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Rethinking Diabetes Care: Key Data from Incorporating Lifestyle Modifications

ReachMD Announcer:
You're listening to ReachMD. This medical industry feature, titled "Rethinking Diabetes Care: Key Data from Incorporating Lifestyle Modifications," is sponsored by WeightWatchers. This program is intended for physicians. Here's your host, Dr. Charles Turck.

Dr. Turck:
This is ReachMD. I'm Dr. Charles Turck.

And joining me to discuss the impact of lifestyle interventions to improve the management of diabetes are Dr. Jamy Ard and Dr. Michelle Cardel.

Dr. Ard is a Professor in the Department of Epidemiology and Prevention and the Department of Medicine at Wake Forest School of Medicine. He's also Co-director of the Atrium Health Wake Forest Baptist Weight Management Center where he directs medical weight management programs, and he's a partner of WeightWatchers.

Dr. Ard, thanks for being here today.

Dr. Ard:
Thank you for having me.

Dr. Turck:
And Dr. Cardel is a faculty member at the University of Florida College of Medicine, where she is an Associate Director at the Center for Integrative Cardiovascular & Metabolic Disease. She's also the Senior Director in Global Clinical Research and Nutrition for WeightWatchers. Dr. Cardel, welcome to the program.

Dr. Cardel:
Excited to be here.

Dr. Turck:
Diving right in, Dr. Ard, how does obesity management play a role in the treatment of diabetes?

Dr. Ard:
Obesity and type 2 diabetes are chronic diseases that are very closely related, with obesity being the primary driver for the development of type 2 diabetes. Based on the latest data, we know that approximately 42 percent of all adults in the US have obesity. However, when we look at those adults in the U.S. who have type 2 diabetes, about 90 percent of them have either overweight or obesity.

Based on the relationship between obesity and abnormalities in blood glucose levels, I think it makes perfect sense to treat obesity in patients with diabetes. If you successfully manage obesity, you're also treating the diabetes. The degree of improvement in obesity can play a significant role in the improvement of type 2 diabetes, potentially even reaching the point of remission—meaning the patient has a hemoglobin A1c of less than 6.5 percent and has not needed anti-diabetes medications for 3 months.

Now the American Diabetes Association and European Association for the Study of Diabetes have recently highlighted the importance of treating obesity to improve diabetes control or achieve remission in a joint consensus statement published in late 2022. If you think about managing obesity and diabetes as two separate issues, you're doubling the time spent addressing your patient's health concerns.

Treating diabetes by managing obesity, all within a singular therapeutic approach, however, can save time and resources.

Recent clinical trial data has even shown that increasing amounts of weight reduction can benefit blood glucose control.

More specifically, a decrease in body weight of 5-10 percent has been shown to improve glycemic control and is associated with a lower risk of progression from pre-diabetes to type 2 diabetes.

A greater weight reduction of 10-15 percent is associated with achieving remission of type 2 diabetes.

But there's still a large unmet need when it comes to access to evidence-based weight management options, highlighting the need for scalable programs to help meet this need and improve diabetes management.

Dr. Turck:
Now, Dr. Cardel, would you please explain why weight management is so important when it comes to managing diabetes? And are there any clinical data to support that?

Dr. Cardel:
Yes, as Dr. Ard shared, the American Diabetes Association and the European Association for the Study of Diabetes have released a joint consensus explaining that treating obesity can play a critical role in achieving remission and improving diabetes control.

Recent data from a clinical trial we conducted provides further support for this consensus statement and the results of that study were presented at various medical conferences in 2022, including at the American Diabetes Association annual meeting.

This six-month single-arm clinical trial was conducted across three sites including Pennington Biomedical Research Center, the University of Florida and Virginia Commonwealth University. The trial examined the effectiveness of the virtual WeightWatchers program on glycemic control and weight loss among 136 participants living with type 2 diabetes with an average baseline A1c of 8.0.

The study's participants were quite diverse in gender, age, weight status, race/ethnicity, and medication use. About 80 percent identified as female, and the mean age of participants was 57, the average BMI was 36 with an A1c of about 8, 40 percent identified as a non-white race or ethnicity, and 92 percent of participants were on diabetes medications, of which almost 1 in 3 were on insulin.

Dr. Turck:
For those just tuning in, you're listening to ReachMD. I'm Dr. Charles Turck, and I'm joined by Drs. Jamy Ard and Michelle Cardel to discuss lifestyle interventions in diabetes management.

Staying with you, Dr. Cardel, would you dive into this study a bit more? What were some of the key outcomes?

