Family medicine drives improvement in diabetes care

We read with interest the article by Kolber et al in the April 2023 issue of *Canadian Family Physician* on the value of family medicine.[1] It is regrettable that our paper on diabetes guideline–based target achievement,[2] which was cited by Kolber et al, may be interpreted as undervaluing the work and challenges of family practice.

In sentinel primary care practices contributing to the Canadian Primary Care Sentinel Surveillance Network, we found the following proportions of men achieved hemoglobin A_{1c} levels at or below 7.0%, blood pressure at or below 130/80 mm Hg, and low-density lipoprotein cholesterol (LDL-C) at or below 2.0 mmol/L: 58.9%, 43.1%, and 59.4%, respectively, in 2020.[2] Glycemic target achievement increased, LDL-C target achievement remained similar, and blood pressure target achievement decreased between 2015 and 2020; younger individuals and women, in particular, had lower statin or angiotensin-converting enzyme inhibitor and angiotensin receptor blocker use when counting only adults with specific indications for these agents. These results provide a snapshot of diabetes care and identify areas for quality improvement. We recognize substantial limitations with using binarized clinical guidelines to track "performance," including the need to recognize the importance of social determinants of health, shared decision making, and comorbidity.[1,3] This is a starting place for further dialogue, research, and intervention. Measurement is a necessary first step to improve health care and to make the case for reinvigorated government investment in chronic disease care.

We have also looked at predictors of sodium-glucose cotransporter-2 inhibitor (SGLT2I) use in adults with diabetes and chronic kidney disease, who have demonstrable cardio-kidney benefit from these medications.[4] Barriers to prescribing for cardio-kidney benefit in clinical practice include moving beyond the earlier understanding of these agents as glucose-lowering therapies but also include increasing patient frailty and comorbidity, potential concerns about tolerability of these medications in such individuals, and accessibility concerns.[5,6] Diabetes targets are only one among many clinical concerns FPs must juggle.

Other findings support the notion that FPs do this impossible job impossibly well.[1] The most important predictor of taking an SGLT2I for adults with diabetes and chronic kidney disease was seeing an FP.[5] Seeing an FP more frequently was more important than seeing any other specialist, and no other specialist had as much exposure to adults with diabetes and chronic kidney disease than FPs. These findings demonstrate that family medicine is central to diabetes care and to the application of clinical trial findings to patient care on the large scale that we need. Family medicine is the backbone of our health care system, and we applaud the immense work FPs and teams do to improve diabetes care.

Our research team includes specialists and FPs,[5,6] and we have used these findings to motivate dialogue about quality improvement with multidisciplinary primary care teams. Supporting diabetes care in patient-centred medical homes led by FPs, in a time of perpetual crisis, is the challenge we face. We look forward to future conversations about how we can collectively support each other in enhancing health for Canadians and in advocating for health system resources and investment in diabetes care.

—*Darren Lau* MD PhD FRCPC
—*Shiva Nandiwada* MD
—*Donna P. Manca* MD MClSc CCFP FCFP
—*Roseanne O. Yeung* MD MPH FRCPC
Edmonton, Alta

Competing interests
None declared

References

1. Kolber MR, Korownyk CS, Young J, Garrison S, Kirkwood J, Allan GM. The value of family medicine. An impossible job, done impossibly well. *Can Fam Physician* 2023;69:269-70.
2. Nandiwada S, Manca DP, Yeung RO, Lau D. Achievement of treatment targets among patients with type 2 diabetes in 2015 and 2020 in Canadian primary care. *CMAJ* 2023;195(1):E1-9.
3. Bele S, Uwamahoro MC, Popeski N, Turin TC, Rabi D. RE: Achievement of treatment targets among patients with type 2 diabetes in 2015 and 2020 in Canadian primary care [letter]. *CMAJ* 2023 Apr 2. Available from: **https://www.cmaj.ca/content/195/1/E1/tab-e-letters#re-achievement-of-tre**. Accessed 2023 May 5.
4. Perkovic V, Jardine MJ, Neal B, Bompoint S, Heerspink HJL, Charytan DM, et al. Canagliflozin and renal outcomes in type 2 diabetes and nephropathy. *N Engl J Med* 2019;380(24):2295-306. Epub 2019 Apr 14.
5. Lau D, Pannu N, Yeung RO, Scott-Douglas N, Klarenbach K. Use of sodium-glucose cotransporter 2 inhibitors in Alberta adults with chronic kidney disease: a cross-sectional study identifying care gaps to inform knowledge translation. *CMAJ Open* 2023;11(1):E101-9.
6. Hao R, Myroniuk T, McGuckin T, Manca D, Campbell-Scherer D, Lau D, et al. Underuse of cardiorenal protective agents in high-risk diabetes patients in primary care: a cross-sectional study. *BMC Prim Care* 2022;23(1):124.

Can Fam Physician 2023;69:452. DOI: 10.46747/cfp.6907452

Natural history of abdominal pain in family practice

Thank you to Drs Thomas R. Freeman and Moira Stewart for their article on abdominal pain in the May 2023 issue of *Canadian Family Physician*[1] that provides an important example of the idea expressed in their 2020 article.[2] Harrison, in his eponymous textbook of internal medicine,[3] first published in 1950, recognized that symptoms were the starting point in the practice of medicine. We need many more studies of this kind to follow such important symptoms as headache, back pain, fatigue, dizziness, etc.

Drs Freeman and Stewart deserve a place among the best of family practice thinkers for articulating this idea and providing a practical demonstration.

—*Duncan J. Etches* MD CCFP(COE) FCFP
Vancouver, BC

Competing interests
None declared

References

1. Freeman TR, Stewart M, Léger D, Jordan J, Copeland J, Hons I, et al. Natural history of abdominal pain in family practice. Longitudinal study of electronic medical record data in southwestern Ontario. *Can Fam Physician* 2023;69:341-51.
2. Freeman T, Stewart M. Making the case for the study of symptoms in family practice. *Can Fam Physician* 2020;66:218-9.
3. Harrison TS, Resnick WR, Wintrobe MM, Thorn GW, Beeson PB, editors. *Harrison's principles of internal medicine*. Philadelphia, PA: Blakiston's Son and Co; 1950.

Can Fam Physician 2023;69:452. DOI: 10.46747/cfp.6907452_1

The opinions expressed in letters are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.