



Opinion and discussion

Type 1 diabetes mellitus in Angola

Diabetes mellitus tipo 1 em Angola

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Diabetes mellitus is a global epidemic and has emerged as a major non-communicable chronic disease in Africa. Its incidence and prevalence are increasing globally. Estimates of WHO and IDF predict an increase of 162% by 2030 in Africa.^{3,4}

There are few studies that assess the prevalence and incidence of type 1 diabetes mellitus in Africa; from what is described type 1 diabetes mellitus in Africa seems to differ from Western countries since it starts later in life and there is some female preponderance. Its incidence and prevalence are low.^{1,2} The prevalence is pointed out to be 3.5/100,000 in Mozambique, Zambia 12/100,000 and 3.5/100,000 in rural communities in South Africa and the incidence it is estimated to be 1.5/100,000/year in Tanzania and 2.1/100,000/year in Ethiopia.^{1,4} In Angola, the data provided by the Epidemiological Data Processing Centre is scarce and not extensive. We hope that the data update based on the population census conducted in May 2014 and the work of the Angolan Society of Endocrinology, Diabetes and Metabolism (to be launched soon) it will be possible to obtain more information representing the Angolan reality.

The Ministry of Health presented the National Health Development Plan 2012–2025 (PNDS) which calls for designing a Programme for the Prevention and Control of Chronic Noncommunicable Diseases that Diabetes will be part.⁵ This is still in the design stage for further operation.

While waiting for the National Program for Diabetes Prevention and Control we should rely on the dedication and experience of Health professionals working with people with diabetes. Regarding Diabetes Mellitus type 1 it was found that: 1 – It is difficult to confirm the diagnostic due to laboratory scarcity (immunological assays). 2 – Diabetic ketoacidosis has been the most frequent initial manifestation.

3 – The arrival of patients to the Health services is often delayed. This leads to late diagnosis and patient care, increasing the risk of mortality. 4 – The Diabetic Association of Angola

(ASDA) needs to be supported and revitalized. 5 – We must fight the fear of insulin dependence by patients and the fear of treating patients with insulin by physicians. 6 – Patients and their families do not have enough information about the disease and the need of chronic treatment), which compromises the compliance. 7 – It should be taken into account the weight of traditional medicine and popular beliefs. 8 – The difficult access to insulin (due to high prices and storage difficulties) and to glycaemia self-control makes treatment even more difficult. Most people with the disease have a low income and will need to choose between paying for diabetes treatment or providing food for the family. All these points contribute for hospital admissions for recurrence of diabetic ketoacidosis and for the high mortality of type 1 diabetes.

In this context it is proposed by the professionals that: 1 – It should be reinforced the need for a good health system structure with formation of multidisciplinary teams in the various levels of care of persons with type 1 diabetes; 2 – It should be given adequate training and information to patients and professionals through educational sessions, symposia and media support; 3 – The conditions for implementation of the Programme for Prevention and Control of Diabetes should be created; 4 – Government entities should be made aware of the need of insulin reimbursement (the drug of survival) and self-control procedures.

In short, the management of type 1 diabetes mellitus in Africa, especially in Sub-Saharan region, is a major challenge given the great limitations and constraints, cultural and economic, on access to diagnosis and treatment. This contributes to increased morbidity and mortality associated with the disease and its complications. This situation is worsened by the prevalence and predisposition to several infections (tuberculosis, malaria, HIV-AIDS, etc.). There is an urgent need for training of professionals, education of patients and improvement of the Health System organization.^{1–5}

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