Prevalence of Diabetes in South Africa

'The diabetes tsunami is here. And we in South Africa are in trouble.' This is the stark warning of an SA diabetes expert over the fast-growing diabetes numbers in South Africa.

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# Introduction

This is the stark warning of Dr Larry Distiller, founder and managing director of the Centre for Diabetes and Endocrinology in Johannesburg, over the ever-increasing diabetes numbers in South Africa.

'Three-and-a-half million South Africans (about 6% of the population) suffer from diabetes and there are many more who are undiagnosed,' he cautions.  
  
It is estimated that another five million South Africans have pre-diabetes, a condition where insulin resistance causes blood glucose levels to be higher than normal, but not high enough yet to be type 2 diabetes.

Table 1: Diabetes Prevalence in South Africa

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| --- | --- | --- |
| **Race Group** | **Prevalence** | |
| **Minimum %** | **Maximum %** |
| Coloured | 8 | 10 |
| Indian | 11 | 13 |
| Black | 5 | 8 |
| White | 4 | 4 |
| Asian | 4 | 5 |
| Other | 11 | 12 |
| **Average %** | Function |  |

The highest prevalence of diabetes is among the Indian population in South Africa (11-13%) as this group has a strong genetic predisposition for diabetes. This is followed by a combination of other groups 11–12%, 8-10% in the coloured community, 5-8% among blacks, 4-5% among Asians and 4% among whites.  
  
Seven years  
  
There are three types of diabetes: type 1 diabetes (a condition where the body stops producing insulin, an essential hormone produced by the pancreas to convert glucose into energy); type 2 diabetes (a condition that develops over time where the body is unable to use insulin properly); and gestational diabetes (a form of diabetes that occurs during pregnancy due to hormonal changes, genetics and lifestyle factors).  
  
The majority of people in South Africa have type 2 diabetes, however many of these cases go undiagnosed as there are very few symptoms initially. Symptoms for diabetes include fatigue, excessive thirst and urination, slow wound healing and skin infections, blurred vision and regular bouts of thrush. As these symptoms can be very mild and develop gradually, many people fail to recognise them as warning signs of diabetes.  
  
'It takes on average seven years for a person to get diagnosed with diabetes for the first time,' Distiller says. 'Sadly, the result is that about 30% of people with type 2 diabetes have already developed complications by the time they are diagnosed.'

Diabetes complications are serious and include heart disease, stroke, blindness, amputations and kidney failure. In most cases these complications could have been avoided entirely by early diagnosis and proper treatment.  
  
Cases in Africa expected to double  
  
Globally, 366 million people have diabetes. The International Diabetes Federation (IDF) predicts this number to rise to 552 million by 2030.  
  
The greatest increase in diabetes is expected to be in Africa – it’s predicted that the incidence of diabetes in Africa will have almost doubled by 2030. (There are currently 14.7 million diabetics in Africa; however, according to the IDF around 78% of Africans with diabetes are undiagnosed.)  
  
The main causes for the dramatic rise in diabetes in Africa are urbanisation and obesity. Millions of people are migrating from rural to urban areas in pursuit of work and better opportunities. In a short time their lifestyles change dramatically: they adopt a westernised diet high in fat, sugar and salt, and get far less exercise than they were used to.  
  
Cultural beliefs also play a big role. According to registered dietician Suna Kassier, some communities still see weight gain as a sense of achievement.  
  
This weight gain leads to overweight and obesity, which is a great precursor for type 2 diabetes. In fact, the link between obesity and diabetes is so strong, that a new term has been coined: diabesity.  
  
Diabetes, TB and HIV/Aids  
  
As the main focus in Africa remains on infectious diseases such as HIV/Aids, tuberculosis (TB) and malaria, because of their acute nature, there is little awareness around diabetes and its complications and many patients go undiagnosed or don’t receive treatment in time.  
  
Ironically, there are links between diabetes and HIV/Aids and TB.  
  
According to Dr Anil Kapur (Kapur, 2014), managing director of the World Diabetes Foundation (WDF), few people realise that in Africa, more than in any other continent, there are interactions between these three conditions and their various treatments.  
  
'Patients who receive anti-retroviral drugs are at a higher risk of developing diabetes, as some of the drugs cause glucose intolerance as one of the side effects. And, people with diabetes have a greater risk to develop TB as diabetes reduces the body’s immunity. In addition, the interaction between drugs to treat diabetes and TB reduces the effectiveness of both the TB drugs and the diabetes drugs, so it is difficult to control both diseases.

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# Education and prevention



The fact that many diabetic patients only get help when they already have complications, also poses a great burden on the health care system, whereas 80% of type 2 diabetes could have been avoided through the following of a healthy eating plan and regular exercise.

Kapur, A. D. (2014). World Diabetes Foundation WDF.

The best way to address the burden of diabetes is for governments to focus on prevention and raising awareness, Kapur advises.  
  
“Governments will have to focus their attention on primary prevention, raising public awareness, building capacity for health care programmes and offering diabetes services at primary care, ensuring patients can receive self-care education and support. They also need to promote breastfeeding (as it is a good prevention of obesity in both mother and child) and identify women with gestational diabetes.” Diabetes during pregnancy can cause serious complications and also increase the risk for both mother and child to develop diabetes later in life.  
  
“People often say that treating diabetes is expensive. However, I disagree. It is not providing this care that is very expensive - most of the high costs of diabetes come from treating its complications. Prevention, early identification and offering proper basic care are both essential and affordable. But not enough is being done to address this.” Insert citation.

Bibliography

Taken from: http://www.health24.com/Medical/Diabetes/About-diabetes/Diabetes-tsunami-hits-South-Africa-20130210