In Search of Stakeholder Collaboration to Stem the Cardiometabolic Epidemic
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The numbers are staggering. According to the American Heart Association, 76.4 million Americans have hypertension, 16.3 million have chronic heart disease, 5.7 million have heart failure, and 7 million have stroke.\(^1\) Data from the Centers for Disease Control and Prevention show that 25.8 million Americans had diabetes and many millions more had prediabetes in 2007.\(^2\) The link between cardiovascular disease (CVD) and diabetes is well known,\(^3\) and the numbers of overweight and obese Americans continue to climb, further fueling the prevalence of cardiometabolic risk factors that can be categorized under the umbrella of a newly defined cardiometabolic disease.

Cardiometabolic disease consists of a constellation of risk factors associated with CVD and metabolic syndrome that include dyslipidemia, hypertension, insulin resistance, and high abdominal fat. In practical terms, it is impossible to separate the risk assessment and management of CVD and metabolic syndrome.

Despite the many advances in CVD interventions, heart disease continues to be the number one killer of Americans.\(^4\) And even with the availability of many antihyperglycemic drug classes, less than half of diabetic patients reach the American Diabetes Association's glycemic goal of hemoglobin A\(_1c\) <7%.\(^1\)

Add to this the astronomical costs utilized independently to manage CVD, dyslipidemia, diabetes (and its complications), and obesity, and the picture becomes truly gloomy: In 2007, the estimated total US costs for diabetes were $174 billion.\(^2\) In 2008, the estimated total costs for obesity were $147 billion. In 2010, the direct costs for CVD were $272.5 billion, and these are expected to reach $818.1 billion in 2030— at a time when the US economic outlook is not too promising.

It may indeed take a crisis of illness and economics of this magnitude to get providers, payers, manufacturers, patients (especially patients), and policymakers to collaborate on a mutual goal of changing people's attitudes toward health and disease and helping to transform our healthcare system from one that spends billions of dollars on postdisease interventions to one that embraces pre-disease prevention efforts as key to cardiometabolic health. To make a real difference in this growing epidemic that is in part dependent on lifestyle and personal choices, it is necessary to fully engage individuals in their own cardiometabolic wellness, in addition to any pharmacotherapeutic interventions, as the authors in this issue make clear.

This theme issue of American Health & Drug Benefits is a step toward raising awareness of the cardiometabolic constellation of risk factors and the urgent need for collaboration among stakeholders. Colombi and Wood present their study's results on the impact of obesity on care utilization and cost of cardiovascular conditions for a large employer, demonstrating that worksites with the highest rates of obesity had significantly more episodes of care (of any type) than sites with leaner workers. In their call to action, Page and colleagues sound the alarm about the growing risk for CVD among American young adults, focusing on the need to develop prevention strategies for this population and not only for older adults. Nguyen and colleagues outline the many drug therapies available for diabetes and discuss the new drugs in development, many of which have new mechanisms of action and fewer side effects, such as weight gain. Riordan and colleagues highlight the association between CVD and schizophrenia, noting that CVD is the most common cause of natural mortality in schizophrenia, with increased prevalence of dyslipidemia, hypertension, obesity, and diabetes in this patient population.\(^4\) Finally, Daniel provides a comprehensive review of current lipid goals in diabetic patients, outlining the appropriate use of available pharmacotherapies when lifestyle changes fail.

A single issue cannot cover the full scope of cardiometabolic risk factors and potential solutions. Readers are invited to submit articles to the journal that begin to chart novel ways of transitioning the US healthcare system into a new era of cardiometabolic health and wellness.

References