Letters to the Editor

Prevalence in our patients was 33.1%. Factors connected to the depression of Moroccan T2D are summarized in Table 1.

The prevalence of T2D was significantly higher compared with the general population. It varies between 12% and 44%. Indeed, the prevalence of T2D is lower in western countries; it is elevated in developing countries.[3,4]

The literature review revealed that depression of T2D patients is mostly associated with unchangeable factors such as the duration of evolution and arterial hypertension, which are common factors in developed and developing countries.[3]

Besides, depression of T2D patients is strongly connected to the low educational level of patients, a lack of social security. These two factors are dominant in developing countries.[5]

Indeed, in developing countries factors such as lack of social, lower educational level, strong poverty level and financial difficulties constitute the economical outline of stress responsible for insecurity feeling toward chronic disease such as T2D.

Furthermore, the health-care of T2D patients might require referencing the patients to specialist that might be involved including psychiatrists, which are not available geographically within joint distance for many patients. Therefore, we do consider the challenge of treatment approach of T2D patients. It is necessary to integrate diabetes within a framework of biopsychosocial and political approach.

We suggest integrating T2D patient in coordinated multidisciplinary strategy of health-care. This should include a health-care staff sensitive to the screening and managing the psychological state T2D patients and risk factors of the depression. This could be achieved through improving the general life condition including eradicating illiteracy and generalizing the social security for forward improvement of access to health-care.

Diabetes and Endocrinology in Nepal

Sir,

Nepal is a Himalayan country with a population surpassing approximately 30 millions. Although lacking sufficient studies and database to appropriately quantify the burden of endocrine problems, the morbidity is highly prevalent; especially of diabetes and thyroid problems. A study reported the prevalence of pre-diabetes: diabetes in Nepal to be 19.5:9.5%.[1] WHO South-East Asia Region Prevalence of diabetes has projected prevalence from 436,000 in 2000 to 1,328,000 in 2030.[2] The Nepal Diabetes Association (NDA) had reported a year back that among people aged 20 years and older living in urban areas, 15% are affected by this
disease. Among people aged 40 years and older in urban areas, this number climbed to 19%. Nepal is also facing the consequences of urban lifestyle leading to obesity and metabolic syndrome. Studies have shown prevalence of overweight and obesity in certain sections of the population to be as high as 32.9% and 7.2%, respectively.[3] In a hospital based cross sectional study, the prevalence of metabolic syndrome in diabetes patients as per NCEP/ATP III and IDF criteria were 71% and 82%, respectively.[4] Iodine deficiency is endemic in Nepal and thyroid dysfunction is a major public health problem. A recent hospital based study done in the western region of the country has shown the prevalence of thyroid dysfunction to be 17.42%.[5] Disorders of pituitary, adrenal, and other endocrine disorders are also encountered, but data are lacking.

Nepal is still lacking sufficient health care providers. Appropriate referrals and consultations are not a common practice. Osteoporosis is treated mostly by orthopedicians. Members of the endocrine society have established an osteoporosis society jointly with gynecologists, radiologists, and orthopedicians to help resolve some of these issues. Diagnostics have only improved in the last few years in Nepal but only marginally. Laboratories are centered in the capital and lack quality control, and there are only a handful of reliable laboratories. Hormone assays are still sent to the laboratories in India, except few. Nuclear medicine and advanced radiology are still lacking. Challenges lie in funding, central database system, support from trained personnel, referral system, and patient education.

However to be hopeful, Endocrinology is a growing field in Nepal. National Academy of Medical Sciences (NAMS) has started specialization course (DM in Endocrinology), and there are few trained endocrinologists currently providing specialty care in the capital. Organizations like Nepal Diabetes Association, Astha Nepal regularly conduct public awareness programs, and free health camps to help reduce diabetes problems. Although there has been no major high quality scientific research in the field of endocrinology, research works and publication trend among Nepalese scholars in national and international endocrinology journals is gradually rising. Most of them are hospital-based cross sectional studies, community-based screenings, case control studies or perspective reviews.

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