



# Patients must be encouraged to 'Talk Hypos'



## Klaus Jensen\* speaks to Daphne Boulicault, Commissioning Editor:

A Copenhagen native, Klaus Henning Jensen started his career working as a medical doctor in a hospital setting. An entrepreneur at heart, he drew from his background in physics and business administration to co-found a device company – successfully developing a new type of surgical screw for osteosynthesis of hip fractures. Klaus' career at Novo Nordisk spans almost a decade and is rooted in Global Medical Affairs. He has held a series of Medical Director and Vice President roles with responsibilities cutting across the entire Novo Nordisk (UK

and Ireland) diabetes portfolio – medical devices, Victoza® (liraglutide), Tresiba® (insulin degludec), Ryzodeg® (insulin degludec/insulin aspart) and Xultophy® (insulin degludec/liraglutide), as well as other GLP-1 and insulin treatments – with medical and scientific responsibility for the R&D of several of these products. He now sits on the UK & Ireland leadership team as Head of Clinical, Medical and Regulatory.

### Q Could you give us an overview of your career to date?

I began my career working in Clinical Practice in Copenhagen, before taking an entrepreneurial direction by creating my own business which dealt with medical innovations. I then transferred into the pharmaceutical industry, undertaking a series of global roles with Novo Nordisk, where I have been almost 10 years now. I am enjoying my work with Novo Nordisk; a research-based company pioneering innovation and leadership in diabetes care for over 90 years globally, and in the UK for more than 3 decades.

### Q Have any colleagues, past or present, particularly influenced you & your work?

I have thought hard about this and what has become very clear to me is that the person who has served as the biggest inspiration to me is a previous manager of mine. Kristine Brown Frandsen, Corporate

Vice President of Global Medical Affairs for Novo Nordisk, is a very strong manager who I have worked with for a number of years. She has some key qualities that I have really learnt a lot from and aspire to. First, her intelligence is remarkable; the speed at which she can evaluate decisions and deliver work is admirable. Additionally, and more importantly in terms of a medical sanctionative function, she really knows her data at an incredibly detailed level. From a leadership perspective, she has developed the skills to intuit her team's mindset and feelings and to act accordingly. This is what makes Kristine an exceptional leader and is something that I am trying to foster within myself.

### Q What would you describe as the biggest achievement of your career?

My biggest achievement was as part of a larger team accomplishment during Novo Nordisk's launch of Victoza®, also known

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as liraglutide. We had a huge amount of energy, enthusiasm and anticipation while working toward this launch, making it an exciting time during my career. We took entire departments, including the Medical Affairs department that I was responsible for, and we restructured ourselves to ensure we worked effectively with each other and delivered a successful launch. Notably, no matter who you spoke to within the company there was a feeling of excitement about the possibilities this drug could provide to patients based on the data. I think this is what makes Novo Nordisk such an exciting company to work for; we have our own home-grown pipeline that we take a great deal of pride in and we deliver new products with the aim of helping patients to tackle some of the challenges that they face. One day finding a cure for Type 1 diabetes is at the heart of our work, but also innovating products for the benefit of diabetes patients.

**Q Novo Nordisk, in partnership with Diabetes UK, is launching a new campaign aimed at increasing awareness of hypoglycemia among diabetic patients, could you tell us a bit more about the campaign?**

We created the 'TALK Hypos' campaign, in association with Diabetes UK, in order to increase awareness and stimulate discussion about hypoglycemia between people with diabetes and their healthcare professionals. 'TALK' is a simple acronym to guide discussion around this issue:

**THINK:** Do you know what a hypo is? Do you suffer from hypos?

**ASK:** your doctor or nurse about hypos and discuss them as part of your consultation

**LEARN:** what can then be done to better manage your hypos, including lifestyle and treatment options

**KEEP:** track of your hypos for discussion with your healthcare professional.

The campaign was launched in conjunction with Hypo Awareness Week 2014, of which Novo Nordisk was the sole sponsor. This annual inpatient awareness week is designed to help hospital staff recognize and treat symptoms and refer patients to appropriate care teams. This year a record number of clinics participated, with over 150 hospitals using materials from the TALK Hypos campaign as a basis for their discussions. It is clear that healthcare professionals recognize the effectiveness of this campaign and the tools associated with it.

**Q Why is this campaign important & what inspired its creation?**

This campaign is vitally important because it can make a difference to patients. Hypoglycemia is one of the most common complications associated with diabetes and its treatment. The problem is that hypoglycemic events often go under-recognized and under-reported despite the fact that they have a significant impact on a patient's quality of life. We know that patients are reluctant to discuss hypoglycemia with healthcare professionals and, in fact, we have data that three in four patients experiencing hypoglycemia will not speak to a healthcare professional about this.

