Jan Škrha – President, Czech Diabetes Society (ČDS)



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Jan Škrha, president of the Czech Diabetes Society (ČDS), provides insight into the most crucial advances in the quality care of Diabetes, which relies on the indispensable cooperation between specialists and General Practitioners (GPs). Škrha puts a strong emphasis on the importance of early diagnosis and discusses the underestimated role of the population's lifestyle choices in preventing diabetes, especially when it comes to those with a genetic predisposition.

The Society was instrumental in the creation of the National Diabetes Program, which came into effect in 2013. Six years later, what areas of diabetes care have undergone the most advances?

In the last few years, we have seen great advances in the standardization of the patient journey between different healthcare professionals. At present, there is a network of more than 500 physicians specifically involved in diabetes, as well as highly qualified diabetologists, endocrinologists and other specialists who work mainly in big hospitals and their outpatient departments. Besides, a significant role is played by general practitioners (GPs), not only in diabetes but also in cardiology, oncology, and many other areas.

Recently, there has been a focus on determining who is responsible for handling diabetic patients at each stage of their journey – when they should be treated by a GP, and when by a diabetologist or an internal medicine specialist. We have realized that collaboration between all these

stakeholders is a key element to a successful healthcare service.

The first medical contact — the diagnosis — is always with a GP. If necessary, they are the ones who prescribe the patient with initial treatment and set some targets. If those targets are reached, the GP is the only doctor the patient sees; if they are not achieved and complications arise, the patient gets referred to a diabetologist. The Czech Diabetes Society (ČDS) and the Society of General Practice (SVL) have worked together on an agreement to draw the fine line that defines when a referral needs to happen or not.

Could you give us an update on the global and local prevalence of diabetes as well as the factors playing a major role in fighting it?

Diabetes affects over 450 million people worldwide. The International Diabetes Federation forecasts that this number will reach 600 million in 2030, and 750 million in 2045. In the Czech population, the occurrence of diabetes has approximately doubled compared to 1989, with the number of patients nearing one million in a population of ten million, which is four times more than 40 years ago.

This is the reason why, in addition to the right treatment, prevention and early diagnosis are crucial. Prevention — daily physical activity, a healthy diet, and not smoking — is fundamental. For smokers, the chances to suffer from diabetes are twice as high. Not only does smoking slow down the insulin secretion from the beta cells, but it also influences the peripheral insulin action. Nicotine directly increases the risk to develop diabetes.

Diabetes is tied to genetic predisposition. If someone is predisposed to diabetes, a healthy lifestyle can have an immense impact on postponing it to an older age. It is the government’s role to raise awareness about the importance of prevention, which starts with healthier lifestyle choices and regular evaluations. Today, it is mandatory for every Czech citizen over 45 to be evaluated by a GP every two years. Based on blood tests and blood glucose screenings, preventive observations are made. This is a positive step in the context of early diagnosis. However, more advances are needed in this area.

What are your thoughts on the Health Strategy 2030, approved by the Ministry of Health in November, and its focus on prevention and health literacy?

As mentioned, education is certainly vital, and teams of educators are putting efforts into designing new methods and ways for our message to reach the wider Czech population.

An exciting project we are currently working on in collaboration with the Ministry of Health is a network of local education centers concentrated on two purposes: supporting patients, on the one hand, and spreading information regarding prevention, on the other.

As a prominent researcher in the biochemistry and pathophysiology of diabetes and its complications, could you give our readers an idea of the contribution of Czech academia to the study of the diabetes?

There are several interesting areas of research, such as genetic background and predisposition. The results obtained from observing genes can be put into clinical practice, for instance, to disclose Maturity Onset Diabetes of the Young (MODY) in the paediatric segment.

Another area is the estimation of insulin secretory capacity and the function of insulin in the periphery. I was involved in this research 20 to 30 years ago, where we tested the specific effects of certain drugs. Such research provides a better picture of how drugs for blood triglycerides can influence insulin action in diabetic patients.

The biochemistry of diabetic patients is an extremely niche field in which I was also engaged. It consists of measuring clusters of biomarkers to identify patients who may be prone to develop complications.

Then, of course, the use of technological developments is making a big difference. Just now, modern diabetology is covered by techniques like continuous glucose monitoring systems, insulin pumps, and so on. In the last two years, we have been comparing the common usage of insulin pens and insulin pumps and found out that there is no difference between both types of treatment if the patient is monitored by a proper continuous glucose system.

Where do you see the role of the pharmaceutical industry in improving the quality and accessibility of diabetes care in the country?

The pharmaceutical industry has a main role in delivering new drugs and enabling the switch from older to newer groups of medicines without creating hypoglycemia which used to be a common side effect in the past.

Moreover, patient-tailored treatment has gained great attention in recent years. We need to individualize therapy. This is a new approach in the modern style of treatment in diabetes as well as in the all the other therapeutic areas.

Also, touching upon education once again, financial support for the arrangement of education programs, seminars and meetings in some regions of the Czech Republic are of great help. A way in which companies can help the healthcare system is by supporting education in collaboration with physicians and associations and societies like the ours.

What is your vision for diabetes care in the Czech Republic in the next five years?

Patients need to be more involved in the whole healthcare process and be aware of what is important to improve their lives. From my point of view, having worked in diabetes for over 40 years, there are still large knowledge gaps.

Alongside the patients' stronger involvement and commitment, in the upcoming years, I hope to see closer cooperation between diabetologists and GPs, which will certainly bring important advances.

A critical question for the future is how to sustainably cover the cost of innovative and expensive drugs. A questions we can think about is, "should patients contribute to paying for medicines through small out-of-pocket financing?". Maybe that would motivate them to be more involved in bettering their health and to pay more attention to their lifestyle. We do not have an answer to that yet, and it will be interesting to see where this topic stands in five years' time.

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