

Experts make progress towards optimizing diabetes care on a global scale

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Diabetes is a significant global health problem, afflicting 382 million people worldwide with increasing prevalence rates and adverse effects on health, wellbeing, and society in general. In this special issue of the *Annals of Global Health*, "Global Dimensions of Diabetes Care," experts from around the world synthesize a core set of recommendations using information from 14 countries as a basis in order to work towards optimizing diabetes care globally - a critically important initiative to help stem the diabetes epidemic.

Introducing this collection of papers, issue editor Jeffrey I. Mechanick, MD, Director of Metabolic Support and Clinical Professor of Medicine at the Division of Endocrinology, Diabetes and Bone Disease, Icahn School of Medicine at Mount Sinai, New York, explained, "The multifaceted nature of diabetes requires an assessment of lifestyle, behavior, genetics and epigenetics, and the intrauterine environment. The problems of one country are not only relevant for that country; information gleaned from a portfolio of countries may generate emergent ideas to solve the complex diabetes problem globally."

Experts describe the [diabetes care](#) in their own countries including its infrastructure, socioeconomics, and relevant cultural factors. They also focus on the key drivers for epidemiological transitions (e.g., nutritional, demographic, and economic); specific management strategies and resources (e.g., glucose testing and devices, medications, and other technologies); and unique challenges and solutions. The articles cover eating patterns, attitudes toward doctors and medicines, beliefs, religion,

linguistics and communication preferences, and other lifestyle variables.

"Not surprisingly, diabetes prevalence rates are increasing the most in rural and low-middle income areas," noted Dr. Mechanick. "Cultural differences also have an influence. The lack of guidelines for different target populations and also the interaction of acculturation to Westernized lifestyle with a genetic susceptibility, especially in aboriginal populations, is of concern. Clearly, understanding the effects of one culture in one country can assist diabetes care for patients of the same culture but in another country."

Organized by world region (Latin America, Europe, Africa, and Asia) with representative countries presenting their data, diabetes management profiles, and opinions regarding challenges and potential solutions, information, each paper provides a different perspective on diabetes care but in aggregate, reveals interesting commonalities and distinguishing features. These include:

- Very high economic burden, in terms of both direct and indirect costs, of diabetes
- Insufficient funding to optimize diabetes care, especially in low-to-middle income nations
- Nascent or early efforts to establish, populate, and/or analyze surveys and registries to base advances on real-world data
- Need for more governmental policy-making and intervention to provide funding for research, education, reimbursements, and infrastructure (e.g., diagnostics, medications, and self-monitoring), structured lifestyle change, improved awareness and adherence, and coordination and distribution of resources
- Need to create local or transculturalized foreign evidence-based guidelines and then implement on a national scale

The data have been compiled and critically analyzed. The main findings

have been synthesized into a core set of relevant conclusions that can potentially be leveraged into action:

Knowledge base: Each nation needs to assess the region-specific epidemiology, scientific evidence base, especially regarding biological drivers, and population-based transitions to identify higher risk people and establish risk-stratified guidelines for diagnosis and therapeutic interventions.

Public Health: Each nation establishes a public health imperative to acquire the necessary tools (diagnostics, drugs, supplies, etc.) and funding to successfully implement culturally-sensitive guidelines, as well as developing metrics to evaluate and improve these guidelines.

Durability: Each nation commits to education and research, with particular focus on pathophysiology and continued interaction on a multi-national scale, to advance and optimize the recommendations for a durable effect.

"These three recommendations serve as a starting point to address the complex nature of global diabetes care - to treat populations and individuals, to recognize similarities and differences, and to move more quickly than ever, as the diabetes epidemic has thus far been deaf to our calls for action," commented Dr. Mechanick.

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