

60% aren't being screened for diabetes complications in South Africa, according to new study

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The world is experiencing a [steep rise](#) in the number of people living with diabetes, a chronic condition of significant public health concern.

Many developing countries like South Africa now bear the greatest burden.

Diabetes refers to a high level of glucose in the blood. Several factors contribute to diabetes, but obesity and unhealthy lifestyle behaviours are the major drivers. It is a costly disease, and it reduces the [quality of life](#) and lifespan, especially if not properly managed.

Eleven percent of South African adults now [live with diabetes](#), the highest prevalence in Africa. Most of them have poorly controlled diabetes. And many others are yet to be diagnosed. A lot of people develop [complications](#) as a result of poorly controlled diabetes. These include eye problems, [kidney disease](#) and cardiovascular diseases. Some even develop wounds that don't heal, resulting in limb amputation.

When people develop such complications, they spend more money on healthcare. And it places a greater burden on the already overstretched health system. Some even lose their livelihood which, in turn, affects their families.

There have been [some studies](#) in South Africa looking at the level of [screening](#) for complications for people living with diabetes. But there's very little focus on the primary healthcare level. And some of these [studies](#) were conducted many years ago, so the data may no longer be valid.

It is imperative to determine the current situation, especially at primary healthcare level. Our recent [study](#) focused on the Eastern Cape province. It's one of the poorest provinces in South Africa, with a high prevalence of poorly controlled diabetes.

We assessed the extent of screening for diabetes-related complications at primary healthcare clinics in this province.

We found that the rate of screening for these complications was very low. Our findings are similar to [research](#) done in another rural province in the country. This points to the need to promptly implement measures to improve screening coverage for people with diabetes in South Africa. Doing this will improve health outcomes and quality of life, and reduce the incidence of devastating diabetes complications.

Checking for complications

To keep blood glucose levels under control and avoid complications, people with diabetes need to pay detailed attention to their health. They must be involved in their care, live a [healthy life](#), and undergo important tests and examinations that help to quickly identify potential problems.

There are [guidelines](#) for diabetes management and complications screening in South Africa. Healthcare providers also have a duty to check whether these individuals' blood glucose is under control, so they don't develop complications which can cut their life short or disable them.

Primary healthcare clinics are the entry points into the healthcare system. Most people with diabetes are first managed at these facilities. Here they receive medication and are supposed to check their blood glucose level at every visit.

In addition, primary [healthcare providers](#) are supposed to check patients' eyes and kidney function when they make the diagnosis—and every year after that. Healthcare workers are also supposed to check the patients' feet at least once a year. Patients at higher risk of developing foot ulcers need more frequent check-ups to prevent complications like leg amputation.

Our study

We wanted to find out how the people living with diabetes in some rural areas of the Eastern Cape, South Africa are being managed. We recruited participants with diabetes from six primary healthcare facilities. By asking them questions and by looking at their [medical records](#), we determined if these measures and examinations were in place at these primary healthcare clinics.

Our analysis showed that out of 372 people, only 71 (19%) of them had been checked for blood glucose control in the past year. Sixty (16%) of them had been assessed for kidney function and 33 (8.9%) had been checked for blood cholesterol levels. Just 52 (14%) had undergone eye examinations in the past year.

Foot examination, which helps to prevent leg amputation, was done for only 9 (2.3%). More than half (60%) of these patients had not undergone any form of examination for these potential complications in the past year.

None of them had undergone all of these five important screenings.

Way forward

Our study shows that without urgent intervention, a lot of people with diabetes will soon develop complications that could be prevented through proper screenings. This will affect the individuals, their families, jobs, and even the overburdened health system.

Prevention is cheaper than cure. Understanding the potential reasons for the gaps in [diabetes](#) management and finding effective solutions for improving screening coverage will cut [healthcare](#) costs, prolong the life

of patients and enable them to lead a quality life.

There are a number of approaches that the country can take. For instance [mobile health technology](#) can be used as a tool to facilitate screening. A similar approach is being used in developed countries. As a result, many of them have been able to cut down the number of [diabetes-related complications](#).

Other countries have also embraced [technology-based solutions](#) to train community health workers to conduct some of these examinations under the guidance of experts.

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