

Kaiser Permanente Research Brief

Diabetes

This brief summarizes the contributions of Kaiser Permanente Research since 2007 on the topic of diabetes, including type 1, type 2, and gestational diabetes.

The Centers for Disease Control and Prevention estimate that 30.3 million people in the United States – more than 9% of the population – are living with diabetes, and an additional 34% of U.S. adults have prediabetes.¹ The prevalence of both diabetes (25%) and prediabetes (48%) is higher among adults age 65 or older than among those under age 65.

Diabetes is an active area of study for Kaiser Permanente Research. Scientists across the organization have used our rich, comprehensive, longitudinal data to advance understanding of risk, improving patient outcomes, and translating research findings into policy and practice. We have published more than 1,000 articles related to diabetes since 2007; together, they have been cited approximately 52,000 times.²

These articles are the product of observational studies, randomized controlled trials, meta-analyses, and other studies led by Kaiser Permanente scientists. The unique environment – which includes our fully integrated care and coverage model – in which our research scientists, clinicians, medical groups and health plan leaders collaborate enables us to contribute generalizable knowledge on diabetes and many other topics of research.

Kaiser Permanente Publications Related to Diabetes since 2007



Source: Kaiser Permanente Publications Library and PLUM metrics, as of 24 July 2019.

a Number of citing journal articles, according to Scopus.

b Number of references in PubMed guidelines.

c Citations in DynaMed Plus, a point-of-care clinical reference tool.

This brief summarizes a selection of the publications contained within the Kaiser Permanente Publications Library, which indexes journal articles and other publications authored by individuals affiliated with Kaiser Permanente. The work described in this brief originated from across Kaiser Permanente's eight regions and was supported by a wide range of funding sources including internal research support as well as both governmental and non-governmental extramural funding.

Understanding Risk

Kaiser Permanente researchers have contributed to understanding the risk of developing diabetes, as well as the other risks that people with diabetes face.

Who is at risk for developing diabetes?

In adults, we have studied who is most at risk for developing type 2 diabetes. A selection of the risk factors for diabetes that Kaiser Permanente studies have assessed includes body mass index,³ fasting plasma glucose levels,⁴ use of antidepressant medications,^{5,6} and use of antihypertensive medication combination therapy.⁷ Those whose spouses or partners are diagnosed with diabetes have been found to

be at greater risk of diabetes themselves.⁸ Factors that reduce diabetes risk, such as weight loss,⁹ have also been the subject of Kaiser Permanente research.

Gestational diabetes is an important health concern for pregnant women. One Kaiser Permanente study using data from 1999-2005 reported a stable prevalence of gestational diabetes among our members, after adjusting for the increasing prevalence of pre-existing diabetes.¹⁰ Factors that increase the risk of developing gestational diabetes¹¹⁻¹⁵ have been studied widely, as has risk of recurrence of gestational diabetes in subsequent pregnancies,¹⁵ and the risk of sustained glucose dysregulation after pregnancy among women with a history of gestational diabetes.¹⁶⁻²⁰

Diabetes Remission for Patients With Type 2 Diabetes Who Received Bariatric Surgery Versus Non-Surgical Approaches

Severely Obese Adults With Diabetes

1,395

BARIATRIC SURGERIES

62,322

NON-SURGICAL APPROACHES

Diabetes Remission at 2 years

73.7%

95% CI: 70.7-76.5

6.9%

95% CI: 6.9-7.1

Hazard Ratios for Secondary Outcomes

Relapse

Lower for surgery group



0.19

95% CI: 0.15-0.23

Death

No difference between groups



0.54

95% CI: 0.22-1.30

Arterburn, D., et al., *Comparative effectiveness of bariatric surgery vs. nonsurgical treatment of type 2 diabetes among severely obese adults*. *Obes Res Clin Pract*, 2013. 7(4): p. e258-68

Among youth, Kaiser Permanente researchers have found significant increases over time in both incidence and prevalence of type 1 and type 2 diabetes,^{21,22} with minorities impacted more heavily. A substantial volume of work has addressed diabetes risk factors among youth, including dietary, physical activity, and weight loss factors,²³⁻²⁷ as well as risks linked to maternal gestational diabetes status and other perinatal and neonatal factors.^{28,29}

What other health risks do people with diabetes face?

