# Chronic Disease Prevention & Control in the Americas



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# Spotlight: World Diabetes Day 2008



PAHO Urges Fight against Obesity and Malnutrition in the Americas

The prevalence of type 2 diabetes in the countries of
Latin America and the Caribbean is growing at an alarming rate.

The most important cause in increasing obesity.

The child and adolescent population is not safe from this and requires preferential attention in terms of strategies for support, care, and prevention.

#### PAHO Press Release:

In the majority of the countries of the Americas, changes are taking place in dietary habits, with spiraling increase in the consumption of food with a dense



caloric content and rich in saturated fats, sugars, and salts. This model, said Dr. Alberto Barceló, PAHO Regional Advisor on Chronic Diseases—together with a growing culture of a sedentary lifestyle and a lack of physical activity—is contributing seriously to the increase that we are observing in the right rates of overweight and obesity in the Region.

"The obesity epidemic, which is the main cause of the increase in diabetes, is in turn caused by the general move towards unhealthy eating habits and decreased physical activity. This is especially serious in the child and adolescent population," affirmed Dr. Barceló in the celebration of World Diabetes
Day on 14 November, the central theme for this year being an emphasis on the problem of diabetes in young people. This year's observation was led by the International Diabetes Federation (IDF), with unconditional support from the entire United Nations system.

Studies on the problem in such countries as Chile or Mexico indicate that between some 7 and 12% of children under five and one fifth of all adolescents there are already obese. Among adults, it is estimated that the overweight and obesity rates are currently close to 60%.





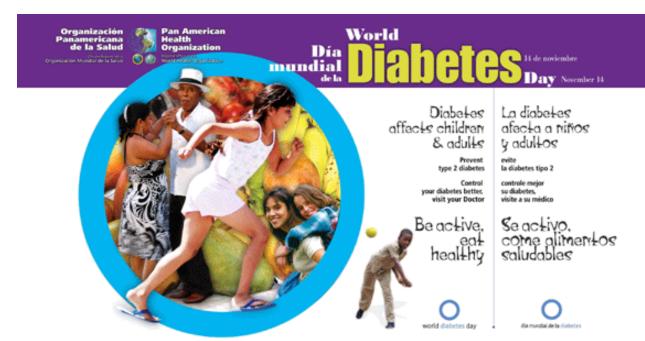




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Estimates from WHO reveal that the number of persons suffering from diabetes in Latin America could reach 32.9 million by 2030. Right now, according to the available data, the highest prevalence rates for diabetes are in Belize (12.4%) and Mexico (10.7%). According to various studies and reports, some of the Latin American capitals like Managua, Guatemala City, and Bogotá are reporting prevalence rates of between 8 and 10%.

With World Diabetes Day every year on 14 November, PAHO unites with the IDF, and all organizations and institutions around the world, urging decisive action to prevent and control diabetes, thus showing their support for all who suffer from this disease—especially young people, children, and adolescents. "To do nothing is not an option," emphasizes the IDF.

Diabetes is a chronic lifelong condition that requires strict monitoring and control. Without adequate control, a person's blood sugar levels can increase, which is directly associated in the long run with wounds and organ and tissue failure. The IDF also reminds us that the following serious complications and risk can arise (among others):

→ Cardiovascular disease, which affects the heart and blood vessels and can cause lethal complications, such as coronary heart

disease (with can bring about a heart attack) and strokes.

- Kidney disease (diabetic nephropathy), which can succeed in triggering expensive kidney failure and the need for dialysis or a kidney transplant.
- → Vascular and neuropathic disease (diabetic neuropathy), which can end up generating the ulceration and amputation of the lower limbs.
- → Visual disease (diabetic retinopathy), which is characterized by injuries of the retina of the eye, which in turn can generate partial or total loss of vision.

Diabetes has a major impact on children. The IDF explains the diabetes has a unique impact on children and their families since a child's daily life is changed by the need to monitor his or her blood sugar levels, by having to take medication, and by having to balance the effects of activity and eating.

Diabetes, affirms the IDF, can interfere with the normal developmental needs of children and adolescents, which includes a successful education and transition to adulthood.

In order to face this situation and to assure that they enjoy the highest level of physical and emotional health possible, children with diabetes should receive care from a multidisciplinary team very familiarized with its pediatric aspects. It is also necessary to help their caretakers and the staff in their schools.

