World Diabetes Day 2005 – diabetes and foot care

World Diabetes Day 2005 – which takes place on 14 November – has as its theme diabetes and foot care, under the slogan ‘Put feet first: Prevent amputations’.

The last in the series of themes on diabetes complications that began in 2001, complications of the foot are also among the most serious and most costly complications of diabetes. Between 40% and 70% of all lower extremity amputations are related to diabetes, and the incidence of lower leg amputation among people with diabetes is 6 - 8/1 000, compared with an incidence of 5 - 25/100 000 inhabitants/year among the general population.

However, through an appropriate care strategy that combines prevention, the multidisciplinary treatment of foot ulcers, appropriate organisation, close monitoring, and the education of people with diabetes and health care professionals, it is possible to reduce amputation rates by up to 85%.

World Diabetes Day, which is organised by the International Diabetes Federation (IDF) and supported by the World Health Organisation (WHO), is the primary global awareness campaign of the diabetes world. It was first introduced in 1991 in response to concern over the escalating incidence of diabetes globally and unites more than 350 million people around the world, including opinion leaders, health care professionals, carers, people with diabetes and the general public.

Lower extremity amputations are usually preceded by a foot ulcer in people with diabetes. The most important factors related to the development of these ulcers are peripheral neuropathy, foot deformities, minor foot trauma and peripheral vascular disease. The spectrum of foot lesions varies in different regions of the world due to differences in socio-economic conditions, standards of foot care and quality of footwear.

From the economic perspective the diabetic foot is a significant problem, particularly if amputation results in prolonged hospitalisation, rehabilitation and an increased need for home care and social services.
Considering the medical costs, as well as the costs to the individual and loss of quality of life, the cost of the diabetic foot in the USA has been estimated at some US$4 billion a year.

The year will mark the beginning of a year-long focus for the campaign and the IDF will spread activities over the coming year in order to extract maximum benefit from the awareness-raising opportunities that present themselves.

The IDF in conjunction with the International Working Group on the Diabetic Foot (IWGDF) has also produced a book Diabetes and Foot Care: Time to Act in its 'Time to act' series.

Source: www.idf.org

Heart, diabetes and other chronic diseases on rise

A greatly increased incidence of heart disease, stroke, type 2 diabetes and other chronic diseases can be expected as a consequence of the rapid increase in overweight and obesity, not only in the wealthier countries but also in low- and middle-income countries, the World Health Organization (WHO) has warned.

The WHO has estimated that more than one billion people globally are overweight and if current trends continue this number will increase to 1.5 billion by 2015. The main reasons for this include a shift in diet towards increased energy, fat, salt and sugar intake, coupled with a trend towards decreased physical activity due to the sedentary nature of modern work and transportation, as well as increasing urbanisation.

According to WHO estimates, more than 75% of women over the age of 30 are now overweight in countries as diverse as Barbados, Egypt, Malta, Mexico, South Africa, Turkey and the USA. Estimates are similar for men, with over 75% now overweight in, for example, Argentina, Germany, Greece, Kuwait, New Zealand, Samoa and the UK. Notably, the Western Pacific islands of Nauru and Tonga have the highest global prevalence of overweight where 90% of adults are overweight.

Describing the magnitude of the overweight and obesity problem as ‘staggering’, WHO’s assistant director-general of non-communicable diseases and mental health, Dr Catherine Le-Gaës Camus, says that its rapid increase in many low- and middle-income countries could give rise to an overwhelming chronic disease burden in these countries in the next 10 - 20 years, if action is not taken now. In particular in Africa and the Eastern Mediterranean, cardiovascular disease-related deaths are projected to rise by over 25% over the next 10 years.

Actions should include the adoption of healthy diets and regular physical activity and a reduction of tobacco use.

Source: www.who.int

Global guideline for type 2 diabetes

The International Diabetes Federation (IDF) has launched a Global Guideline for Type 2 Diabetes.

The guideline, which provides a practical approach to promote the implementation of care in settings between which resources vary widely, calls for a more aggressive approach to the management of type 2 diabetes worldwide,
thereby setting new standards for diabetes care to reduce its life-threatening complications.

Adopting an evidence-based approach, the guideline advises on three levels of care: (i) standard care, which is evidence-based care that is cost-effective in most nations with a well-developed service base and national health care funding system, and should be available to all people with diabetes; (ii) minimal care, which seeks to achieve the major objectives of diabetes management but is provided in health care settings with very limited resources; and (iii) comprehensive care, which is provided in health care settings with considerable resources and includes the most up-to-date and complete range of health technologies that can be offered to people with diabetes.

The guideline recommends maintaining blood glucose levels ($HbA_{1c}$) below 6.5% to minimise the risk of complications, and supports this with recommendations regarding patient education, self-monitoring of glucose levels by patients, and active use of tablets and insulin to attain target levels. This reflects evidence that despite the established benefit of lowering blood glucose (in terms of reducing the risk of complications to the eyes, heart, kidneys and feet) and evidence that a 1% reduction in $HbA_{1c}$ is associated with a 37% reduction in microvascular complications, two-thirds of people with diabetes in Europe are not currently achieving target blood sugar levels. The evidence that lowering of blood pressure, blood fat as well as blood glucose is beneficial in people with diabetes is found to be overwhelming, and appropriate recommendations for monitoring and treating those modalities are also included.

A total of 19 specific health care domains are covered in the guideline, including screening and diagnosis, care delivery, education, psychological care, lifestyle management, glucose control levels, clinical monitoring, self monitoring, glucose control; oral therapy, glucose control; insulin therapy, blood pressure control, cardiovascular risk protection, eye screening, kidney damage, foot care, nerve damage, pregnancy, children, and in-patient care.

In many countries diabetes is now one of the leading causes of death through its effects on cardiovascular disease and is among the leading causes of blindness, renal failure and lower limb amputation. Type 2 diabetes accounts for 85 - 95% of cases of diabetes.

The guideline was produced by the IDF Task Force on Clinical Practical Guidelines under the joint chairs of Professor Phillip Home, University of Newcastle-upon-Tyne, UK, and Professor Stephen Colagiuri, University of Sydney, Australia. South Africa was represented on the drafting group by Dinky Levitt.

Source: www.idf.org

**SEMDSA Congress**

There will be no SEMDSA congress in 2006, due to the fact that the International Diabetes Federation (IDF) is to hold its annual World Diabetes Congress in Cape Town from 3 to 7 December 2006. The next SEMDSA congress will take place in Bloemfontein in 2007, on dates still to be finalised.