The direct cost of this on the UK's healthcare system is slightly more than GB£360 million per year. Indirect effects are equally important, and include an impact on the work and everyday lives of those experiencing hypoglycemia.

Some of the reasons why these 'hypos' are under-reported is that patients might lack education and miss the warning signs, they are afraid of losing their driving licence, they might not believe that their doctors can make a difference in this respect and they worry that they are wasting the time of healthcare professionals.

The first step in tackling this problem is discussing hypoglycemia: what can be done about it and how do we get the right balance between diet, exercise and medication?

**Q How is the campaign being implemented & how will this affect healthcare providers across the UK? What will their role be?**

The campaign has firstly been implemented through the Novo Nordisk field team, who have been providing the TALK Hypos materials to healthcare professionals. The role of the healthcare professional in delivering the campaign is crucial because the materials are designed for use in consultations to aid discussion, not just as stand-alone information. The material is additionally available in waiting rooms for patients' consideration, in order to prepare themselves for a dialogue with healthcare professionals. This notion of an open dialogue is really what it all comes down to.

As a secondary approach, the materials were used in a number of ways to help hospitals during Hypo Awareness Week. From information stands in public areas and as part of daily rounds, to training sessions held by the hospital diabetes teams. Finally, we implemented a media strategy which allowed the campaign to reach over

7 million people. Our online animation alone has been viewed by 15,000 people.

**Q One of the main aims of this campaign is to improve the quality of life for diabetes patients across the UK; what are other priorities for improving diabetes care in the UK & how can we make these a reality?**

In the UK there are currently over 3 million people living with diabetes and in 10 years time this figure could reach 5 million. The alarming truth is that 10% of the total National Health Service (NHS) budget is devoted to diabetes. Many people with this condition are far from reaching the recommended blood glucose levels, meaning that their long-term expected health outcomes are not good. These are all reasons why we need to act now.

One thing that is absolutely key to tackling this epidemic is education; we need patients and doctors alike to understand the challenges. Our aim is for patients to feel empowered to take an active role in their diabetes management.

Individualization of diabetes care is equally important in relieving the long-term NHS cost-burden associated with this condition and improving health outcomes; we must ensure that the right patients are receiving the right treatment at the right time. This approach is essential to maximizing outcomes and delivering the best care.

**Q What other work is Novo Nordisk currently undertaking to improve the lives of diabetic patients?**

Globally, we invest a large share of our revenue in research and development; a key focus is to change diabetes through innovation, education and collaboration. Nonetheless, we never lose sight of our main goal: to find a cure for Type 1 diabetes.

We also tackle public health and prevention issues head-on. We recently launched a flagship global program called Cities Changing Diabetes, to address the challenges of diabetes in the urban environment.

Of course we continue to focus on building collaborations to increase awareness of diabetes and to ensure patients receive the care that they deserve. We work as partners and facilitators with healthcare professionals, policy-makers and patient organizations and engage in discussions with these important stakeholders.

We are very proud to be working with admirable organizations, including King's Health Partners, as part of our ongoing collaboration called 'i3 diabetes' to create new ways of delivering specialist care, training and education that drive improved patient outcomes as well as better value to the NHS. We have also partnered with the South Asian Health Foundation in launching a community education program to over 350 people, with the aim of simply improving education and understanding of diabetes care among this high-risk group.

**Q Where do you see the field of diabetes progressing over the next 5–10 years?**

In a practical sense, the next 5–10 years will be marked by products which are already in development. At Novo Nordisk we have a very exciting pipeline with innovative new therapies. We have recently received marketing authorization in various countries for Tresiba® (insulin degludec) and Ryzodeg® (insulin degludec/insulin aspart), and Xultophy® (insulin degludec/liraglutide) has been approved for use in Europe, as a treatment for Type 2 diabetes.

We also have some exciting projects which may not be available in the next 5–10 years, but which we are working on now. We are looking into a faster-acting insulin products and longer-acting GLP-1 products which could result in once-weekly injections for patients. We are also focused on creating a once-daily tablet from these GLP-1 and insulin products. As you can imagine, these innovations would represent a massive step forward in terms of patient self-management.

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#### Disclaimer

*The opinions expressed in this interview are those of the interviewee and do not necessarily reflect the views of Future Medicine Ltd.*

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#### Financial & competing interests disclosure

*K Jensen is an employee of Novo Nordisk Ltd and a minor shareholder. K Jensen has no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.*

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