

Perspectives in Diabetes Care

SURVEY RESULTS SUMMARY

Nearly 50% of adults living with type 2 diabetes remain uncontrolled despite the resources, education and treatment options that exist today.^{1,2}



Survey Objectives

With a commitment to helping adults living with diabetes, including those who struggle to reach their individualized A1C target and the physicians and other medical professionals that treat them, the American Association of Clinical Endocrinologists (AACE) and Sanofi US were interested in better understanding:

- ▶ How adults living with type 2 diabetes perceive the treatment of their diabetes and in particular, the emotional impact experienced by those who aren't at their individualized A1C target and how this impacts their motivation to manage their condition.
- ▶ How endocrinologists, primary care physicians and other medical professionals including nurse practitioners, physician assistants and pharmacists approach treatment of diabetes and how they perceive patients are impacted when they are not at their individualized A1C target.
- ▶ How the perceptions between these two groups compare.



Survey Methodology

Two 20-minute online surveys were conducted from May 2 – May 20, 2016. One survey asked 1,000 adults living with type 2 diabetes who were diagnosed with diabetes from one to five years ago and who knew their individualized A1C target about their beliefs and insights regarding diabetes treatment. The other survey asked 1,004 physicians including endocrinologists and primary care physicians, and other medical professionals including nurse practitioners, physician assistants and pharmacists, about their beliefs and insights related to diabetes treatment. A breakdown of survey respondents is as follows:

PATIENT AUDIENCES	N-SIZE	MARGIN OF ERROR
Achieved A1C	582	+/- 4.1%
Have Not Achieved A1C	418	+/- 4.8%
Total	1,000	+/- 3.1%

PHYSICIAN AND OTHER MEDICAL PROFESSIONAL AUDIENCES	N-SIZE	MARGIN OF ERROR
Primary Care Physicians	401	+/- 4.9%
Endocrinologists	200	+/- 6.9%
Nurse Practitioners/ Physician Assistants	200	+/- 6.9%
Pharmacists	203	+/- 6.9%
Total	1,004	+/- 3.1%

T-Testing was used to determine the statistical significance of findings across audiences and sample groups at the

95%
confidence
interval.





Key Findings

Overall, the surveys found differences in perception about diabetes treatment approaches between adults living with type 2 diabetes and physicians and other medical professionals.

1 WILLINGNESS TO TAKE ACTION TO ACHIEVE A1C TARGETS QUICKER

Most notably, the surveys found more than half of adults living with type 2 diabetes (55 percent) polled are willing to do more to achieve their A1C targets quicker, while only 18 percent of physicians and other medical professionals believe that patients would be very willing to do so.

In particular, when it comes to willingness to take action to achieve their individualized A1C target quicker of the adults with type 2 diabetes surveyed:

57%	would be very willing to visit their physicians and other medical professionals more often
52%	would be very willing to make multiple medication changes; and
70%	would be willing to change medication dosages several times (four or more times) a year to achieve their A1C target quicker.

However, physicians and other medical professionals underrate how willing patients would be to take these steps:

ONLY 19%	believe that adults living with type 2 diabetes would be very willing to visit physicians and other medical professionals more often to achieve their individualized A1C target quicker;
ONLY 16%	think adults living with type 2 diabetes would be very willing to make multiple changes to medication to reach their A1C quicker; and
58%	believe adults living with type 2 diabetes would be willing to change medication dosages several times (four or more times) a year to achieve their A1C target quicker.

2 PERCEPTION GAP COULD AFFECT TIME TO A1C TARGET

The differing perceptions could play a role in the length of time it takes for patients to achieve their individualized A1C targets. The implications for this disconnect in perceptions could be significant as more than 42 percent of patients surveyed have yet to achieve their A1C target and 77 percent of these respondents want to achieve it more quickly.

3 IMPACTS OF NOT ACHIEVING A1C TARGETS

Beyond the physiologic effects of not being at A1C target, the surveys revealed additional impacts of not achieving A1C targets.

► Rising Frustration

The surveys found that the longer patients go without achieving their A1C target, the greater their frustration becomes.

Among patients who have not yet achieved their A1C target, **72%** experienced frustration trying to reach it.

Those patients surveyed who have not achieved their A1C target after one year of treatment are **nearly twice as frustrated** as they were after 3 months of treatment.

► Discontinuing Medication

Among patients surveyed, **22%** have stopped taking their diabetes medication without talking to their physicians and other medical professionals; and

Of those, more than **one-third (38%)** reported doing so because they were not reaching their A1C target quick enough.

Putting Key Findings into Action

These findings show a disconnect between what patients are willing to do to reach their individualized A1C target and what physicians and other medical professionals believe they are willing to do, and underscores for physicians and other medical professionals the importance of ensuring they are effectively addressing patients' therapeutic goals when setting treatment plans. Given that certain patients are willing to accelerate their treatment plan to achieve their A1C target sooner, physicians and other medical professionals may want to consider the use of different diabetes management approaches for some patients, in accordance with the AACE diabetes guidelines and algorithm, which suggest re-evaluating patients every three months.

To learn more about why a proactive approach to treatment may be right for some type 2 diabetes patients, visit the Glycemic Explorer at glycemicexplorer.com

References

- ¹ Ali MK, Bullard KM, Saaddine JB, et al. Achievement of goals in U.S. diabetes care, 1999–2010. *N Engl J Med*. 2013;368:1613–1624. doi:10.1056/NEJMsa1213829.
- ² US Food and Drug Administration. FDA-approved diabetes medicines. Available at: <http://www.fda.gov/ForPatients/Illness/Diabetes/ucm408682.htm>. Accessed November 3, 2015.