



REVERSE: Reducing cardiovascular and kidney risk in diabetes – August 2025

FACTS:

- Nearly 2 million Australians live with diabetes – a number that has tripled in the past 25 years and is still rising.
- Approximately 65% of CVD-related deaths in Australia occur in people with diabetes or pre-diabetes.
- Diabetic CKD is the leading cause of kidney failure in Australia, accounting for more than 40% of patients starting dialysis each year.

PROJECT CYCLE:

2024 - 2027

PARTNERS:

The George Institute Kidney Health Community Advisory Panel

The George Institute Research Committee for Aboriginal and Torres Strait Islander Health

UNSW Faculty of Medicine and Health Western Sydney University

Nursing Research Institute (Faculty of Health Sciences, Australian Catholic University)

GPs and communities representing the study cohort

Southwestern Sydney Primary Health Network and Local Health District (including regional health services) Outcome Health

SUPPORTERS:

NSW Health Cardiovascular Early-Mid Career and Senior Researcher Grant

PRINCIPAL INVESTIGATOR:

*Scientia Associate Professor Min Jun
Professor Martin Gallagher*

BACKGROUND:

- Diabetes is a major public health threat and a major driver of disease in various organ systems, including cardiovascular disease (CVD) and chronic kidney disease (CKD).
- Socioeconomically disadvantaged communities experience greater burden of type 2 diabetes mellitus (T2DM) and its complications.
- Diabetes also has an enormous societal impact, including substantial loss of productivity and high annual costs to the health care system.
- CVD remains the leading cause of death in people with diabetes.

AIM:

- To design an intervention based around a cardiovascular nurse coordinator role aimed at improving the coordination of care for people with T2DM, who are at high risk of CVD and/or kidney failure.
- To evaluate this intervention's impact on reducing the risk of CVD and CKD.

METHODS:

- Phase 1 will involve working with three-to-four primary care practices in South-Western Sydney to review non-identifiable population primary care data to establish burden of disease, patterns of care and feasibility.
- Phase 2 will involve the co-design of the proposed integrated diabetes care intervention - a cardiovascular nurse coordinator role embedded within health service areas.
- Phase 3 will involve testing the intervention in three-to-four practices to see how it affects CVD and CKD outcomes, and the provision of guidelines-based care for patients with T2DM at high risk of CVD and CKD.

IMPACT

- Strengthen links between primary and secondary care to support better use of evidence-based approaches for managing T2DM.
- Promote the systematic application of proven medications, such as SGLT2 inhibitors, to slow diabetic CKD progression and improve cardiovascular outcomes.
- Deliver major health gains for people with diabetes, helping to prevent costly cardiovascular events and reduce the need for long-term dialysis.

CONTACT:

To find out more about this project, its investigators or The George Institute please contact
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