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Burden of diabetes update

Diabetes mellitus was the eighth leading cause of death in high-income countries and the tenth leading cause of death in middle-income countries in 2004, and together with endocrine disorders was responsible for approximately 1.44 million (2.5%) deaths globally, according to the World Health Organization's latest Global Burden of Disease 2004 Update.

In the high- and middle-income countries diabetes and endocrine disorders were responsible respectively for 3.7% and 2.7% of deaths, while in the low-income countries these conditions were responsible for 1.9% of deaths. Within Africa they accounted for 2%, or about 0.24 million deaths.

Source: www.who.int

Residual Risk Reduction initiative launched

Specialists from North America, Europe, Asia and Japan have come together to launch the Residual Risk Reduction initiative (R3i) – a global programme to evaluate and reduce the excess risk of myocardial infarction, stroke, kidney disease, loss of vision and non-traumatic limb amputation which exists in many patients with heart disease and diabetes despite optimal, currently available care.

The R3i, a worldwide, academic, multidisciplinary non-profit organisation, aims to successfully address the excessively high risk of macro- and microvascular complications in patients with atherogenic dyslipidaemia,

characterised by elevated triglycerides and low levels of high-density lipoprotein (HDL) cholesterol and unaddressed by current standards of care. This lipid abnormality is typical in patients with type 2 diabetes or metabolic syndrome and common in patients with established cardiovascular disease.

The president of the R3i, Professor Jean-Charles Fruchart of the University of Lille, France said: 'We now have unequivocal evidence from numerous studies showing that greater reductions in LDL cholesterol, blood pressure and blood sugar alone will have little, if any, additional impact on residual vascular risk. Therefore we urgently need new strategies to address other modifiable risk factors such as atherogenic dyslipidaemia, a strong contributor to residual vascular risk in millions of patients with diabetes and cardiovascular disease.'

The R3i will address this major public health problem. In its manifesto the R3i calls for:

- Original research to quantify the full extent of residual vascular risk in patients with atherogenic dyslipidaemia and to identify new targets for interventions.
- Educational programmes to create awareness of residual vascular risk and to encourage health care professionals, particularly primary care physicians, to translate available research findings into improved treatment strategies.
- Advocacy to ensure that the issue of residual vascular risk associated with atherogenic dyslipidaemia is given appropriate priority in national and international guidelines.

The R3i is led by a Board of Trustees and an International Steering Committee (ISC) of 21 officers and members from the disciplines of cardiology, diabetology, lipidology, endocrinology, epidemiology, nutrition, ophthalmology, nephrology and basic science. The legal body of the R3i will be a Foundation established in Switzerland. National organisations have been or are in the process of being established in more than 40 countries worldwide. These beneficiaries of the R3i Foundation will implement research and educational programmes in their respective countries and will also initiate their own national initiatives, according to the mission of the R3i.

The R3i Foundation will seek funding from multiple sources. Initial seed funding was provided by Solvay Pharmaceuticals.

The initial R3i research programme involves two worldwide epidemiological surveys which aim to quantify the full extent of residual macro- and microvascular risk associated with atherogenic dyslipidaemia in patients with heart disease and/or type 2 diabetes receiving current standards of care.

The R3i has also already begun to develop educational tool kits including a resource slide kit and a dedicated website including a CME-accredited programme. This will facilitate live web seminars (webinars) allowing physicians to interact and communicate with each other across the globe.

Source: www.r3i.org