"In this way, children with types 1 or 2 diabetes can reach adulthood with minimal negative impact," affirms the IDF. "Physiological and social problems can prevent children from receiving the best available diabetes care available and from meeting their treatment objectives. Aside from the demanding physical and emotion challenges that go along with growth, diabetes imposes considerable—and sometimes overwhelming—demands on children and their families. It affects all aspects of a child's life and imposes a burden that must be borne by the child and his or her family, school, and local community. Diabetes control puts psychological pressure on children with diabetes and their family members, especially when its control and treatment are intensive."

From PAHO, Dr. Barceló emphasized that the organization considers diabetes and other chronic diseases to be health priorities.

This is why, he said, the 48<sup>th</sup>PAHO Directing Council in 2008, in its annual meeting of ministers of health from its Member States, approved a <u>resolution</u> calling for the countries of the Americas to strengthen their diabetes prevention and control activities.

"This resolution is based on the evidence that both type 2 diabetes and some of its complications can be prevented by public health actions aimed at individuals or communities," affirmed Dr. Barceló. "Because of this, PAHO is providing technical collaboration to many countries to reinforce prevention and improve diabetes care. One of these programs is the VIDA project carried out in Veracruz, Mexico. This program has shown favorable results and has become an inspiration for many of those affected by the disease as well as for professionals, in the continuing struggle to fight this disease." Video in Spanish.

More (materials, brochure, worldwide WDD website, etc.)

## Basic Facts on Diabetes

- Diabetes affects 246 million people throughout the world and this figure will reach 380 million by the year 2050.
- Seven million people develop diabetes each year.
- Every ten seconds somebody dies from causes associated with diabetes.



- Every ten seconds two people develop diabetes.
- In many countries of Asia, the Middle East, Oceania, and the Caribbean, diabetes affects between 12 and 20% of the adult population.
- Seven of the 10 countries with the highest rates of people living with diabetes are in the developing world.
- → By the year 2050, 80% of diabetes cases will be in middle- and low-income countries.
- India has the largest population with diabetes in the world, with an estimated 41 million people (6% of the adult population).
- Type I diabetes, with predominantly affects young people, is increasing at an alarming rate throughout the world, at a rate of 3% annually.
- Some 70,000 children under 14 develop type 1 diabetes every year.
- An increasing number of children is developing type 2 diabetes both in developed and developing countries.
- Type 2 diabetes is already being reported in children as young as eight years of age.
- Various reports show the existence of type 2 diabetes in child populations previously thought not to be at risk of contracting the disease.

Source: Diabetes Atlas, (3<sup>rd</sup> ed.), International Diabetes Federation (2006).

## Ten Misconceptions on Diabetes

1. Diabetes is not a disease that kills: FALSE In fact, diabetes is a global killer that rivals

HIV/AIDS in its deadly reach. The disease kills some 3.8 million people every year. Every 10 seconds somebody dies from causes related to diabetes.

Test your knowledge! True-false quiz

2. Diabetes only affects the rich countries: FALSE

Diabetes is everywhere and is beyond national income. Currently more than 240 million people have diabetes. In many countries of Asia, the Middle East, and the Caribbean, diabetes affects between 12 and 20% of their populations. And by 2025, 80% of all cases will be in low- and middle-income countries.

Diabetes can count on robust global funding: FALSE

Official foreign aid (from the USA) for the health sector in 2002 reach 2.9 billion dollars (US), of which hardly 0.1% were allocated to financing ALL chronic noncommunicable diseases (CNCDs). Most of these 2.9 billion dollars was used to fight the challenge of HIV/AIDS. Despite the fact that diabetes has a global impact and mortality comparable to HIV/AIDS, its funding was a meagre 0.1% of all funding for CNCDs.

