive policies to address chronic conditions such as diabetes and CVD.

With this objective, the Commission adopted in December last year a Green Paper *"Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases"*, which will pave the way towards the establishment of an EU strategy on diet, physical activity and health.

The Green Paper sets out a range of areas in which the EU could play a role – including consumer information, marketing, children and young people, the workplace, health services and promoting physical activity. It is a consultation document, and the views of interested parties – which should reach the Commission by mid-March – will help us shape our policy response towards the chronic disease challenge. Concrete follow-up action by the Commission can be expected toward the end of this year.

I would also like to mention that apart from tackling the determinants of the disease, the Commission is also committed to promoting research into the causes and the treatment of the disease. Under the 5th Research Framework Programme alone, about 40 million € were spent on diabetes research. On a more moderate scale, the Public Health Action Programme also offers possibilities for the funding of dedicated diabetes prevention projects. One example is the project *"Diabetes in Europe - Prevention using Lifestyle, Physical Activity and Nutritional intervention"*, which will be presented at this conference. Finally, let me also mention that the prevalence of diabetes will also continue to be monitored under the health information strand of the public health programme.

In conclusion let me say that I am extremely grateful to the Austrian Presidency for raising awareness to the need for diabetes prevention. We just cannot accept the toll which a largely preventable disease such as type 2 diabetes takes amongst our populations. I very much admire the leading NGOs in this field for their commitment and determination to raise awareness on the disease, and to improve the quality of life of diabetes patients. And I can assure you that I will do everything in my power to make sure that tackling the factors behind the diabetes epidemic will continue to be a priority on the European Union's health agenda.

Thank you for your attention.