People with diabetes face added health risks, including risks related to the use of medications for treating diabetes. Kaiser Permanente research scientists have authored studies evaluating the risks of complications of diabetes (for example, nephropathy, neuropathy, or retinopathy) and common comorbidities (for example, hypertension or arterial stiffness),³⁰⁻³⁴ the risk of developing various cancers³⁵⁻⁴⁰ and the risk of bone fractures.^{41,42} In children with type 1 or type 2 diabetes, these complications and comorbidities often appear as early as adolescence and early adulthood, with a greater burden among those with type 2 diabetes.^{43,44} Studies have also demonstrated an increase in dementia risk for people with diabetes who have experienced hypoglycemic

STUDY SPOTLIGHT

Effects of Intensive Glucose Lowering in Type 2 Diabetes.

Gerstein HC,
Miller ME, Byington RP, et al.

2008. N Engl J Med, 358(24):
2545-59

PMID: 18539917

4,438 Citations

34 Clinical Citations

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The most-cited paper related to diabetes in the Kaiser Permanente Publications Library, this 2008 article has been widely cited in PubMed Clinical Guidelines related to diabetes, cardiovascular disease, stroke, kidney and liver transplantation, and other areas.

This study focused on patients with type 2 diabetes and either existing cardiovascular disease or heightened risk for it. The trial randomized over 10,000 patients to intensive glucose lowering therapy (HbA1c goal of 6.0) versus standard therapy (goal of 7.0-7.9), and followed them for nonfatal heart attack or stroke, and fatal cardiovascular events over an average of 3.5 years of follow-up.

The authors found that intensive glucose lowering was associated with increased mortality, and did not reduce the risk of nonfatal cardiovascular events. They concluded that this study uncovered a previously unrecognized harm associated with intensive glucose control for high-risk patients.

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episodes, those with poor glucose control, and those with comorbid depression.⁴⁵⁻⁴⁹ Kaiser Permanente research has also investigated risks related to chronic conditions that are often comorbid with diabetes, such as pulmonary, kidney and cardiovascular diseases.^{36,50-54}

One increasingly common risk-mitigation strategy for people with diabetes and obesity is bariatric surgery. Studies have shown that – particularly for people who are less severely obese – bariatric surgery can result in diabetes remission and a host of related benefits,⁵⁵⁻⁶⁰ including improved life expectancy.^{61,62} Even for people who experience a relapse of diabetes after a period of remission, the remission has been linked to longer-term health benefits, such as reduced risk of microvascular complications of diabetes.⁵⁵

Also important are the risks for babies born to women who experience gestational diabetes, as well as those with type 1 or type 2 diabetes. Among these risks are fetal and neonatal macrosomia,⁶³⁻⁶⁶ impaired glucose tolerance,⁶⁷ hypoglycemia,⁶⁶ hyperbilirubinemia,⁶⁶ childhood obesity,⁶⁸⁻⁷¹ and development of autism^{72,73} and ADHD.⁷⁴

Improving Patient Outcomes

What strategies are effective in preventing diabetes?

For people at risk of type 2 diabetes, making a timely diagnosis of prediabetes creates an opportunity to encourage lifestyle changes that can reduce the risk of developing diabetes.^{75,76} Kaiser Permanente researchers have studied the performance of various approaches to detecting prediabetes,^{77,78} and the rate of progression from first-recorded impaired fasting glucose (an intermediate state of hyperglycemia that is abnormal but does not meet the threshold for diabetes diagnosis) to diabetes.⁷⁹

Approaches to prevention or risk reduction studied by Kaiser Permanente researchers include increasing knowledge about diabetes among youth;^{23,80} lifestyle interventions for high-risk adults;⁸¹ targeted interventions in spouses, partners and other family members of patients with diabetes;⁸² and personalized genetic-risk counseling.⁸³

How does early identification of diabetes affect outcomes?

