WORLD DIABETES DAY 2018: NOVEMBER 14 AND DIABETES AWARENESS MONTH

A RESOURCE FOR JOURNALISTS

The current situation 65 million in 2016 26 million 72.9 million in 1990 in 2017 Despite the availability of treatment options, diabetes cases have rapidly risen in India from 26 million in 1990 to 65 million in 2016(i), with an increasing number of cases in rural India. The International Diabetes Federation estimated that as of 2017, India has 72.9 70,000-plus kids with million people with diabetes(ii). Type-I diabetes

TYPES OF DIABETES

- Type 1, believed to be an auto-immune condition,
- Type 2, most common, adult-onset diabetes,
- Gestational diabetes with high blood glucose levels during pregnancy. The mother and baby are at increased risk of getting Type 2 diabetes later.

RISK FACTORS

- Unhealthy diets
- High blood pressure
- High blood sugar
- High cholesterol
- Obesity

WORLD DIABETES DAY

World Diabetes Day was launched in 1991 by the International Diabetes Federation and the World Health Organization (WHO) in response to the rapid rise of diabetes around the world.

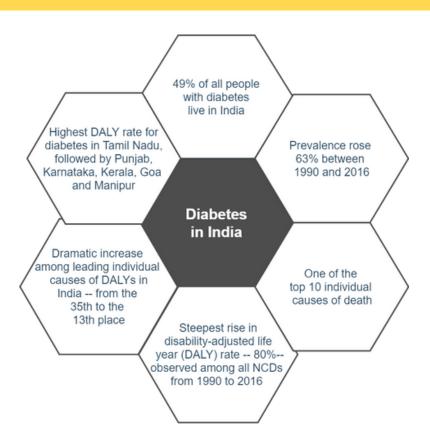


THEME FOR 2018 & 2019

The Family and Diabetes



- FACT 1: Out of 425 million people living with diabetes in the world^(iv), 49% are from India with nearly 72 million cases in 2017. This number may almost double to 134 million by 2025 ^(v)
- FACT 2: Most of these cases are Type 2 diabetes, which is preventable through physical activity, a healthy and balanced diet, and a healthy living environment.
- FACT 3: Eating too much sugar will not cause Type-2 diabetes. Eating too much sugary food leads to weight gain, which increases a person's risk of getting diabetes.
- FACT 4: For people with diabetes, their family plays a central role in developing behaviours which lead the patient to manage treatment and adopt a balanced lifestyle.



*According to WHO, One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences(vi).

WHERE'S MY STORY

RELATED TO THE THEME

- 1. How can families help people with diabetes take medicines regularly according to the prescribed schedule, eat a healthy diet and inculcate the habit of exercise?
- 2. What is the **role of stress** as a risk factor for diabetes and how can family members help one another to deal with stress-related diabetes?
- 2. Watching television during meals is a family decision. What do doctors and dieticians have to say about the relationship between television and diabetes?
- 3. How can families deal with the blame and shame associated with diabesity when their eating habits stem from their culture and ethnicity. How do or how can families deal with the pressure of market forces and easy availability of sugary, starchy food, especially when such foods are associated with festivals?
- 4. Sometimes children with insulin pumps are not allowed into examination halls. What other cases of discrimination against people with diabetes arising out of lack of awareness about the disease have happened in your town/city? How can one tackle them?
- 4. Women are less physically active than men in urban areas. How does this affect their health in terms of diabetes? Do doctors and studies recommend active participation and joint physical activity from families to manage diabetes?

OTHER STORY IDEAS

- 1. Policy & programme: The Ministry of Health and Family Welfare coordinates with various government departments and ministries in order to tackle diabetes. You could look at the targets set up in the National Action Plan and monitoring framework for the prevention of NCDs and explore whether these targets are measurable, whether work has started on what has been planned in the policy document and whether the targets set can be achieved within the time period framed.
- 2. Irregular working hours and diabetes: With an increasing number of urban youth working odd and long hours, stress is inevitable and sleep cycles get disrupted. Nutrition also suffers. Can employers or management help?
- 3. Health Insurance for people with Type 1 and Type 2 diabetes: You could look at which private and public sector insurance schemes cover diabetics and also how the Ayushman Bharat scheme would be covering diabetics in rural areas.
- 4. New tech: Artificial intelligence is increasingly being employed in developing technologies which help with diagnosis, management etc and some of these are powered and run by startups. How does this tech help patients and doctors? What is the impact on end users and their health?







