

South-East Asian Diabetes Summit to open up in India



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The Diabetes Summit for South East Asia is being organized in Chennai from 28th to 30th November 2008, by the World Diabetes Foundation (WDF) , in collaboration with the World Health Organization (WHO), South East Asia Regional office (SEARO), the International Diabetes Federation (IDF) and the World Bank.

The aim of this summit is to serve as a forum where key stakeholders, in the area of non communicable diseases (primarily diabetes), can interact with key opinion leaders, international media and WDF partners, with a view to encourage policy makers to prioritize prevention, care and treatment of diabetes in the developing world in a sustainable manner.

Diabetes is one of the fastest growing diseases in the world with over 230 million people already affected. It is the world's leading cause of heart disease, stroke, blindness, kidney disease and lower limb amputation. The incidence of diabetes is five times higher among Asians than in white populations. An estimated 3.8 million people died in 2007, globally, because of diabetes. In India, unwittingly known as the 'diabetes capital of the world', an estimated 40.9 million people were living with diabetes in 2007. This figure is projected to rise to 69.9 million by 2025, making every fifth person living with diabetes to be an Indian. WHO estimates that mortality from diabetes and heart disease cost India \$210 billion yearly in terms of lost productivity resulting from premature deaths. This is likely to increase to \$335 billion yearly in the next 10 years..

What is diabetes?

It is a condition in which the body cannot regulate the amount of glucose in the blood. Glucose is produced by the liver from the food we eat and its level is regulated by several hormones, including insulin which is produced by the pancreas. Insulin allows glucose to move from blood to liver, muscle and fat cells where it is used as fuel/energy. People with diabetes either do not produce enough insulin (Type 1 diabetes) or cannot use insulin properly (Type 2 diabetes). Thus the glucose stays in the blood, harming other tissues/organs as they are exposed to high glucose levels. At the same time, cells are deprived of glucose for energy. The normal fasting blood glucose level is about 100mg/dl and post lunch level is 140mg/dl.

Type- 1 diabetes: It is an auto immune disorder in which the body's immune system attacks the cells producing insulin. Thus the body either does not produce any insulin or too little of it. The cause could be genetic or due to environmental triggers. It is typically recognized in childhood and adolescence, often in association with an illness—viral or urinary tract infection or some injury. In older persons it can occur due to destruction of pancreas by alcohol/ disease/ surgical removal/ progressive failure of pancreatic beta cells which produce insulin.

The warning signs are nausea, vomiting, dehydration, excessive thirst, frequent urination, constant hunger and unexplained weight loss, extreme tiredness, blurred vision.

Treatment of this type of diabetes entails daily insulin injections of correct dosage to be taken, generally before meals, coupled with a consistent healthy diet. As of now, its onset cannot be prevented, but it can definitely be controlled.

Type- 2 diabetes: It occurs when the body is unable to process the insulin produced by the pancreas. This is called insulin resistance. The pancreas try to overcome this by producing still more insulin, thus compounding the problem. It is typically recognized in adulthood, usually after 45years of age. But now it occurs in children also, which indeed is worrisome. The cause for this type of diabetes could be genetic. But in most cases it is due to a sedentary life style coupled with unhealthy dietary habits and obesity.

The symptoms of this type of diabetes are excessive thirst, frequent urination, lethargy, slow healing wounds, itching and skin infections, blurred vision, irritability, weight loss. It can usually be controlled with proper diet (which is high in fiber and low in saturated fats), weight control, physical exercise and oral medication. But sometimes, insulin is required to control the blood sugar levels.

Gestational diabetes: it occurs during the second half of pregnancy and typically goes away after delivery. But such women are more likely to develop Type- 2 diabetes later in life. There has been an eight-fold increase in its occurrence in the last two decades. This might be because women are having babies when they are older or because obesity (a risk factor for diabetes) is increasing. The extra stress on the body during pregnancy can also result in high glucose levels. As it is, insulin needs in pregnancy are two or three times greater than normal from about 24 weeks. Up to 16% of women develop gestational diabetes and it is usually detected with a routine glucose tolerance test between 24 and 28 weeks of pregnancy. Babies of women with gestational diabetes could have problems too. They are larger in size, putting them at risk during delivery. Also, they are more prone to developing Type-2 diabetes later in life.

Diabetes is taking a huge toll of human health and life, particularly in developing countries like India . Type 2 diabetes is assuming epic proportions and holding an entire generation to ransom. It is affecting an

increasing number of children/ adolescents from all income groups. In India , there has been a tenfold increase in childhood onset of Type-2 diabetes in the last 20 years.

Diabetes in children is a global public health issue with close to 305,000 children living with diabetes world wide. In fact, Tamilnadu (the state in which this summit is being held) is contemplating to declare those living with Type-1 diabetes as ‘metabolically challenged’, putting them at par with other disabled persons in terms of availing government benefits and schemes including reservations. This move might bring positive reinforcement into the fight against diabetes; but it may also lead to a stigmatization of those affected.

In countries like India , lack of proper health care infrastructure, rampant ignorance and absence of clear cut guidelines makes the approach to diabetes ad hoc. Lack of awareness in patients and poverty is a key factor in improper care. There is need for an integrated public health policy for screening and care of diabetes.

Drastic and immediate preventive measures are needed at the community and media level. Community action should involve improved maternal nutrition, periodical health checkup camps in schools, promoting healthy living in school, at home and at the work place.

Mass media campaigns to spread awareness about diabetes and its related complications can go a long way in educating the public. There is also the need to spread the message that diabetes can be prevented/ controlled in most cases by simply adopting healthy eating habits and an active life style.

We hope that the efforts of WDF for prevention and care of diabetes in the developing world, by acting as a catalyst to help others globally create awareness, care and relief to those impacted by the disease, will bear fruitful results.

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