LETTERS TO EDITOR

Recent developments in diabetes control and prevention in India

Dear Sir,

Chronic non-communicable diseases (NCDs) are assuming increasing importance among the adult population in both developed and developing countries. The prevalence of NCD is showing an upward trend in most countries and India is not an exception. For one reason, life expectancy is increasing in India and a greater numbers of people are living to older ages and are at a greater risk to chronic diseases like diabetes mellitus. For another, the life-styles and behavioral patterns of people are changing rapidly, these being favorable to onset of NCDs. There were an estimated 37.76 million diabetics in India in 2004: 21.4 million in urban areas and 16.36 million in rural areas. Diabetes was estimated to be responsible for 109,000 deaths, 1,157,000 years of life lost and for 2,263,000 disability-adjusted-life years (DALYs) during 2004. The estimates for disease burden due to diabetes vary from 23 million in 2000 to 41 million in 2007, the vast majority having type 2 diabetes mellitus. A substantial proportion of these patients will have diabetes-related complications.^[1] It is also important to take into consideration the prevalence of obesity and metabolic syndrome as a mechanistic platform for this epidemic. As per a study conducted by Gupta R et al, there is a high prevalence of metabolic syndrome in an urban Indian population. The study also showed a significant age-related increase in its prevalence.^[2] Few other studies from India had found that the prevalence of increase body mass index (BMI) is quite prevalent among adult population aged 30 years and above.^[3-5]

In response to impending epidemic of diabetes mellitus at national level, the Government of India has undertaken some actions in the form of various National health programs and projects in the past, such as "National Diabetes Control Programme" on a pilot basis during VII Five Year Plan in some districts of Tamil Nadu, Karnataka and Jammu and Kashmir. The main objectives of the program were identification of high risk subjects at an early stage and imparting appropriate health education, early diagnosis and management of cases, prevention, arrest or slowing of acute and chronic metabolic as well as chronic cardiovascular, renal and ocular complications of the disease, and rehabilitation of the partially or totally handicapped diabetic people. But due to paucity of funds in subsequent years, National Diabetes Control Programme could not be expanded further.^[6]

In recent developments at the national level, "Integrated Disease Surveillance Project (IDSP)" was launched in November 2004. In IDSP, the emphasis is given on surveillance of communicable as well as NCDs. The regular periodic survey of NCD risk factors such as anthropometry, physical activity, blood pressure, tobacco and nutrition is done, but this program limits itself to surveillance only, and no emphasis is given on the interventional aspects.^[7] National Rural Health Mission (NRHM), an ambitious program of the Government of India, was launched in April 2005 for a 7-year span from 2005 to 2012. Prevention and control of communicable and NCDs is one of the goals of NRHM. Core strategy for prevention of NCDs is "developing capacities for preventive health care at all levels for promoting healthy lifestyles, reduction in consumption of tobacco and alcohol."^[8] Under XI Five Year Plan (2007–2012), a new program "National Program for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPDCS)" has been launched. The NPDCS is implemented in a phased manner with a pilot project done in the Preparatory Phase 2006–2007. Subsequently, the program would be implemented across the country through select institutions over the XI Five Year Plan. The aim of the program is prevention and control of common NCDs risk factors through an integrated approach and reduction of premature morbidity and mortality from diabetes mellitus, cardiovascular diseases and stroke. In the long term, the program envisages reduction in the prevalence of risk factors of common NCDs, reduction in morbidity and mortality due to diabetes, cardiovascular diseases and stroke, and building capacity of health systems to tackle NCDs and improvement of quality of care.^[9] Recently, Public Health Foundation of India in collaboration with the Ministry of Health and Family Welfare, Government of India, launched a website "http://healthy-india/org." Healthy India endeavors to advance consciousness of disease prevention opportunities, encourage earlier detection and treatment of chronic diseases, and foster healthy living through information and resources on healthy

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lifestyle, viz., healthy diet, physical activity, tobacco and alcohol related health problems, environment, yoga, stress management, high blood pressure, diabetes, cancers, heart attacks and strokes.^[10]

To conclude with, considering the ever increasing burden of NCDs such as diabetes mellitus in India, a health system strengthening approach with standards of care at all levels; nationally accepted management protocols and regulatory framework are needed.^[1] The Government of India has taken certain initiatives at national level as discussed above, which is appreciable but it is more important to implement these initiatives effectively and sustain them in future.

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