Interview: Zydrune Visockiene – Head, Center of Endocrinology and Associate Professor, Vilnius University Hospital Santaros Klinkos, Lithuania

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Zydrune Visiockene, head of Vilnius University's Center of Endocrinology and a key opinion leader on the topic of diabetes in the Baltics, casts his expert eye over the disease's prevalence in Lithuania as well as the private and public sector initiatives currently underway to counter this important public health threat.

Could you please introduce yourself to our international audience?

I am a doctor endocrinologist, head of Center of Endocrinology at Vilnius University Hospital Santaros Klinikos (VUH SK) and an Associate Professor at Vilnius University, Clinic of Internal Diseases, Family Medicine and Oncology.

I have 18 years of clinical experience in diabetology and general endocrinology working in both in-patient and out-patient clinics at VUH SK. My Clinical interest is focused on diabetes (with special interest in gestational diabetes) adrenal and rare endocrine diseases.

My research interest is focused on fuel and energy metabolism in obesity and diabetes, CV risk factors and complications in diabetes subjects. Since 2014 I am involved in the projects of preventing and managing chronic diseases.

I have been involved in teaching activity for medical students and post-graduate education of GP's and specialists.

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I have more than ten years' experience in clinical trials mainly in diabetes and postmenopausal osteoporosis as a Principal Investigator and I am a member of working group at the Ministry of Health for the development of National Diabetes Care Program and Diabetes Treatment Guidelines, Head of Vilnius Endocrinology Association.

Diabetes is one of today's biggest Lithuanian health issues affecting the lives of more than 120,000 Lithuanians. On top of that, during the last decade, the number of people suffering from diabetes doubled its size. Can you expand on how the prevalence of diabetes has evolved over the course of recent years?

According to the official statistics the incidence of diabetes increased from 9,164 new cases in 2009 to 14,119 in 2016, providing the prevalence of 3.23 percent of diabetes in Lithuanian population. This number is rather small, compared to the predicted values of WHO and could be associated with data collection bias.

The analysis of real data from the cohort of all aduLithuania Lithuanian inhabitants having at least one chronic disease in the year 2012 to 2014 revealed the prevalence of diabetes to be 5.16 percent in diseased patient group. This is still not a very high number compared to other countries and leads to thinking about quite a significant proportion of undiagnosed diabetes.

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Thus, I would say that trends of increasing incidence and prevalence of diabetes is similar to other countries and is associated with conventional risk factors, such as sedentary life style, calorie rich diet, and an increase in obesity.

Novo Nordisk's Marijus Valatka highlighted the low development of diabetes' treatment in the country with Lithuania positioned as the second after the worst country in the Euro Diabetes Index 2014. As an endocrinology key opinion leader, what are your conclusions on this front?

Yes, Lithuania was the second worst country with the lowest score in Euro Diabetes Index 2014. However, I would like to pay attention to the proportion of data that were not available from Lithuania and thus, I would not take this information as a real mirror of situation due to high

proportion of missing data. Also, the same index put Lithuania into the first place as a country providing the best service for finances allocated.

Since 2014 changes have been made, but I do agree that we still need to improve: diabetes statistics – both collecting and sharing the valid and real data – this is the priority of official institutions as they do collect a lot of information; agreement on National Diabetes Programme and having it implemented; having regular and continuous discussions with official institutions to improve reimbursement of diabetes treatment in the light of new evidence; putting diabetes as a priority in the political agenda and getting support for the Government to make the changes.

What is your assessment of the treatment of diabetes in the country and more specifically the endocrinology patients' access to the needed medicines?

Medications for Diabetes Management (DM) treatment same as strips for glucose control are reimbursed by 100 percent, which is very good. The problem we face – reimbursement is based on local guidelines, that are not in line with international ones and it is quite difficult to convince the Ministry of Health (MoH) to make changes to local guidelines and include new medications for DM treatment in the position they can have, based on current evidence. On the other hand, if patient can pay from his/her pocket, we have all medication registered in EU available. Also, we are able to use newest insulins without any restrictions.

What do you believe that the government, industry and healthcare professionals should do in order to revert this situation and advance towards a better level of care in this therapeutic area?

We are working constantly with governmental institutions, however, cannot achieve the desired result. I would expect: from government – understanding the extend and importance of the problem, put as the highest priority into political agenda and listen and discuss the question with the specialists; from industry – support and provide the best available clinical evidence to official institutions, provide pharmacoeconomics data, follow ethics standards and try to be objective; from healthcare professionals – close collaboration between GPs and endocrinologists in order to provide the best clinical care for patients.

As members of the endocrinology physicians' community, how much do you feel supported by the government and the industry to ensure high quality treatments for diabetes patients in Lithuania?

The support from government and industry is different and could not be compared. We have to understand that the government is responsible (and pays for it) not only for the strategy of pharmacological diabetes treatment, but also for the development of all systems. And at this point I desire a modern and flexible approach in line with evidence and information we have every day comming in.

Industry is quite involved in doctor‘s education, provides support for social and reaserch projects which is always very valuable collaboration.

As head of the endocrinology center, from a human capital perspective, how would you assess the level of endocrinology professionals in the country?

I am glad to say that the level of our endocrinology professionals is very high. We are dealing with all endocrinology every day and have good traditions working together and sharing experience. At VUH SK we have possibility to use modern diagnostic and treatment, work in multidisciplinary teams, solve questions starting from every day endocrinology to genetics and transplantation. Of course, there is no such possibilities at the outpatient clinics in smaller cities or rural areas, but then the patient can be referred to the center and will be seen by specialist in not more than four weeks. I do believe that the endocrinology service is quite well organized.

What final message would you like to share with our international audience and any local stakeholders?

I do not know the perfect health care system in any country. Thus, we have to collaborate, sit around the table, take the best knowledge, evidence, experience and expertise from specialist, stakeholders, patient organizations and build the best possible for today, adjustable for the future and modern system for our patients.

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