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## Review

# Call-to-action: Timely and appropriate treatment for people with type 2 diabetes in Latin America



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## ABSTRACT

Latin America faces a unique set of challenges in the treatment of type 2 diabetes mellitus (T2DM). This report identifies these challenges and provides a framework for implementation of the strategies, policies and education programs which are needed to optimize the management of this condition. In order to improve future diabetes care, it will be necessary to address existing problems such as limitation of resources, inadequate management of hyperglycemia, and inappropriate education of healthcare team members and people with diabetes. Achieving these goals will require collaborative efforts by many individuals, groups and organizations. These include policymakers, international organizations, healthcare providers, those responsible for setting medical school curricula, patients and society as a whole. It is anticipated that improved/continuing education of healthcare professionals, diabetes self-management education and development of a team approach for T2DM care will lead to optimization of patient-centered care. Implementation of multi-centric demonstration studies and rational use of antidiabetic treatments will be necessary to demonstrate the long-term favorable impact of these strategies upon quality of care, prevention of chronic complications, mortality, healthcare costs and patient quality of life.

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## 1. Introduction

### 1.1. Diabetes in Latin America: The growing epidemic

Type 2 diabetes mellitus (T2DM) and other chronic non-communicable diseases are currently the leading health problems in Latin America [1]. It has been estimated that 26 million people in this region have diabetes [2], and this number is expected to rise to almost 40 million (60% increase) by 2030 [3].

In terms of T2DM population size, Brazil and Mexico rank among the top ten countries in the world, and it is estimated that 12 million people (approximately 45%) in the Latin American Region remain undiagnosed [2]. Globally, the prevalence of diabetes has shown a steady increase over several decades and it is anticipated that it will continue to rise as a result of changes in urbanization, economic growth and lifestyle [3].

Diabetes is important not only because of its rising prevalence, but also because it is frequently associated with the development of serious and disabling chronic complications. For example, diabetes is itself a major independent risk factor for cardiovascular disease [4] and is also frequently associated with the presence of other cardiovascular risk factors (CVRFs) [5,6]. According to several Latin American studies, most people with T2DM have at least one CVRF, with overweight/obesity and hypertension being the most common [5,6]. These conditions, which are associated with the provision of poor quality healthcare, result in the development of disabling chronic complications that increase the cost of care and decrease patients' quality of life [1,5,7–10]. It is therefore evident that, if we want to improve the prognosis of Latin American patients with diabetes, we must identify and address the underlying causes of poor care quality—and increased economic investment is not necessarily the most effective way to achieve this aim.

The costs associated with diabetes treatment are already high. In the year 2000, the total annual cost of diabetes in Latin America and the Caribbean was US\$ 65 billion [1]. This included US\$ 15 billion in Mexico, US\$ 2.6 billion in Central America and US\$ 44.4 billion in South America [1]. Costs are undoubtedly higher now as a result of the continuous increase in diabetes prevalence [2].

While the treatment of diabetes itself represents a considerable economic burden, it is now recognized that the chronicity of the condition and the development and

progression of complications that result from poor management are major predictors of resource use [6,11]. Studies have shown that intensive control of blood glucose and management of the associated CVRF in patients with T2DM is cost effective because this approach reduces development and progression of the chronic complications that markedly increase the cost of care [6,7,11–17].

Owing to the high prevalence of T2DM in Latin America, a growing number of patients are treated by primary care physicians (PCPs) who are often inadequately trained to manage this condition [1,18,19]. Access to specialist care is typically granted only at later stages of the disease, when patients have already developed preventable complications, and PCPs are therefore increasingly responsible for the provision of adequate metabolic control and for the timely initiation and titration of insulin therapy [18].

Unfortunately, the situation in Latin America is unlikely to improve in the near future because the limited number of specialists in this region will be unable to care for the growing population of people with diabetes. One possible strategy could be the widespread implementation of easily accessible educational programs for PCPs that focus on, among other important issues, patient care and the prescription and management of the early prescription of insulin. In addition, Latin America must reorganize its diabetes healthcare services to focus on behavioral changes, long-term treatment adherence, and the concept of “treatment to target” [1].

This manuscript summarizes the consensus of a multi-professional expert panel of diabetes specialists and community diabetes care leaders who convened to identify, discuss and suggest potential call-to-action points for the current management of T2DM in Latin America. This call-to-action provides a framework for implementation of strategies, policies and education programs in the Region. It aims to improve management of the disease, providing timely and effective treatment (including initiation of insulin therapy), which helps patients to achieve their glycemic targets.

### 1.2. The importance of glycemic control

Achieving target glycemic control is the cornerstone of effective diabetes management. This has been demonstrated by a number of studies, most notably the UK Prospective Diabetes Study (UKPDS), which showed that intensive glucose-lowering therapy significantly reduced microvascular and neuropathic complications in patients with T2DM [15,20]. Follow-up of this

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