

World Diabetes Day 2022: Access to Diabetes Care

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In a massive effort to ensure that everyone has access to high-quality, safe, and reasonably priced diabetes care, the World Health Organization has been ceaselessly urging the need for facilitating enhanced access to quality diabetes education for the larger benefit of public and healthcare professionals, and persons with diabetes. This signifies the cardinal message on the occasion of World Diabetes Day.¹

The prevalence of diabetes mellitus is alarmingly on the rise. Except for gestational diabetes, early detection of diabetes and prediabetes are considered important, based on the standard glycated hemoglobin A1c (HbA1c) criteria. Having said that, it must be emphasized that diabetes screening is crucial, especially in developing nations.²

Around 422 million people worldwide have diabetes, and each year, diabetes is directly responsible for 1.5 million deaths.¹ According to an authentic estimate, India will have 69.9 million cases of diabetes by 2025, the great majority of which would go untreated. This could be predominantly attributed to food changes and inadequate or very little physical activity. This would culminate in an altered physiological environment and overweight or obesity, besides frank diabetes. The management of related problems, including common comorbidities, sustained compliance with treatment regimens, and prevention of chronic diseases throws unique challenges. This calls for the robust ongoing involvement of health systems throughout the continuum of treatment. Coordination among the professionals in the hierarchical setup of the healthcare system is necessary for providing effective and efficient diabetes care. As a rule, the patient's awareness, attitude, and various perspectives, including adherence to the recommendations for effective management of diabetes, are co-driven.

By 2025, it would become stringently essential to curb the rise in diabetes and reduce premature mortality arising from noncommunicable diseases by 25%, as per the communique issued by the Noncommunicable Disease (NCD) Monitoring Framework established by the Ministry of Health and Family Welfare, Government of India, and adapted from the Global NCD framework (World Health Organization). It is imperative that only efficient and aggressive multisectoral methods will be able to achieve these objectives. A point of major concern is that the majority of people may not be aware of their diabetes status and may not follow the guidance. This needs to be taken into due cognizance, as it is a significant limitation that would thwart the efforts of the policymakers. To comprehend the impact of actions undertaken to stop the growing burden of diabetes, the response of health systems, and health-seeking behaviors among the public, empirical data on diabetes prevalence, awareness, treatment, control, and adherence are required. For embarking

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on the advocacy as related to focused health treatment options, it is crucial to understand all the vital aspects of diabetes care and then track changes in the frontiers of the health system to manage diabetes over time.

Although deemed significant, the burden of complications, both macro- and microvascular, varies depending on the population. In several underdeveloped nations, there is a high prevalence of the syndemics of diabetes with HIV or tuberculosis, which predispose to one another. Hence, we need to take note of the social factors also while considering our initiatives on diabetes care. Although focused high-risk screening may have a place, screening for diabetes in huge populations living in various ecosystems may not prove to be cost-effective. The cost of diagnostic testing and a lack of qualified medical personnel provide challenges to patient diagnosis and care. In the majority of nations depicting below par socioeconomic status, preventative efforts are still in dormancy or early infancy. Since most healthcare setups are afflicted by poor quality, many patients do not meet their treatment objectives. This is aggravated further by delaying treatment and adopting "fatalistic attitudes". Exorbitant costs and a lack of access to quality medications and insulin add to the misery. A renaissance in the governmental commitment and mandate for health promotion and illness prevention is the need of the hour. Mention must be made of the fact that a number of low-cost innovative approaches have been tested with a fair degree of success, including the training and use of nonmedical allied health professionals as well as the use of mobile phones and telemedicine to deliver health messages. These initiatives acquire relevance in the management and prevention of type 2 diabetes.³

The 100th anniversary of the discovery of insulin offers a golden opportunity to significantly improve the status of the more than 460 million people who have diabetes and the millions more who are at imminent risk.⁴

In order to mitigate the morbidity and mortality attributed to diabetes in India, multiple strategies need to be implemented in a time-oriented manner, including information, medication

compliance, and better preventive and counseling services with reference to diabetes. Additionally, seamless incorporation of the essential elements of diabetes preventive and management techniques within the acceptable folds of the traditional medical systems [such as Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy (AYUSH)] would open newer vistas in the realms of this endocrine and metabolic disorder.⁵⁻⁸

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