

Diabetes: a major new health problem

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According to various studies and statistics, diabetes has become the fourth leading cause of death in most developed countries and will be one of the most challenging health problems worldwide in the 21st century.

A report to a recent conference of the International Diabetes Federation (IDF) estimated that diabetes now affects more than 150 million people—a fivefold increase since 1985—and the number is expected to rise to 300 million by 2025.

The situation is particularly worrying in the so-called developing countries where detection is poor and insulin, needed to treat most patients, is not always available. Professor Clive Cockram, chairman of the IDF Western Pacific Region, warned of the rising prevalence of what is known as Type 2 diabetes among younger age groups, notably in poor countries. Previously, this disease has been traditionally associated with being more than 40 years of age and overweight.

Diabetes—properly called Diabetes Mellitus—is a chronic condition resulting from deficiencies in the production or use of insulin, a hormone that enables the body to absorb glucose and other nutrients. If untreated, diabetics suffer from raised blood glucose levels and their tissues lack nourishment. In some instances, victims can become comatose and die. Diabetes can also cause diseases of the eyes, kidneys, nerves and circulatory system.

There are two major forms of diabetes. Patients with Type 1 produce little or no insulin and require life-long medication with insulin. This disease, usually present from birth, is known as Insulin Dependant Diabetes Mellitus (IDDM) or juvenile onset diabetes.

Type 2 diabetes, by contrast, usually develops later in life. Its sufferers may produce some insulin but not enough to maintain normal blood sugar levels. This condition can be controlled through diet, weight

reduction and increased exercise, but often requires treatment with insulin injections or oral medications as well. Type 2 is referred to as Non-Insulin Dependant Diabetes Mellitus (NIDDM) or mature onset diabetes.

The most likely victims of Type 1 diabetes are the children or siblings of people with the disease. For Type 2, the highest risk factors are mature age (over 45), a family history of diabetes, excess weight, lack of regular exercise, low HDL cholesterol, high triglycerides (related to blood glucose levels) and diets that feature foods highly saturated in fats. In addition, about 50 percent of women who suffer diabetes during pregnancy later develop mature onset diabetes.

Lifestyle changes appear to account for the increased rate of Diabetes Type 2 among younger generations. In general, people tend to eat more and fattier foods, be less active and are more likely to be subject to chronic stress. All these factors contribute to obesity, which, together with ageing and family history, is one of the main causes of diabetes.

An American Diabetes Association survey of youth with Type 2 diabetes found that as many as 80 percent were overweight. Lack of activity leads to an overabundance of glucose in the body's cells and the insulin is not able to absorb at the same rate.

A major factor is the promotion of eating habits that are high in fats and cholesterol, including convenience meals. Fast food outlets, such as McDonalds, Kentucky Fried Chicken, pizza, fried potato chips and hamburgers, provide a quick alternative to preparing healthy food.

A World Health Organisation survey of diabetes among 30-64 year-olds in a number of countries during the 1980s and early 1990s found that low-income and urbanised populations were most at risk.

One American study, for example, conducted in San Antonio discovered that among low income earners, 16.1 percent of men and 21.1 percent of women had

diabetes, compared to 6.2 percent and 4.0 percent respectively among upper income earners. American Indians had the highest incidences in the world—47.6 percent of men and 48.9 percent of women.

In rural India, 3.1 percent of men and 1.8 percent of women suffered the disease, compared to 11.9 percent and 6.8 percent in urban areas. Likewise, in the Pacific, Western Samoa's rural areas had rates of 2.2 percent among men and 5.9 percent among women, compared to 12.2 percent and 10.8 percent in the urban areas.

People in the rural areas tend to walk greater distances to obtain food or simply grow their own produce, containing lower levels of sugar and fat, whereas fast food is more readily available in urban settings.

A disturbing pattern exists in Australia, where Aboriginal people have the fourth highest rates of diabetes in the world, following American Indians, people from the Pacific island of Nauru and the Koki people in Papua New Guinea.

The 1995 National Health Survey in Australia reported that 2.4 percent of people had been diagnosed with diabetes at some time during their lives. By contrast, 7 percent of indigenous adults aged 20-44 years had diabetes, 24 percent among those aged 45-54 years and 17 percent of those over 55 years. For some age groups, indigenous people in non-remote areas were 7-8 times more likely to report diabetes than non-indigenous people.

Poverty, lack of access to nutritious foods, poor medical services and excessive consumption of alcohol appear to be the prime causes. Alcohol is very high in sugar content and heavy drinking over a number of years can lead to chronic liver disease and diabetes.

The emergence of diabetes as a major health problem contains a paradox. During the past century, improved nutrition, better hygiene and the control of many communicable (infectious) diseases have resulted in improved longevity, but these benefits have unmasked many age-related non-communicable diseases, including diabetes.

Antibiotics can be used to fight infectious bacterial diseases and vaccines can prevent common diseases, such as chicken pox, mumps or measles. Diabetes is not an infectious disease, yet it is becoming increasingly prevalent. Moreover, unlike some other diseases, diabetes is not curable—it can be controlled and

managed, but it cannot be reversed.

In order to curb the spread of diabetes, adequate information and education must be combined with prevention measures. Shorter working hours are needed so that workers have time to prepare nutritious meals. Healthy foods must be made readily available in workplaces and schools. Children must have access to sporting facilities and other activities to encourage exercise.

For people with diabetes, treatment should be free and available to all. With regular check-ups, healthy diets and regular exercise, even diabetics can live an active social and long life.

All of this, however, is precisely what is becoming more and more difficult for the majority of people under capitalism. Governments are cutting back on public health care, particularly in preventative services, while employers demand longer and more stressful hours and food conglomerates promote and profit from unhealthy diets.



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