SENSITIVE REPORTING

"Person with diabetes" instead of "diabetic."

WHY?

This puts the person first, instead of the disease. It also avoids defining someone as his or her disease. There is much more to a person than having diabetes.

FOR EXAMPLE:

Say person living with diabetes and "How long have you had diabetes?" instead of diabetic and "How long have you been a diabetic?"

- Don't use diabetic as an adjective.
- Say foot ulcer or infection, instead of diabetic infection or diabetic foot.

Use "manage" instead of "control"

WHY?

It is virtually impossible to control diabetes. People manage the disease the best they can. Describe what the person is doing to manage the disease, whether that is checking blood glucose levels several times a week, or taking medication regularly, instead of saying diabetes is controlled, uncontrolled or poorly controlled.

FOR EXAMPLE:

Say "She is checking blood glucose levels a few times per week" or "The sulfonylureas he is taking are not bringing his blood glucose down enough" instead of "She has good diabetes control" or "He is not doing enough to control his diabetes."





Don't use control as a noun. Alternatives:

- A1C levels
- Blood glucose levels or targets
- Glycemic target or goal
- Glycemic variability or stability instead of glycemic or glucose control, poor control or good control.

Use "Participation" or "involvement" instead of "compliance" or "adherence."

WHY?

Compliance and adherence imply a person is behaving, and doing what someone else wants. Saying a person with diabetes isn't compliant or adherent in taking insulin or medication implies he or she is being willful or acting like a child. In fact, people with diabetes make choices about their self-care and management of diabetes.

It's preferable to emphasize a person's strengths. In other words, focus on facts, not judgment.

FOR EXAMPLE:

"She takes insulin whenever she can afford it," instead of "She doesn't adhere to her insulin schedule."

HELPFUL STUDIES/LINKS

- Executive Summary: ICMR- YDR Registry (Phase-1) Report: https://bit.ly/2zPe2MT
- The IDF Diabetes Atlas Country Report: https://bit.ly/2DBYzE3
- India: Health of the Nation's States: https://bit.ly/2strcyQ
- National Family Health Survey (NFHS-4): https://bit.ly/2IEhMEm
- A guide to reporting on diabetes: https://bit.ly/2Ds4cok

- For rural vs urban data in TN,
 Maharashtra, Chandigarh and
 Jharkhand: https://bit.ly/2z2ACCb
- WHO factsheet: https://bit.ly/2PjRESL
- National Action Plan: https://bit.ly/2010Cb1
- International Diabetes Federation
 Toolkit: https://bit.ly/2z76ANq
- IMCR India Diabetes Study: https://bit.ly/2z2ACCb

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- [ii] https://www.idf.org/our-network/regions-members/south-east-asia/members/94-india.html
- [iii] https://www.worlddiabetesday.org/about-wdd.html
- [iv] https://www.idf.org/index.php?option=com_attachments&task=download&id=1917:WDD18-Toolkit-final-EN
- [v] http://www.healthdata.org/sites/default/files/files/2017 India State-
- Level_Disease_Burden_Initiative_-_Full_Report%5B1%5D.pdf
- [vi] http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/

World Diabetes Day 2018: November 14 and Diabetes Awareness Month A Resource for Journalists, A REACH publication (November 2018)

This resource was developed by REACH as part of our efforts to help improve the quality and frequency of media reporting on NCDs. The development of this resource is supported by a United Way Worldwide grant on behalf of the generosity of Eli Lilly and Company Foundation

If you have any questions, please write to us at media@reachindia.org.in



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