Early diagnosis of diabetes relies on screening of people at risk. Early recognition of type 1 and type 2 diabetes can confer substantial treatment and outcome benefits. For example, people who are diagnosed early can enter treatment before consequences of uncontrolled diabetes occur, such as diabetic ketoacidosis.⁸⁴

What are the key factors in effective treatment of people with diabetes?

Glucose Control. For people with diabetes, glucose control – through self-management activities including lifestyle adaptations, self-monitoring of blood glucose, and medication adherence – is essential to effective treatment.^{85,86} Our research has emphasized the value of addressing food insecurity among patients with diabetes, as this has been linked to poor diabetes control and higher rates of hospitalizations and emergency room visits.⁸⁷ Diabetes-care guidelines suggest an escalating medication treatment strategy for people with type 2 diabetes based on glucose control and responsiveness to medications. However, medications are not always escalated as recommended, even when glycemic control is inadequate,^{88,89} in part because of barriers to insulin initiation,^{90,91} medication costs,⁹² and the complexity of the medication regimen.⁹³ Use of common glucose-lowering medications in the management of gestational diabetes is controversial, as their safety in pregnant women has not been clearly established,⁹⁴ and the use of insulin during pregnancy is frequently a negative, anxiety-provoking experience.⁹⁵ In young adults with childhood-onset diabetes, glucose control may be adversely affected during the transition between pediatric and adult primary care.⁹⁶

For most adults with diabetes, treatment is directed to maintain an HbA1c less than 7%. Kaiser Permanente studies have compared the effectiveness of alternative insulin regimens⁹⁷⁻¹⁰⁰ and glucose control targets.¹⁰¹ In particular, researchers have recently studied the appropriateness of low glycemic targets for older adults and concluded that relaxing glucose control targets (for example, up to HbA1c of 7.5%) for older adults can avoid hypoglycemic events and other adverse outcomes, with few negative consequences.¹⁰²⁻¹⁰⁴ Other work conducted by our scientists has found that glycemic control can be improved in Latino patients with limited English proficiency by matching them to bilingual primary care physicians.¹⁰⁵ Such real-

world studies in our large membership provide valuable insights that complement clinical trials,¹⁰⁶ which frequently exclude older adults and people with comorbidities.

Complications of Diabetes. Appropriate screening for serious complications of diabetes is an essential component of effective treatment. Recommended processes of care include eye exams, foot exams, and influenza immunizations. Kaiser Permanente studies have shown that documentation of these care processes is incomplete in administrative claims data,¹⁰⁷ and have also measured the impact of insurance continuity or coverage type on receiving recommended preventive care.^{108,109} Even among insured people, gaps in recommended care processes are common for adults^{110,111} but are less problematic among youth.¹¹²

Comorbid Conditions. People with diabetes and multiple comorbid conditions face added challenges and risks. One of these is polypharmacy: the concurrent use of multiple prescription medications. Kaiser Permanente research has demonstrated that medication burden increases substantially for adult patients newly diagnosed with diabetes.¹¹³ Polypharmacy is linked with decreased medication adherence¹¹⁴ and increased medication interactions.¹¹⁵ Furthermore, polypharmacy has been associated with patient falls in studies focusing on adults with diabetes.¹¹⁶

In addition, chronic and acute conditions can be more difficult to treat in the context of diabetes than for people without diabetes. For example, surgical care of patients with diabetes and surgical treatment of diabetic foot infections is complicated by microvascular diseases that inhibit wound healing.^{117,118} Studies have also demonstrated that people with comorbid diabetes and hypertension, hyperlipidemia, and hyperglycemia often experience both treatment non-adherence and lack of appropriate treatment intensification for these comorbidities, leading to worse outcomes.¹¹⁹⁻¹²¹

Translating Research Findings Into Policy and Practice

How has Kaiser Permanente research contributed to changes in policy and practice?

