



International Diabetes Federation

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IDF URGES HEALTHCARE PROVIDERS TO ADDRESS THE RELATIONSHIP BETWEEN TYPE 2 DIABETES AND SLEEP APNEA

Treating these closely-related conditions requires new clinical practices and research to reduce personal and public health costs

SAN FRANCISCO, USA and BRUSSELS, Belgium, June 7, 2008 – The International Diabetes Federation (IDF) Task Force on Epidemiology and Prevention warned today that recent research demonstrates that type 2 diabetes and obstructive sleep apnea (OSA) are closely related, and that both disorders have significant implications on public health and on individuals. These were the conclusions of a meeting of diabetes and sleep experts who examined the impacts of untreated OSA, the most common form of sleep disordered breathing. The resulting IDF statement was released in a presentation at the American Diabetes Association (ADA) 68th Annual Scientific Sessions and in an article published in *Diabetes Research and Clinical Practice*¹.

“While type 2 diabetes is recognized as a serious global epidemic, the severe health consequences of untreated sleep apnea, especially in people with diabetes, are not. Health policy makers and the general public must be made aware of the link between type 2 diabetes and sleep apnea so that we can begin to address the significant economic burden and debilitating health consequences to both individuals and the community,” said Professor Paul Zimmet, Foundation Director of the International Diabetes Institute in Melbourne, Australia and co-chair of the IDF Task Force on Epidemiology and Prevention. “Today’s statement is an urgent call to action to the medical community. It is imperative that we better understand the relationship between diabetes and sleep apnea through research and establish appropriate standards of care for managing diabetes and co-morbidities such as sleep apnea.”

Recent studies show that OSA is common in people with diabetes: estimates suggest that up to 40% of people with OSA have diabetes^{2,3}. However further research is



needed in this area in order to strengthen the evidence base between diabetes and OSA.

Additionally, both conditions have tremendous economic implications. While the annual costs of diabetes alone amount to USD170 billion in the United States⁴, and to at least ID (International Dollars) 16 billion, 15 billion and 6 billions in Japan, China and India respectively⁵, the estimated annual medical costs of OSA are much harder to define.

Professor Sir George Alberti, co-chair of the IDF Task Force and former President of IDF said that although the mechanisms linking OSA with diabetes are not yet fully understood, the consequences of both conditions cannot be ignored. It has been shown that the prevalence of CVD increases progressively with the increasing severity of OSA and that people with diabetes and/or OSA face serious cardiovascular problems and earlier death. Undiagnosed OSA may interfere with lifestyle treatment for diabetes. IDF therefore strongly recommends that healthcare professionals working in both type 2 diabetes and sleep disorders are educated about the links between the two conditions and encouraged to adopt clinical practices to ensure that a person presenting with one condition is considered for the other.

The IDF Task Force on Epidemiology and Prevention statement includes recommendations for screening, treatment and further research. While people with OSA should be routinely screened for metabolic disease and type 2 diabetes as screening tests are inexpensive and easy to conduct, people with diabetes should be screened for OSA particularly when they present classical symptoms such as witnessed apneas, heavy snoring or daytime sleepiness and poor workplace performance.

Recommendations for treatment of OSA include weight reduction in overweight and obese people, reduction in alcohol intake and CPAP treatment. Although further research is needed, the treatment of OSA may improve glycaemic control and will certainly benefit people as it improves their quality of life, blood pressure control and risk of cardiovascular disease.

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