Diabetes: Is it simply a public health problem? All for one and one for all!

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Evidence in the international literature shows constant and progressive growth of diabetes, especially of its most frequent clinical form: type 2 diabetes (T2D). This so-called diabetes “epidemic” also affects the countries of Latin America, where we must also add delayed diagnosis and poor treatment outcomes reported in relation to the quality of care provided to people with this disease.

Diabetologists and researchers attribute this situation to characteristic changes induced by modern society such as sedentary lifestyle, intake of high-calorie foods, decreased hours of sleep, continuous stress, poverty, and low educational level. The lack of trained and economical human resources contributes to this, as well as the lack of habitual preventive consultations in our society.

However, observation of everyday reality suggests a somewhat different explanation: the strategies used to date are not sufficiently effective to control the problem described. This makes it necessary to consider that the pathogenic complexity described above requires an improved approach to achieve the efficacy we propose. How to achieve this effectiveness? To find it, it may be useful to analyze the aforementioned facts:

- Sedentarism: certainly modern society promotes this unhealthy habit by facilitating access to everything we need on a daily basis. However, there are also not necessarily innocent allies: in the schools, physical education is considered a subject that has to be passed, and we are not taught - at the age when we acquire personal habits - that we are learning a key healthy habit rather than just an unimportant subject.

- Low educational level: like poverty, low educational level increases the prevalence of T2D, but independently.

- Intake of foods with high caloric content: at this point, it is worth asking ourselves: in which part of our formal education are we taught the principles of a healthy way to eat? Even though it hurts us to accept it, we must recognize that even in some medical schools, nutrition is not a subject included in the curriculum. What can we expect at the lower levels of education more accessible to the population in general?

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Consequently, the achievement of favorable changes in the three aspects mentioned requires effective interaction between the Ministries of Health and Education. Would not it be reasonable for the Ministries of Health and Education to develop a consensual plan for the population to acquire from primary school - a period in which we develop the habits that will govern our future life - the basic principles of a healthy eating plan? Certainly the contribution of nutritionists from the Faculty of Medicine would be useful.

Furthermore, considering the widespread consumption of foods with high caloric content or rich in fructose ... Can the food industry be a mute bystander and be excluded from this problem?

- Continuous stress: the characteristics of modern society have increased the conditions that promote stress, one example the continuous use of the cell phone. We read daily about the dangers of its overuse/exposure but ... are we physicians solely responsible for such misuse? The question implies inviting other valid partners to the dialogue to redirect their rational use without adversely affecting our habits and customs.

- Decrease in hours of sleep: it is largely associated with new communication, work, and entertainment habits. Is it not time to incorporate those who regulate or promote these conditions into the discussion?

- Poverty: poverty is associated throughout the world with a higher prevalence of T2D and obesity. We have also demonstrated that T2D and its complications establish a vicious circle in which poverty generates diabetes and diabetes increase poverty through less access to higher education and quality employment. This issue obviously goes beyond the Ministry of Health, since both the Ministries of Economy and Social Development need to contribute their input to find effective alternative solutions.

- Medical research and education: the continuous advance of medical knowledge is a result of the association between research and the communication of its results through academics. It is probable that research, without diminishing efforts in the molecular area, should simultaneously investigate the causes of the real world problems and investigate alternatives for its solution. In parallel, academia will continue to be responsible for communicating both molecular findings and daily problems in a balanced way to future physicians. This balance will support the achievement of the goal of reducing the heavy burden on people and society of chronic non-communicable diseases such as obesity and diabetes.

A non-causal element, but a serious consequence of what has been described, is the situation of employment discrimination suffered by people with diabetes, together with gender inequities. Undoubtedly, only an intersectoral discussion can find alternative solutions.

As a corollary to this analysis, I think it is pertinent to repeat the aphorism coined by Alexandre Dumas in his well-known novel, the three Musketeers, which gives this Editorial its subtitle: its objective is to call together all those who worry about the problem of diabetes and obesity to find alternatives for an integrative-effective solution. I believe that the organization and implementation of workshops whose objective is the interdisciplinary and intersectoral discussion of the subject deserve formal and official inclusion in congresses and meetings of our scientific societies. Perhaps this strategy will lead us to achieve the success that has eluded us up to now: to reduce the diabetes epidemic and its heavy socioeconomic burden.