Kaiser Permanente is a learning health care system that works to systematically use research to inform and improve practice both within Kaiser Permanente and more broadly.

Within Kaiser Permanente, research, clinical, and operational partners have tested a range of interventions to prevent diabetes or improve diabetes outcomes. These have included strategies such as education, wellness, and behavior change programs focused on exercise, diet, and medication adherence,¹²²⁻¹²⁵ collaborative care programs for patients with diabetes and comorbid behavioral health problems,¹²⁶⁻¹³⁰ pharmacist-led diabetes management,¹³¹ workplace screening and wellness programs,^{122,132} and educational interventions specifically for women with gestational diabetes¹³³ and youth.⁸⁰ Within Kaiser Permanente, studies have also evaluated the role of electronic medical records (and other data assets) in improving quality of diabetes care, identifying diabetes medication non-adherence, recognizing prediabetes, and other outcomes.¹³⁴⁻¹⁴³

Disease management programs, often offered by third-party vendors, are increasingly popular in the United States, and are widely used by state Medicaid programs and others. Our studies assessing online and telephonic disease management or coaching programs have found that they can be effective but are not uniformly so.^{123,144,145} Furthermore, these programs have been shown to face challenges related to low uptake among eligible individuals who might benefit¹⁴⁶ and suboptimal levels of engagement with the platform over time.¹⁴⁷ Researchers have also found that linking these efforts back to primary care is challenging, even in an integrated care setting with an advanced electronic medical record system.^{148,149}

Kaiser Permanente research contributes not only to policy and practice change within our own delivery system, but has also advanced the national understanding of diabetes. To date, Kaiser Permanente authors have been cited more than 400 times within recent consensus statements and clinical practice guidelines published by a wide range of entities, including the American Diabetes Association, American Heart Association, and the American Geriatrics Association, among others. In addition, Kaiser Permanente research and clinician scientists have directly contributed as authors of practice guidelines and systematic reviews. These include reviews published by the U.S. Preventive Services Task Force,¹⁵⁰ and the

Notable Studies and Clinical Trials Focusing on Diabetes

STUDY	FUNDER
Diabetes and Aging	National Institute of Diabetes and Digestive and Kidney Diseases
TRIAD: Translating Research into Action for Diabetes	Centers for Disease Control and Prevention
ACCORD: Action to Control Cardiovascular Risk in Diabetes	National Heart, Lung, and Blood Institute
SUPREME-DM: SUveillance, PREvention, and ManagEment of Diabetes Mellitus	Agency for Healthcare Research and Quality
The Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Study and The HAPO Follow-Up Study	National Institute of Diabetes and Digestive and Kidney Diseases and the National Institute of Child Health and Human Development
The SEARCH for Diabetes in Youth	Centers for Disease Control and Prevention and the National Institute of Diabetes and Digestive and Kidney Diseases
NEXT-D: Natural Experiments in Diabetes Translation	Centers for Disease Control and Prevention

American Association of Clinical Endocrinologists and American College of Endocrinology's consensus statements on the type 2 diabetes management algorithm.¹⁵¹⁻¹⁵³ Finally, our scientists have co-authored a report on research gaps in gestational diabetes for the National Institute of Diabetes and Digestive and Kidney Diseases.¹⁵⁴

Each of Kaiser Permanente's regional research centers participates in the Health Care Systems Research Network (HCSRN), a national research network that aims to improve individual and population health through research.¹⁵⁵ The SUPREME-DM study, focused on diabetes and led by a Kaiser Permanente researcher, is one of HCSRN's cornerstone projects. Kaiser Permanente researchers have led or collaborated on many more notable studies and trials related to diabetes epidemiology, prevention, risk factors, and treatment.

Kaiser Permanente's nearly 170 research scientists and more than 1,600 support staff are based at 8 regional research centers and one national center. There are currently more than 2,400 studies underway, including clinical trials. Since 2007, our research scientists and clinicians have published more than 12,000 articles in peer-reviewed journals. Kaiser Permanente currently serves more than 12.3 million members in 8 states and the District of Columbia.

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