EDITORIAL

DIABETES MELLITUS-A NATIONAL HEALTH PROBLEM WITH MAJOR SOCIO-ECONOMIC IMPLICATIONS

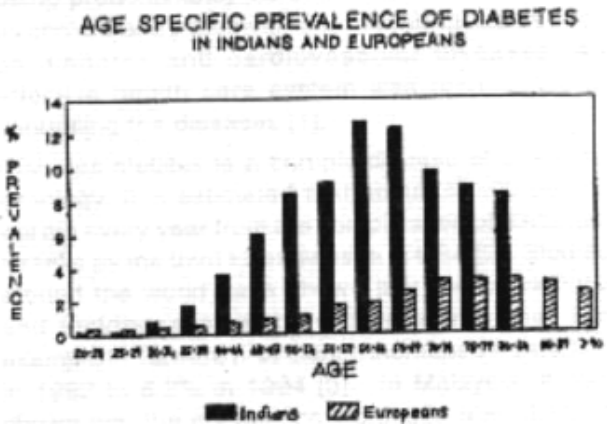
Diabetes mellitus is a world wide health problem, afflicting millions in both developed and developing countries (Fig 1). Studies by Professor MMS Ahuja and colleagues at the AIIMS on country wide diabetes prevalence, during the last two decades, show:

1. The current burden of diabetes in India is over 25 million

2. In rural areas its prevalence is 3%, while in urban areas it varies from 8 – 12%

3. Between 1970 and 1990 there has been remarkable increase in prevalence of diabetes, particularly in cities

4. The increase in prevalence in diabetes is associated with an increase in prevalence of obesity.



Studies on diabetes prevalence among Indians settled in the UK and living in the city of Delhi show that onset of diabetes among Indians occur a decade or more earlier, and the frequency of its prevalence is several-fold more when compared to Caucasians. Moreover, there is emerging evidence that a diabetes-related syndrome called Syndrome-X (characterized by truncal obesity, insulin resistance, diabetes, high blood pressure and premature coronary artery disease) is the most important cause for the rapidly increasing urban menace of coronary artery disease (heart attacks in popular language) afflicting urban middle and upper classes. A matter of heightened tragedy in this regard is the fact that the most common victims of such "heart attacks" are the economically productive, upcoming entrepreneurial class of people who are pivotal to the emerging dynamism of the national economy. Thus diabetes cripples or cuts short life in a dynamic and productive segment of urban population, who are the prime movers of the Indian economic engine. The nation can ill afford to ignore such a menace.

Two major recent studies have demonstrated that ideal control and maintenance of blood sugars through effective and sustained dietetic, life style and medical intervention remarkably reduced the incidence of long term complications of diabetes like, kidney failure, loss of eye sight and heart attacks. Diabetes is the prime cause of chronic kidney failure and blindness in India. Besides, hundreds of millions of man hours are lost annually due to diabetes-related sickness, particularly among the productive sections of our population. A nation, which cares for the productivity and well being of its people, cannot afford to ignore a health problem like diabetes, which causes such large-scale damage to the health and productivity of its people.

Ten percent of India's diabetic population is young and needs insulin for its survival. More than 1/3 of the young diabetics in India, belong to very poor sections of the society. During the last 10 years there has been 3-fold increase in insulin price, and it is still escalating. It is anticipated that by the year 2002, the cost of insulin would have so escalated that these poor young diabetics would have been `priced' out of existence! No nation which provides constitutional protection of right to life of its citizens can allow such a thing to happen.

There is clear recognition, on the basis of published scientific work, that diet plays the most important role in controlling blood sugar and blood lipid levels in a diabetic. There is also recognition that a large number of traditional items in the Indian diet are ideally suited for a diabetic. Besides, there is also recognition that the diet items available from Western-style fast food counters (called cafeteria diet in relevant scientific literature) is atherogenic and extremely unfavorable for a diabetic. Yet there is hardly any awareness about such facts among the urban middle class, who are progressively being goaded to the cafeteria type of diet, in urban settings. These counterproductive trends in the urban life style need to be reversed through health education programmes, akin to the National Cholesterol Education Program of the US. Needless

to say, a diabetic patient should have access to reliable and cost effective laboratory service to monitor the course of his illness, using objective laboratory parameters. This is not possible unless there is legally enforced quality assurance of relevant laboratory services available to them. There is need to standardise national norms for control of diabetes, so that professional practices in diabetes management can be made uniform, at least from the point of view of goals to be achieved in treatment. There is need to ensure availability of insulin at affordable price. Also, the tools for diabetes self care should be made available at affordable cost to all diabetics by encouraging indigenous technology development.

All the above goals can be achieved only by structuring appropriate policy framework to give shape and purpose to national effort to control the increasing trend in prevalence and to prevent diabetes-related disability and death in the country. It is a matter of concern, that even today, with such large and increasing number of diabetics in the nation, we do not have a policy or programmer to confront and contain the looming menace. It is high time that the nation wakes up to this disease.

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