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Diabetes in Low Income Countries: Drugs or Education?

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Editorial

Diabetes prevalence is rising all over the world but, more rapidly, in middle- and low-income countries and WHO projects that it will be the seventh leading cause of death in 2030. The WHO main strategies to achieve effective measures for the surveillance, prevention and control of diabetes and its complications, especially in limited resources setting include: I) to provide scientific guidelines for the prevention, II) to develop norms and standards for diabetes diagnosis and care, III) to build awareness on the global epidemic of diabetes, and IV) to conduct surveillance of diabetes and its risk factors [1].

However, to strengthen the health service delivery, to provide the health supplies and to promote awareness events, are necessary but not sufficient activities in the absence of a minimum level of education. In fact, growing evidence suggests to consider social determinants of health, defined as conditions in which people are born, grow, live, work and get old, of paramount importance as they might be the key of an effective strategy to improve health status, in particular, therapy success or failure.

"Health literacy" was defined as people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to actively participate and take decisions in own issues concerning health [2]. It is a dynamic outcome of socio-demographic, individual and environmental factors and it requires two crucial parts: the understanding of health information and the active interaction with healthcare professionals. Moreover, it should be dynamic and open to change in order to be a real determinant of (self-) health. In high-income countries, despite a good level of health literacy, communication problems between healthcare providers and patients are common and many patients are dissatisfied with the quality of the interaction with their healthcare provider. It might be due to the attention of health professionals to diseases and their management, rather than on the people [3].

In low income countries, other than a low quality of health professionals training, there are low levels of health literacy due to the social determinants such as low educational level, low income, ethnic minority status and living alone. This implies an even more difficult interaction between patient and health professional, a higher likelihood of not understanding the disease and the importance of therapy and, thus, the failure to apply or incorrect application of treatment. This is particularly relevant for chronic diseases, as diabetes, that imply constant and long-term adherence and follow-up.

Considering this, it is clear that education is the fundamental basis for an effective health literacy and thus to get adherence and therapy success. Health policies and strategies should be developed focusing on health literacy within prevention, patient education, and other public health interventions. Finally, health professionals should aim at adequate information-giving and shared decision-making, considering patient-as-person and understanding the personal meaning of the illness for each individual [4].

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