



Foundation World Community for Prevention of Diabetes

WELCOME MESSAGE

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WCPD history

1996 Copenhagen, Denmark –

Knut Borch-Johnsen

1999 Fiuggi/Rome, Italy –

Paolo Pozzilli

2002 Hong Kong –

Juliana Chan

2005 Chennai, India –

Ambady Ramachandran

2008 Helsinki, Finland –

Johan Eriksson

2010 Dresden, Germany –

Peter Schwarz

2012 Madrid, Spain -

Rafael Gabriel

2015 Cartagena, Colombia -

Pablo Aschner

2016 Atlanta, USA -

Mahmoud Ibrahim

2018 Edinburgh, Scotland -

Calum Sutherland

The objective

A scientific forum to communicate various aspects of the prevention of diabetes and its complications.

To promote research on the prevention of diabetes and its complications.



#HelsinkiSummit #lennu





Diabetes Prevention in the Real World: Effectiveness of Pragmatic Lifestyle Interventions for the Prevention of Type 2 Diabetes and of the Impact of Adherence to Guideline Recommendations

A Systematic Review and Meta-analysis

*Alison J. Dunkley,¹ Danielle H. Bodicoat,
Colin J. Greaves,² Claire Russell,¹
Thomas Yates,¹ Melanie J. Davies,¹ and
Kamlesh Khunti¹*

5. Prevention or Delay of Type 2 Diabetes

Diabetes Care 2017;40(Suppl. 1):S44–S47 | DOI: 10.2337/dc17-S008

For guidelines related to screening for increased risk for type 2 diabetes (prediabetes), please refer to Section 2 “Classification and Diagnosis of Diabetes.”

Recommendations

- At least annual monitoring for the development of diabetes in those with prediabetes is suggested. **E**
- Patients with prediabetes should be referred to an intensive behavioral lifestyle intervention program modeled on the Diabetes Prevention Program to achieve and maintain 7% loss of initial body weight and increase moderate-intensity physical activity (such as brisk walking) to at least 150 min/week. **A**
- Technology-assisted tools including Internet-based social networks, distance learning, DVD-based content, and mobile applications may be useful elements of effective lifestyle modification to prevent diabetes. **B**
- Given the cost-effectiveness of diabetes prevention, such intervention programs should be covered by third-party payers. **B**



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