

Diabetes Together

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A husband and wife—we'll call them "Michael" and "Mary"—share a home and at least two meals per day together, and their interests and hobbies have certainly intertwined after more than 40 years of marriage. They also both have diabetes, Michael with type 1 and Mary with type 2. On the surface, their diseases—much like their lifestyles—are very much alike. But payers force them to manage their diseases very differently, differentiating the types of diabetes in crucial ways, especially when it comes to technology that could help all patients.

Almost 30 million Americans have diabetes, and for years people with this condition have fought stigmatization from the public, insurers, government, and, frankly, from other diabetes patients. People with type 1 diabetes frequently distance themselves from their counterparts with type 2 because they fear being shamed for having any kind of diabetes, especially the kind that's "avoidable."

Well, as people with diabetes ourselves (KC with type 1 and VV with type 2), we'd like to set the record straight on some of the most important ways the two types of diabetes are alike:

- People with either type struggle with the daily challenges of managing complex medication regimens and many demands on their lifestyle;

- Hyperglycemia stalks all of us and can result in devastating complications;
- Taking insulin carries the risk of hypoglycemia for patients who have either type of diabetes;
- Patients often face the false perception that, "If you'd just follow your diet, you wouldn't have a problem"; and
- Either type of diabetes can lead to restrictions on driver's licenses.

And let's also be clear about how the two types of diabetes are different:

- Our diseases have different pathophysiological origins, although both have a basis in genetics;
- We are prescribed different medications, although at least 30% of type 2 patients will eventually require insulin (and many more may be able to benefit from it if they had access);
- Well over half of those with type 2 diabetes struggle with obesity, compared to less than 20% of those with type 1 diabetes;
- Medicare and other health care payers restrict glucose test strips to those on insulin, even though checking blood glucose can be useful to anyone with diabetes; and
- Medicare and other payers restrict helpful technologies to patients with type 1 diabetes.

To us, it is that last point that is both extremely worrisome and easily fixed. After all, the core of diabetes

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management is one thing: the need for excellent glucose control to avoid complications. So why are we not all given equal opportunities to use the best tools available to achieve that goal?

It's because type 2 diabetes patients are held responsible for their condition, due to excess weight—at least, that's how much of the public sees it. And this unfortunate argument that the condition stems from a character flaw climbs through the ranks of physicians and other health care professionals. This also includes insurance company executives and government officials, all of whom should be educated about the root causes and most effective treatments for the disease.

We are dismayed by the hurdles set up by Medicare that hinder diabetes patients' access to technologies such as insulin pumps, one of the most effective devices on the market for the delivery of insulin. Some type 1 patients must go to great lengths to prove that they do not have type 2, and many type 2 patients face a far steeper climb trying to convince pay-

ers that they have reached the point of insulin dependence.

We know from the recent OpT2mise study (1) that type 2 patients achieve greater control of their blood glucose when using an insulin pump than when taking daily insulin injections. Over time, if pumps were used more widely by type 2 patients, payers (and Americans) would save millions of dollars as a result of improved control and fewer visits to hospital emergency rooms. The notion that type 2 patients do not deserve equally advanced treatment options is wrong on all counts—bad for the patients themselves and bad for our health care system.

In the coming months, we are going to see two to three new companies join Valeritas in the patch pump market, including Cequr, which studies have shown improves control and satisfaction for type 2 patients (2). It would be a significant achievement if we were able to lower the barriers and make these technologies widely available to all diabetes patients.

That means putting any perceived stigma or sense of diabetes inequality

behind us—and that starts within our own community. We must cast aside our few differences and embrace our journeys, much like Mary and Michael—not as type 1s or type 2s, but as kindred spirits. We all must accept that we are fighting the same battle and face the same risks. Type 1 or type 2, we are united in not wanting diabetes complications for anyone.

Duality of Interest

Ms. Valentine serves on an advisory board for Cequr. No other potential conflicts of interest relevant to this article were reported.

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