Dr. Cardel:
So, at the beginning of the study, the average participant had an A1c of almost 8 percent. However, over the course of six months in our trial, Hemoglobin A1c dropped by 0.75 points, reaching an average A1c of 7.16 following the six-month intervention.

During that time, participants lost an average of 5.7 percent body weight, which equated to about 5.5kg or 11 pounds of body weight lost. This is exciting and relevant for overall improvements in health because we know that changes in weight as low as 3 percent of someone's total body weight can reduce the risk for heart disease and other chronic conditions. When looking at these important milestones, almost 60 percent of the participants lost at least 3 percent of their body weight, 42 percent lost at least 5 percent, and 15 percent lost at least 10 percent over six months.

We also saw improvements in markers that can improve heart health. For example, participants lost almost 6 cm in waist circumference, which equates to more than 2 inches lost around their belly. We also saw improvements in systolic and diastolic blood pressure, with each dropping about 3 units. No adverse events were noted during the duration of this lifestyle program.

We also saw significant improvements in dietary choices, self-monitoring strategies, like keeping a record of what they ate, and psychological coping, including thinking positively when they get off track. There was about a 13 percent overall decrease in hunger as well.

At baseline, participants reported that they were experiencing moderate levels of diabetes-related distress. However, by the end of the six months their distress had declined significantly - almost 10 percent - and on average, would be considered now having a mild level of diabetes-related distress using the Diabetes Distress Scale cut-offs. This means that members on the diabetes-tailored plan felt better about living with diabetes and that they felt more confident in their day-to-day ability to manage diabetes.

So overall, while clinic-based lifestyle interventions that reduce weight and A1c are the most studied, their high cost and limited number limit accessibility, and reach, and impact for a large number of patients. Results from our clinical trial demonstrate that the

WeightWatchers Diabetes-Tailored Plan can be a useful approach to mitigating access barriers – such as transportation since we're a digital program – for adults with type 2 diabetes seeking lifestyle intervention to improve the management of diabetes, diabetes distress and quality of life.

Dr. Turck:
Thank you, Dr. Cardel. Moving to you Dr. Ard, what do these results mean for the treatment of type 2 diabetes?

Dr. Ard:
The results from the WeightWatchers intervention in patients with obesity and type 2 diabetes are significant for several reasons. First, we can see a clinically meaningful impact of the intervention on body weight, glycemic control, and other cardiometabolic risk factors.

Importantly, weight reduction translated into real health improvements.

People doing the program also felt better as a result. Many times, I see patients who suffer through a plan or weight loss strategy in the hopes that they might one day feel better. These data suggest that quality of life improves meaningfully, and especially important for those with diabetes, the sense of stress related to their diabetes decreases. I think having expectations that a treatment strategy will have holistic health improvements is important when recommending options to patients.

Overall, these results demonstrate that impactful weight management strategies can be delivered using digital tools.

To reach all the people with diabetes and obesity who need help, it would take an enormous amount of effort and resources to engage that growing number of individuals. We don't have enough primary care or specialist providers to adequately engage everyone who requires treatment. Providing evidence that digital interventions can be scalable and effective provides another key tool that can be used to help our patients succeed in achieving better health. This work allows healthcare practitioners to be confident in recommending a strategy that has evidence of effectiveness for improving both obesity and diabetes.

Dr. Turck:
Before we close, I'd like to get some forward-looking thoughts from each of you. Dr. Cardel, starting with you, how do you think these results will impact the future of diabetes management?

Dr. Cardel:
It's a really exciting time in the field of diabetes. This data and the data from other studies highlight that treating obesity can play a critical role in achieving remission and improving diabetes control.

Dr. Turck:
Thank you, Dr. Cardel. And Dr. Ard, I'll turn to you for the final word.

Dr. Ard:
I agree with Dr. Cardel. We are now finally starting to understand that treating obesity is an important way to effectively treat diabetes. As a clinician, I am hopeful that we will continue to see more options to help our patients be successful in that effort.

Dr. Turck:
That's a great way to round out our discussion on outcomes of lifestyle modifications as a means for the management of both obesity and diabetes at the same time.

I want to thank my guests, Dr. Jamy Ard and Dr. Michelle Cardel for helping us better understand the impact of lifestyle interventions on diabetes treatment. It was great speaking with you both today.

Dr. Ard:
Thank you for having me.

Dr. Cardel:
It was really wonderful to be here, thank you.

Dr. Turck:
For more information on the lifestyle interventions and the clinical trial referenced today, please see the links noted below, or visit weightwatchers.com/hcp-diabetes.

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