

DIABETES IN THE AMERICAS

KEY ISSUES

- The number of people with Diabetes in the Americas was estimated at 62.8 million in 2011, and it is expected to reach the 91.1 million mark by 2030.
- Results of recent studies in Argentina and Chile demonstrated a remarkable increase in the prevalence of diabetes.
- Poorly controlled Diabetes increases the chances of premature mortality as well as chronic complications such as cardiovascular diseases, blindness, nephropathy, foot ulcers and amputations.
- In addition, people with diabetes are at higher risk of presenting tuberculosis, especially those with poor glycaemic control.
- The risk of dying from cardiovascular disease (CVD) and all causes is between two and three times higher among people with diabetes than among their peers without diabetes.
- The cost of health care for people affected by diabetes is between two and three times higher than among peers without diabetes.
- Globally, the cost of diabetes is estimated to be between 0.4% and 2.3% of GDP.
- While diabetes and its complications are largely preventable, lack of access to quality health care services and lack of knowledge of preventive measures are widespread.
- Studies have demonstrated that approximately one-third of people with type 2 diabetes are undiagnosed, and already present complications at the time of diagnosis.

KEY MESSAGES

1

PRIMARY PREVENTION OF DIABETES

- Primary prevention at the population level through activities such as health promotion, creation of healthy public policies focused on food, diet and physical activity, and creation of healthy environments.

2

SCREENING FOR DIABETES AND IMPAIRED FASTING GLUCOSE/IMPAIRED GLUCOSE TOLERANCE.

- Identification of people at risk for diabetes with two or more risk factors for type 2 diabetes (such as a family history of diabetes, high blood pressure, a history of hyperglycemia or gestational diabetes, or overweight) when preventive services are available.



3

IMPROVING MANAGEMENT OF DIABETES

- Standards for care and management of diabetes should be developed and implemented at the primary care level. The chronic care model is a framework to identify gaps in care with the aim of designing strategies for quality improvement. The creation of community services within the civil society can provide additional support to people with diabetes.

4

SECONDARY PREVENTION OF COMPLICATIONS

- Strategies include patient and provider education, efforts aimed at smoking cessation, increased physical activity, and healthy eating. A number of clinically proven strategies are available for the secondary prevention of complications such as CVD, nephropathy, retinopathy, blindness and amputations.

5

SURVEILLANCE AND MONITORING

- Various sources of information can be used for the surveillance of diabetes in populations, including periodical population-based surveys, health service statistics, school-based surveys and routinely collected vital statistics.

KEY ACTIONS BY PAHO

- PAHO is working with Member States and other partners to increase people access to quality integrated diabetes care, including:
 - Implementing diabetes education courses for health professionals and people with diabetes in the PAHO Virtual Campus (currently available only in Spanish).
 - Providing training in the implementation of the Chronic Care Model.
 - Providing advice and training on the implementation of patient centered care by applying the Chronic Care Passport.
 - Support the implementation of evidence based diabetes guidelines and protocols such as those from the Latin American Diabetes Association, the Caribbean Health Research Council, and the American Diabetes Association.

To find out more about diabetes in the Americas and PAHO's work, visit:



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