It's not your fault

When losing weight proves difficult

When Type 2 diabetes occurs together with obesity, the risk of complications increases significantly. Deborah Condon talks to Prof Carel le Roux about treatment options aimed at reducing weight

Type 2 diabetes and obesity are complex conditions in their own right, but when the two occur together, the risk of complications increases significantly and treatment can become much more difficult.

"The two together make each other worse. Type 2 diabetes makes you more hungry, so you want to eat more, but obesity worsens Type 2 diabetes, so it is a vicious cycle," notes obesity expert, Prof Carel le Roux, a professor of experimental pathology at UCD.

He explains that Type 2 diabetes is genetic. If you have an identical twin with the condition for example, you have a 90% chance of developing it as well. However, not everyone who is at risk will develop it.

"You are at risk because of your genetics, it loads the gun, but it is your environment that is the trigger," he says.

And there is no bigger trigger than obesity it appears, however treatment can change this, even in those with poor diabetes control.

"If you have a first-degree relative with Type 2 diabetes, you are at an increased risk of developing it, but we can reduce this risk. If you lose 5% of your overall body weight, you reduce your risk of Type 2 diabetes by 60%. If you lose 10%, you reduce your risk by 80%. This is irrespective of whether you are 20 or 12 stone – it is the percentage weight loss rather than the amount that matters," Prof le Roux explains.

Prof Carel le Roux: "If you are on a diet and you are hungry, you should stop, it is not working... It is not your fault if it doesn't work, but is your responsibility to try to fix it."

He notes that people are getting Type 2 diabetes younger than their parents did "because we are heavier and so have increased risks earlier".

This is important because if you are 80 when you develop Type 2 diabetes, complications are less likely to be a major issue. However, if you are 40 when you develop it, they are much more likely to be an issue "because it depends on how long you have lived with it".

He recalls that in the past, healthcare professionals used to focus on blood glucose levels, "but now we know that it is a 'systems disease'.

"Most people with Type 2 diabetes will die from myocardial infarction (heart attack), stroke and kidney damage, but quality of life will also be affected because of issues with nerves, eyes, and feet. You want to live longer, but you also want to have a better quality of life and in medicine, we need to think about the whole of life," he says.

How does he feel when he hears some people describe Type 2 diabetes as the 'less serious' type of diabetes – a myth which many people still believe? His answer pulls no punches.

"In Ireland, more people die of Type 2 diabetes than Type 1 – numerically it is the bigger killer. It is a major killer here, but the point is, it doesn't have to be," he insists.

Treatments to reduce weight

For people with Type 2 diabetes and obesity, there are three main types of treatment aimed at reducing weight.

Diet approach

The first is the diet approach and this is intensive, Prof le Roux notes.

He explains that if you lose 15% of your body weight, your diabetes may go into remission.

"We are now thinking like we do in

terms of cancer – put it into remission and keep it there. However, only two in 10 people will respond to this diet approach and this is because of biology. Eight in 10 will become more hungry so it will never work for them.

"There is no blood test or questionnaire that will determine who it works for and motivation is irrelevant," he points out.

As a result, he believes it is absolutely key that people understand that it is not their fault if this approach does not work. You may be the most motivated person in the world who sticks rigidly to what you are supposed to, but you still may not get the results you want.

However, Prof le Roux also emphasises that while it may not be your fault, it is still your responsibility to continue to work with your doctors to try the fix the problem.

Medication approach

The second treatment approach is medication. One drug which has shown particularly good results is semaglutide. Prof le Roux points out that Ireland is one of the first countries in the EU to get this drug, along with Denmark. It is not yet available in the UK or Germany.

It works in a number of ways, for example, it helps the pancreas to release the right amount of insulin when blood glucose levels are high. It also helps the kidneys to get rid of excess salt, leading to a reduction in blood pressure, which can lead to fewer heart attacks and strokes.

It also tells the brain that you are satisfied, which is key because people with Type 2 diabetes do not feel satisfied after food. Furthermore, five in 10 people will lose weight on this drug and one-third will achieve 15% weight loss, which as previously mentioned, can lead to remission.

This is a lifelong medication, but it is fully reimbursed by the HSE.

Surgery approach

The third treatment approach is surgical treatment, ie. gastric bypass. This reduces the size of the stomach so that you cannot eat as much as you used to, but part of your digestive system is also bypassed so you are not absorbing as much food.

This method is considered if a person with Type 2 diabetes is not getting good results from the other methods.

Prof le Roux emphasises that it is about providing the right treatment at the right time

"Personalised treatments are easier to provide if we have good treatments. That is what is changing. In the past, we assumed diabetes would simply get worse and we just kept adding more and more medications and treatments, but now there are real options. We must give all of these options to patients," he notes.

Prof le Roux explains that with diet and medication, it will be known in 12 weeks whether the approach is working, "so we can make decisions faster and move on".

"It is not your fault if it doesn't work, but is your responsibility to try to fix it," he reiterated.

He also points out that some people believe that if their diet or medications are working, they can eventually give them up, but he emphasises that they must continue treatment unless there are problems like adverse side-effects.

He added that patients may have different priorities, such as getting control of their blood glucose levels or reducing their risk of a heart attack, and healthcare professionals must shape treatments accordingly.

"It comes back to that personalised approach. That is why patient empowerment is so important and we as doctors have not always asked those questions."

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