

Not only the rich are at risk of diabetes



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A media report labeled diabetes as a lifestyle disease. Rightly so, but it doesn't imply that poor and underserved communities are not at risk of diabetes. In fact, the World Diabetes Day (WDD) was created by the International Diabetes Federation (IDF) and the World Health Organization in 1991, to draw attention of the world community towards escalating incidences of diabetes amongst the rich and poor, old and young alike. WDD is celebrated world wide on 14th November, on the birth anniversary of Fredrerick Banting, co-discoverer of insulin.

"Diabetes is affecting all classes of our society, be it rich or poor, high caste or low caste, urban or rural residents. So it is no longer the disease of the rich alone," said Dr Ambady Ramachandran, Director, India Diabetes Research Foundation (IDRF), Chennai, Tamil Nadu. In a recent study conducted by IDRF in the South Indian state of Tamil Nadu, prevalence rates of diabetes were found to at par in rural and urban areas, dispelling the misconception that diabetes is only affecting the rich living in urban areas.

Dr Ramachandran further said that "Diabetes exerts a life-long financial burden for treatment. It is not only the cost of medicines but the recurring costs of ongoing home monitoring, laboratory investigations and hospitalizations also add to the financial burden. Also, the changing

prevalence of disease patterns is likely to increase the burden of chronic diseases like diabetes in developing countries such as India."

According to Diabetes Atlas published by the International Diabetes Federation (IDF), there were an estimated 40.9 million people with diabetes in India in 2007 which is about 16.7% of the global number of people living with diabetes. This number is predicted to rise to almost 70 million people by the year 2025. The countries with the largest number of people with diabetes will be India, China and USA by 2025. It is estimated that every fifth person with diabetes will be an Indian. The economic burden on India due to such a high incidence of diabetes is amongst the highest in the world.

India is, therefore, often referred to as the 'diabetes capital of the world'. Several studies have revealed that the prevalence of diabetes is increasing in rural areas too. However, there are no diagnostic tests available at Primary Health Centres for diabetes or diabetes-related complications. Dr Viswanathan Mohan, Director, Madras Diabetes Research Foundation, Chennai, Tamil Nadu said that "there is an urgent need to establish diagnostic centres for diabetes at every ante-natal clinic (ANC) especially in rural areas to detect and reduce the burden of diabetes at an early stage in children and adolescents".

Comparatively, the urban adolescents are more prone to type-2 diabetes than those residing in the rural areas. These urban adolescents have a higher intake of refined cereals as well as high fat and calorie-dense foods. Moreover, they are less likely to engage in regular physical activities. These factors lead to an increased incidence of obesity and consequently a higher risk for the onset of type-2 diabetes at an early age. Overall, patients with young-onset type-2 diabetes are only found in urban areas, and more so in affluent households. On the other hand, type-1 diabetes can occur equally in urban or rural areas. India is a land

of famines, floods, local conflicts, large population and a high illiteracy rate. All these factors, coupled with uncertain economic conditions, are likely to impede the diabetes' prevention and awareness programmes.

It may be pertinent to mention here that the theme for World Diabetes Day 2008, (www.worlddiabetesday.org) as envisaged by IDF is 'Diabetes In Children and Adolescents', keeping in mind the increasing incidence of diabetes in youth. This is a matter of grave concern and needs to be tackled. No child should die of diabetes.

Dr Sharad Pendsey ,an expert on diabetes, runs a charitable trust - Diabetes Research Education And Management Trust (DREAM Trust, www.dreamtrust.org) operational in New Delhi/ Noida region which provides free insulin, syringes, blood glucose monitoring strips and complete health care to the poor children with Type-1 diabetes. Dr Pendsey said that "children should be routinely screened for diabetes at diagnostic centres and appropriate follow- up action should be taken , as agreed upon by the primary healthcare providers and the diabetes experts". Dr Pendsey emphasized on the role of boosting up primary prevention strategies to limit or delay the onset of diabetes which will prove cost-effective as well.

Without primary prevention strategies at the public health level, the number of undiagnosed and uncared for people with diabetes will increase, as also the number of complications arising out of this disease, thus requiring a higher technological input. This in turn will limit access to health care for a large numbers of patients.

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