- 4. Diabetes care is not expensive: FALSE
  Diabetes care is indeed costly and potentially
  could seriously affect any healthcare system.
  The economic opportunities that the United
  Nations wants to create for the developing
  countries through its Millennium
  Development Objectives (MDGs) are
  seriously countered by the economic impact
  of diabetes in low- and middle-income
  countries.
- 5. Diabetes only affects the elderly: FALSE
  In reality, diabetes affects all age groups. It is
  currently estimated that 246 million people in
  the age group from 20 to 79 years will get
  diabetes. In the developing countries,
  diabetes affects at least 80 million people
  between 40 and 59 years of age. In many
  countries of Asia, the Middle East, Oceania,

- and the Caribbean, diabetes affects between 12 and 20% of the adult population.
- 6. Diabetes predominantly affects men: FALSE In fact, diabetes is growing among both men and women, affecting slightly more women than men.
- 7. Diabetes is not preventable: FALSE

  Even if it is true that type I diabetes is not preventable, nearly 80% of type 2 diabetes can be prevented with a health diet and by increasing physical activity and promoting healthy lifestyles.
- 8. Diabetes is the result of unhealthy lifestyles: FALSE

The truth is that poor people and children have limited options when it comes to their living conditions, diet, and education.

- 9. Diabetes prevention is too expensive: FALSE There are many interventions that are not expensive for cost-effective prevention. Strategies of proven efficiency, such as improving people's living conditions, changes in diet, and an increase in physical activity can reverse the epidemic.
- 10. We all have to die from something. TRUE, but ...

Death is an inevitable fact of life, but it does not have do be a slow, painful, or premature one. Diabetes causes 3.8 million deaths every year. With awareness, prevention, and appropriate care, many of these deaths can be avoided.

Source: Diabetes Atlas, (3<sup>rd</sup> ed.), International Diabetes Federation (2006), based on the World Health Organization (WHO) report, Preventing Chronic Disease: A Vital Investment.

# Progress in the Countries Chile Inaugurates Cancer Week

From 22 to 27 November 2008, the Ministry of Health of Chile (MINSAL) and PAHO-Chile inaugurated Cancer Week, to encourage early diagnosis and to improve the health of the people of the nation. A series of activities was carried out that focused on children and adults, to encourage the early detection of those types of cancers that are induced by bad habits and unhealthy lifestyles.



This unprecedented event was organized by the PAHO in conjunction with the Our Children Foundation (<u>Fundación Nuestros Hijos</u>), the Cancer Foundation of Chile (<u>Fundación Cancer Chile</u>), the Chilean Oncology Society (<u>Sociedad chilena de cancerología</u>), and the Ministry of Health (<u>MINSAL</u>).

## Speakers

- Dr. Pedro Crocco, Chief of <u>Disease</u> <u>Prevention and Control</u> at MINSAL.
- Dr. Juan Manuel Sotelo, PAHO/WHO Representative for Chile. <u>PAHO-Chile</u>
- → Dr. Andreas Ullrich, Cancer Consultant from WHO Headquarters.
- → Dr. Jorge Gallardo, President of the Cancer Foundation of Chile.
- → Dr. Marcela Zubieta, Vice President of the Our Children Foundation.

Dr. Crocco stressed the vital importance of the population's learning about the main risk factors that lead death from cancer in Chile, which go hand in hand with people's lifestyles: tobacco and alcohol consumption, emphasizing that the cost of diseases are elevated and every day there are more cases. "These types of activities are very important for teaching both children and adults how to prevent cancer, an often fatal disease." Furthermore, he spoke of MINSAL's intense work over the past 20 years in providing care to cancer patients through different cancer commissions.

different cancer commissions, the implementation of chemotherapy in adults and children, and in control measures against cervical cancer and breast cancer.

Cervical Cancer

Prevention and Control

Dr. Sotelo recognized this as an unprecedented activity in the world, with Chile—an emblematic

country of Latin America in the fight against cancer—working hard to prevent the disease. He emphasized that cancer kills more than 480,000 people in Latin America every year. The most common killer cancers in men are prostate and colon cancer; and in women, breast cancer. In addition, he stressed that tobacco and alcohol consumption considerably increases the probability of becoming ill with cancer.

Dr. Ullrich recognized MINSAL's valuable work in the cancer prevention in Chile, indicating that the country is a model for both Latin America and the world in this type of initiative.

He indicated that 70% of all global deaths from cancer occur in the low- and middle-countries and often the resources to combat this disease do not reach the population who needs them the most. "Basically, we have to reduce risk factors, for which this type of campaign is essential," he said.

Dr. Zubieta said in closing that in Chile, great progress has taken place in preventing child cancer, indicating that the current survival rate in children suffering from it has reached a high of 73%, but that still greater improvements can be made. "Thanks to working with communities, we have had significant progress; but we still needed a greater contribution from the state and civil society," he said.

