

Press Release

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Latest research reveals Asian diabetics achieve greater blood pressure reductions when receiving enhanced care

A study published today in *Diabetic Medicine*¹ has found that south Asians with Type 2 diabetes could reduce their blood pressure if receiving an ‘enhanced’ compared to ‘conventional’ level of care for the management of their condition. The UK Asian Diabetes Study (UKADS) demonstrated that using Asian link workers and additional specialist nurse input alongside treatment protocols, leads to significant improvements most notably in hypertension for this at-risk group. Leading experts therefore recommend greater awareness of patients’ cultural backgrounds as well as the optimal control of co-morbidities in diabetic patients to reduce cardiovascular risk and better meet the requirements of the Coronary Heart Disease and Renal National Service Frameworks (NSFs).

UKADS was designed to evaluate novel strategies for treating one of the most at-risk groups of Type 2 diabetics. 361 patients of south Asian ethnicity (Indian, Pakistani and Bangladeshi origin) from six general practices in Coventry and Birmingham with Type 2 diabetes and one other risk factor (hypertension, elevated total cholesterol or poor glycaemic control) were randomised to receive either enhanced or conventional care. After one year, average systolic blood pressure levels had reduced by 6.7 mm Hg in the enhanced care group, compared to 2.1 mm Hg in the conventional care group. Diastolic blood pressure and total cholesterol also showed reductions. HbA_{1c} did not improve, despite additional prescribing and education.

Significant blood pressure reductions achieved in the enhanced care group were attributed to increased access of multi-lingual Asian link workers and additional practice nurse sessions with input from community diabetes specialist nurses, working to treatment protocols and targets for diabetes, hypertension and dyslipidaemia. The link workers contacted patients to encourage clinic attendance, organised educational sessions and attended clinics to facilitate patient understanding and compliance. The use of Asian link workers was particularly attributed to the retention of patients within the study and improved clinic attendance. The group receiving conventional care were treated to the same protocols but received no additional practice resources.

Professor Anthony Barnett, Consultant Physician, Clinical Director of Diabetes and Endocrinology at Birmingham Heartlands Hospital and author of the study commented, “Blood pressure control is crucial in Asian populations with diabetes, bearing in mind the increased likelihood of cardiovascular and renal complications. We noticed that the use of pharmacological treatments and compliance with therapy

were both higher in the enhanced care group which may have contributed to the improvements. This targeted approach in a high risk population may be a useful strategy to achieve the recommendations of the CHD and Renal NSFs.”

Dr Dubal, a GP based in East London and member of the British International Doctors Association commented on the findings of the study. “Additional culturally appropriate resources are essential for ensuring a better standard of health for ethnic groups in the UK to improve not only access to healthcare but also understanding and compliance with treatment.”

Enhanced care may be particularly necessary for at risk groups such as south Asians. Rates of diabetes are up to six times higher,² onset may be over a decade earlier and there are higher risks of cardiovascular and renal complications, mortality and morbidity in South Asian compared to white Caucasian populations.^{1, 2, 3, 4}

The UKADS study was supported by educational grants provided by Aventis UK, Pfizer, Servier Labs, Boehringer Ingelheim, Eli Lilly, NovoNordisk, and Takeda UK.

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