

News Release

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New Hypertension Guidelines Fail to Improve Blood Pressure Control in People with Diabetes

Separate Study Finds Adolescent Pupil Size Predicts Later Complications

-- ADA Publishes New Clinical Practice Recommendations --

(Alexandria, VA) – Despite the publication of increasingly aggressive guidelines for lowering blood pressure in people with diabetes, this condition remains substantially unimproved, according to a study being published in the January issue of *Diabetes Care*.

A separate study being published in the same issue finds that small pupil size during adolescence may help predict diabetes-related complications later in life, such as retinopathy and microalbuminuria, a marker for both cardiovascular and kidney disease. The January issue of *Diabetes Care* also includes the American Diabetes Association's (ADA's) new Clinical Practice Recommendations, which are revised on an annual basis.

Hypertension Guideline Changes Fail to Improve Control

The blood pressure study, which compared hypertension control in people with and without diabetes from 1995-2005, showed that reducing blood pressure goals twice for people with diabetes during the past decade did little to improve control of this condition. The findings are consistent with other recent studies which showed that doctors fail to aggressively treat high blood pressure in people with diabetes, despite the fact that hypertension is a major symptom of cardiovascular disease, the leading killer of people with diabetes.

In 1997, and again in 2003, the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC) lowered blood pressure goals for people with diabetes. They currently recommend that people with diabetes keep blood pressure at or below 130/80 mmHg.

The changes, however, “did not lead to substantially better hypertension control for diabetics compared with non-diabetic patients,” the researchers concluded. “This finding is somewhat surprising considering the recognition of JNC guidelines as the gold standard for hypertension treatment, similar recommendations from other organizations such as American Diabetes Association, American College of Physicians, and American Academy of Family Physicians, and public health efforts to promote comprehensive diabetes care.”

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News Release

Hypertension/Page 2

Previous studies have shown that doctors intensified treatment of high blood pressure during as few as 12 percent of office visits when people with diabetes presented with this problem. High blood pressure can be treated through lifestyle and dietary changes as well as with numerous medications. Many people with diabetes also exhibit high blood pressure, an early warning sign for the development of heart disease.

Identifying effective interventions to deal with the challenge of lowering blood pressure in people with diabetes should be a top priority for future research, the authors concluded.

To reach lead researcher Dr. Y. Richard Wang, Department of Medicine, Temple University Hospital, email: yize.wang@tuhs.temple.edu or phone: 215-707-2772.

Small Pupil Size Predicts Complications in Adolescents

In a separate study, researchers identified a predictive relationship between small pupil size in adolescents with type 1 diabetes and the presence of microalbuminuria and retinopathy 12 years later. Small pupil size has been used to predict mortality in adults with diabetes but has not often been used in adolescents.

This study, by researchers in Australia, found that adolescents with type 1 diabetes whose pupils were reduced in size were at higher risk for complications from their disease in their 20s. In particular, they were at greater risk for retinopathy – a progressive eye disease – and microalbuminuria, or the presence of small amounts of albumin in the urine, which indicate cardiovascular and kidney problems.

The researchers recommend further research to determine if improved glycemic control when pupil abnormalities first appear would improve the condition and lead to fewer complications.

To reach lead researcher Dr. Ann Maguire, at the Institute of Endocrinology and Diabetes at Children's Hospital at Westmead, Sydney, Australia, email: annm4@chw.edu.au.

Clinical Practice Recommendations Updated

The ADA's Clinical Practice Recommendations have been updated to include new information about treatment and prevention that reflects the latest research. Changes have been made in numerous areas, including the management of hyperglycemia in type 2 diabetes; nutrition recommendations; and screening and treatment for children who have both type 1 diabetes and celiac disease.

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Hypertension/Page 3

Managing hyperglycemia can be a problem for many people with type 2 diabetes. The revised recommendations now include information from a Consensus Statement published by the ADA and the European Association for the Study of Diabetes (EASD), which advises early intervention with metformin in combination with lifestyle changes to improve glycemic control. It also advises early initiation of insulin for those who present with weight loss and more severe symptoms.

In 2006, the ADA published Medical Nutrition Therapy (MNT) guidelines for people with diabetes, specific to individual populations, such as those who are obese or pregnant. The Clinical Practice Recommendations have been updated to reflect these guidelines and to encourage people with diabetes or pre-diabetes to seek individualized MNT to help them achieve their treatment goals.

Information about how to treat children who are diagnosed with both type 1 diabetes and celiac disease was also added to the Clinical Practice Recommendations this year. Up to 16 percent of children with type 1 diabetes are also diagnosed with celiac disease, an immune disorder that affects the digestive system, damages the small intestine and interferes with the absorption of nutrients from food. The recommendations call for more aggressive screening for celiac disease in children with type 1 diabetes who present symptoms such as weight loss, growth failure, abdominal pain and chronic fatigue. A gluten-free diet is recommended for those who test positive for celiac.

For a copy of the ADA's Clinical Practice Recommendations, please contact Rachel Morgan at 703-549-1500 x2290.

Diabetes Care, published by the American Diabetes Association, is the leading peer-reviewed journal of clinical research into the nation's fifth leading cause of death by disease. Diabetes also is a leading cause of heart disease and stroke, as well as the leading cause of adult blindness, kidney failure, and non-traumatic amputations. For more information about diabetes, visit the American Diabetes Association Web site www.diabetes.org or call 1-800-DIABETES (1-800-342-2383).

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