

Need for Early Detection and Effective Control of Diabetes

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Diabetes is a health problem of great magnitude in India. Between 5-12 per cent of the urban population and 2-5 per cent of the rural population are reported to be diabetic. The number of diabetic patients in India far exceeds that of China and the U.S. and the number is expected to increase further in the next few years. What is more disheartening is that many of the diabetes related complications (eg. ischemic heart disease) are also more common among Indians. Both diabetes and ischemic heart disease occur at a younger age i.e. at least a decade earlier, in Indians compared to Europeans. Diabetic retinopathy leading to blindness, nephropathy leading to kidney failure, and diabetic foot disease leading to amputations also take a heavy toll in terms of morbidity of the patient. The future scenario in India, as far as diabetes is concerned, thus appears quite grim.

Of paramount importance therefore is early detection and diagnosis of the disease. One should remember that diabetes is a very silent disease and it is often asymptomatic. Hence regular screening for diabetes is the only way to detect diabetes at an early stage.

Diabetes can be prevented, provided action is taken sufficiently early. Given the very high prevalence of the disease in our country, it would be advisable for everyone above the age of 30 years (and above 20 years in those with a strong family history of diabetes) to have the first check-up for diabetes, which should ideally be a glucose tolerance test (GTT). If diabetes is detected in its early stage, eg. at the stage of impaired glucose tolerance, it may be possible to halt the progression to overt diabetes, or, indeed, even reverse the natural history to a normal glucose tolerance stage. Even in those with no evidence of diabetes, it is better to repeat the test atleast once a year.

After diabetes has set in, one should strive to achieve

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good control of diabetes continuously. Unfortunately, being a life long disorder, many patients tend to neglect it after an initial period of good control. The first ten years of a diabetic's life are perhaps the most important and if good control is maintained during this period, the patient can escape severe diabetic complications later. If these precious years are wasted, it later becomes a race against time because once complications set in, they usually run a relentless and downhill course. The statement that "an ounce of prevention is better than a pound of cure" is perhaps more apt in the case of diabetes than in any other disease.

Today, it is possible to very accurately assess and keep control of diabetes by a battery of tests, both on a short term and long term basis. At home, the patient can test his own urine sugar using Benedict's solution* or one of the strip tests. Today, it is also possible for the patient to test his blood sugar accurately using small meters which are getting even smaller, less expensive and more patient-friendly every day. In addition, the patient also needs to visit the doctor periodically. An annual check-up of the eyes, kidneys, heart and feet is mandatory in order to detect complications (if present) at an early stage. Additional tests of the nerves and other organs can also be done whenever necessary, keeping a tab on the serum cholesterol including its various sub-fractions like LDL and VLDL (bad cholesterol) HDL (good

cholesterol) and triglycerides is essential. Regular check-up of the blood pressure and body weight will also help to keep complications at bay.

Improvements in diabetic medications, both tablets and insulin and improved methods of insulin delivery systems eg. use of pen injectors, have made control of diabetes much

easier today than in yesteryears. Needless to say, the patient also has to do his part and this includes strict diet control and regular exercise. All these methods when judiciously combined together will make the diabetic's life fuller and healthier.

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