

Diabetes is potentially the fastest growing health crisis of our time

Although diabetes is a global problem, it has a local epicentre - in the next 20 years, with 77% of people with diabetes living in medium- and low-income countries, the developing world will bear most of the burden of the diabetes pandemic.



Grant Newton, CEO of the Centre for Diabetes and Endocrinology

“Africa will be particularly hard hit,” says Grant Newton, CEO of the Centre for Diabetes and Endocrinology (CDE). “With 76% of deaths from diabetes occurring in people under 60. There may be as many as 4.6m people in South Africa living with diabetes, and possibly the same number at risk of developing type 2 diabetes. Those diagnosed face the risk of life-changing and life-limiting complications unless they receive the care and the support they need to manage their condition well.”

In South Africa, four out of 10 men and seven out of 10 women are overweight or obese – this is a major risk factor for the development of type 2 diabetes, a largely silent, asymptomatic condition with devastating cardiovascular outcomes. Figures just released by StatsSA report that diabetes became the biggest killer of South African women in 2015, and the second biggest killer overall, up from fifth two years ago.

Need for more education

Newton says against the backdrop of increasingly scarce and costly health care resourcing, increasing, but preventable, costs of admissions for diabetes and complications of poor diabetes care, it is imperative that the sector urgently start looking at integrated approaches to preventative, community-based diabetes care.

“We are clearly lacking critical research funding and resources to improve healthcare and treatment and there is an urgent need for more education and a change in the way diabetes is managed and funded in South Africa.” Newton says while one can’t move away from cost restrictions, the real challenge is finding a way of reducing costs without impacting quality care.

“We appreciate medical schemes are under enormous pressure to manage their costs, but it is concerning when the focus moves to cost-saving rather than patient service utilisation and improved clinical outcomes.

“We need to start being far more proactive in treating and promoting patient health, particularly when one considers economic studies from the US showing that in people with diabetes, inpatient hospital care account for 43 % of the total medical costs of diabetes and that poor long-term clinical outcomes increase the cost burden of managing diabetes by up to 250%.”

Over the last 20 years, Newton says CDE programmes have seen a significant overall reduction in all acute diabetes-related hospital admissions. “We have seen a reduction as high as 40% in all-cause hospital admissions and a 20% reduction in the length of hospital stay. This can only be good for funders.”

Newton admits the challenge, however, is that these programmes are not universally accessible to everyone. “Programmes need to be revised to ensure lower income patients are not excluded and education platforms need to be extended.”

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