More research needed on diabetes in developing countries

More research on diabetes in developing countries is needed, according to leading researchers and medical practitioners in countries in Africa and Asia. The report from the European Action on Global Life Sciences (EAGLES) says that major recommendations arise from the lack of national population-based epidemiology and the needs for the cheapest possible interventions specifically tuned to national circumstances as well as for specific local biomedical research.

According to the World Health Organization (WHO) 80% of people with diabetes live in developing countries and this number is expected to increase by 150% in the next 25 years.

The report was based on interviews with representatives from Cameroon, Kenya and Tanzania as well as from China, India and Sri Lanka.

In Cameroon the prevalence of diabetes was 2% in 1998 rising to 5% in 2003 and was expected to increase by 150% in the next 25 years.

The report calls for more reliable epidemiological studies to address the scale of the problem and research into affordable diagnostics and treatments, as well as for studies into the several unique African phenotypes of the disease.

European researchers are encouraged to include developing country partners in their research proposals, and in particular a proposal currently under call, to map the future of diabetes research, could be critical to ensure that future European research in these fields in global in scope.

EAGLES is an initiative of the European Federation of Biotechnology.

Source: www.efb-central.org/eagles

Sleep-disordered breathing and type 2 diabetes

Further research is needed into the links between sleep apnoea and diabetes, and health professionals working in these areas should adopt clinical practices to ensure that a patient presenting with one condition is considered for the other. These are among the conclusions of a position paper from the International Diabetes Federation Taskforce on Epidemiology and Prevention.

While there has long been a recognised association between type 2 diabetes and obstructive sleep apnoea (OSA), there is emerging evidence that this relationship is likely to be at least partially independent of obesity.

The paper recommends that all health professionals involved with diabetes or OSA should be educated about the links between the two conditions.

OSA patients presenting at sleep services should be routinely screened for markers of metabolic disturbance and cardiovascular risk, while at diabetes services the possibility of OSA should be considered in the assessment of all patients with type 2 diabetes.

In terms of research requirements are epidemiological studies on the prevalence of OSA in patients with type 2 diabetes and metabolic syndrome, children with obesity, and different ethnic groups, and studies of the effects of OSA on insulin secretion and resistance, mitochondrial function and inflammatory markers. A reliable but inexpensive diagnostic strategy for OSA to be used in a primary care setting is also needed, as are treatments for OSA that are easier to use and cheaper than continuous positive airways pressure.

Source: www.idf.org

Guideline for management of post-meal glucose

A guideline for the management of post-meal glucose recommending that treatment strategies should be implemented to lower the post-meal plasma glucose in people with post-meal hyperglycaemia has been published by the International Diabetes Federation (IDF).

The guideline recommends that a variety of both non-pharmacological and pharmacological therapies should be considered and that the 2-hour post-meal plasma glucose should not exceed 7.8 mmol/l (140 mg/dl) as long as hypoglycaemia is avoided.

It is also recommended that self-monitoring of blood glucose be considered, because it is currently the most practical method for monitoring post-meal glycaemia, and the efficacy of treatment regimens should be monitored as frequently as needed to guide therapy towards achieving the post-meal plasma glucose target.