## Activities

Among the activities, highlights included a memorial service on the afternoon of 22

November in the Providence Statuary Park (Parque de las Esculturas de Providencia) to commemorate those dear departed who lost their life to cancer, those that are currently fighting the disease, and for community solidarity with these patients.



## Chile scaling up the fight against cancer!



On Sunday, 22 November, there was an activity devoted to children, in an "Encounter for Life" (Encuentro por la vida) in Inés de Suárez Park, jointly organized by all cancer foundations of cancer devoted to our little ones. Painting contests and various recreational activities were carried out with children.

On Tuesday, 25 November, there was a seminar journalists reporting on scientific issues, directed by the President of the Chilean Association of Science Journalists (Asociación Chilena de Periodismo Científico / ACHIPEC) and a representative from the American Cancer Society (ACS) who introduced the Cancer Atlas to journalists, with the goal of analyzing the role of the media in reporting on health issues.

There was also a panel discussion with Dr. Sotelo from PAHO, Dr. Ullrich from WHO, and Dr. Crocco from MINSAL, accompanied by representatives from the Cancer Unit of the Our Children Foundation.

On Wednesday, 26 November, the First Congress for Cancer Patients and Their Families was held in the Park Plaza Hotel, Patients with Cancer and its Families, in the Hotel Park Plaza, in an informal and free setting. There were activities revolving around information, art, and learning, where patients, friends, and family members shared their experiences with the disease.

Cancer Week ended with a bang on Thursday, 27 November, with an information campaign on cancer prevention in the University of Chile and Baquedano Metro stations at the. On this occasion, volunteers from the Chilean Cancer Foundation handed out brochures on the main types of cancer and how to prevent them.

The closing ceremony was held later that day at the ECLAC Auditorium, a variety of national and community health authorities analyzed the success of the week's events and agreed to hold additional events every October. Afterwards there was a toast and flamenco dancing by the Spanish dance troupe Circulo español. In attendance were Regina Pawlik from the Economic Commission for Latin America and the Caribbean (ECLAC) and Dr. Beatriz Comparini, President of the Chilean Oncology Society, accompanied by Drs. Sotelo and Crocco.

Source: Francisco Lemaitre, PAHO-Chile.

## News Roundup

This new section is a selected compilation of press links from the PAHO News and Publication Office on chronic disease issues. Our thanks to Sonia Mey-Schmidt, who is responsible for the compiling PAHO's *Daily News Roundup*.

## In English

- Supplements don't help prevent prostate cancer, Newsday, 13 November 2008
- → Genetic Testing No Real

  Help in Predicting Type 2

  Diabetes, U.S. News & World Report, 20

  November 2008

STOP THE GLOBAL EPIDEMIC OF CHRONIC DISEASE

PROMOTE. PREVENT. TREAT. CARE

## En español

- "El tabaquismo provoca 40 mil muertes anuales en la Argentina"
   La Capital Mar del Plata, 11 noviembre 2008
- Riesgo de cáncer de seno pese a exámenes negativos Univisión, 11 noviembre 2008
- Dormir muy poco aumenta el riesgo de cáncer en mujeres: estudio Reuters América Latina, 11 noviembre 2008
- <u>Lanzaron campaña contra el cáncer de piel</u>
   Diario de Cuyo, 11 noviembre 2008
- → <u>Todos a luchar</u>, *Prensa Libre* (Guatemala), 18 noviembre 2008 (sobre la Diabetes)
- Discotecas y universidades, los sitios con más humo de cigarrillo, Noti Fe, 20 noviembre 2008
- México lanza campaña contra el cáncer cervical, Milenio, 20 noviembre 2008



Source: Sonia Mey Schmidt, PAHO News and Public Information Office.



The PAHO/WHO Chronic Disease Program invites the readers of this newsletter to submit contributions on activities related to chronic disease in the Americas. Send contributions (1-3 paragraphs) to Dr. James Hospedales (hospedaj@paho.org) with copy to Pilar Fano (fanopili@paho.org) and Suzanna Stephens (stephens@paho.org). Letters to the Editor should be addressed to Silvana Luciani (lucianis@paho.org). Instructions and criteria can be found on the homepage for this newsletter at the web link below: