

Lessons Learned from the IDF

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Since the 17th International Diabetes Federation (IDF) Congress in Mexico City in November 2000, some critical issues have been lingering in my mind.

First, diabetes is a worldwide epidemic, affecting people at all socioeconomic levels. Rich or poor, young or old, thin or obese—diabetes crosses all boundaries and barriers, bringing with it serious and life-threatening consequences.

Second, despite the egalitarian nature of this disease, not all nations are able to offer adequate and timely treatment. As the state of the science of diabetes care advances, new treatment modalities may be inaccessible to the populations most in need of care.

There are many reasons for this. Limited resources may make treatments too expensive. Medications not manufactured locally may be in short supply. Access to pharmaceuticals may be restricted by government contracts. In some areas of the world, laboratory testing facilities lack the ability to perform basic tests, such as HbA_{1c}, that assist in the treatment and control of diabetes.

If the present 10-year projection for new cases of diabetes worldwide is accurate, the number of people with diabetes needing the services of health care providers with expertise in diabetes care will be astronomical. Meanwhile, the shortage of primary

care providers, diabetes educators, and other professionals on the diabetes team continues to grow.

Who will care for those with diabetes? There are no ready answers to this question.

One important step toward meeting this challenge took place at the IDF meeting. For the first time in 17 years, the IDF's triennial Congress included a separate track focusing on education.

Under the guidance and leadership of coordinator Linda M. Siminerio, PhD, RN, CDE, a track titled Education, Nutrition, and Psychosocial Aspects of Diabetes Care presented cutting-edge information on diabetes self-management education and care. The track offered 16 symposia on education topics, and oral presentations covered subjects ranging from innovative foot care clinics in Fuji to baseline information for setting up independent diabetes education practices and from helping patients cope with "diabetes burn-out" to the use of lay educators in post-war Bosnia.

These are but a few examples of the excellent lectures that provided practical suggestions for improving diabetes care internationally. Plans are underway to publish abstracts of the more than 50 presentations from this section.

The past 5 years have produced remarkable changes in diabetes technology and treatment. This expan-

sion of knowledge has had a great impact on the management of diabetes. We now know more than ever before about diabetes, and we have the clinical tools we need to reduce morbidity and mortality. The diabetes community of scientists and practitioners needs to apply this knowledge and technology to caring for people with diabetes throughout the world, particularly those who are economically disadvantaged. The IDF Congress served as an important first step in the dissemination of critical information. We must continue to support the application of this information to improve diabetes care internationally.

The worldwide diabetes epidemic calls for a worldwide response to ensure that all people with diabetes receive care that meets current and recommended standards and practices. Joining with health professionals from around the world, we in the United States must work diligently to ensure equal access to diabetes treatments and medications and to provide the means for continuing professional education for those who care for people with diabetes.

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