



IDF DIABETES ATLAS

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Rationale and evidence

Although recent evidence suggests that remission of type 2 diabetes is possible,⁵² both type 1 and type 2 diabetes are best regarded, currently at least, as lifelong conditions. Diabetes care is multi-dimensional as a result of complex interactions between environmental, lifestyle, clinical and genetic factors. Each person has a unique profile of risk factors and complications, and access to continuing care, education and medication strongly influence the clinical course. An integral partnership between health professionals and people living with diabetes should safeguard the health and well-being of all patients and families.

Despite the treatments available for diabetes, marked variability in outcomes results from poorly coordinated care with irregular monitoring, insufficient empowerment and sub-optimal use

of organ-protective medicines. Considering that global data on **the management of type 2 diabetes** are scarce, the DISCOVER programme is aiming to record patient, healthcare provider, and healthcare system characteristics, management patterns and factors influencing changes in therapy. It will enable reporting in 35 participating countries on **microvascular and macrovascular complications**, incidence of hypoglycaemic events, and patient-reported outcomes, **a useful addition to knowledge of outcomes of treatment.**⁵³

The lack of timely and personalised information can delay intervention and reduce motivation to improve self-management.⁵⁴ In contrast, structured and team-based care (e.g. with a doctor, nurse, diabetes educator or other healthcare professional) improves clinical outcomes compared to usual care.⁵⁵⁻⁵⁷ Systematic reviews and meta-analyses support the benefits of self-management and team-based