



Patient-centred care in diabetology  
Strategy for improving diabetes care in Nigeria  
Treatment for diabetic patients with kidney disease  
Choosing an insulin regime in developing countries  
Peripheral neuropathy in diabetic amputees

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## Editorial

### Insulin treatment in Africa

The range of available insulins worldwide, and systems of using them, is now very large. In developing countries, however, the range of insulins available is usually limited. In some ways this makes insulin treatment simpler, but in other ways more difficult. In this issue of the *AJDM* Drs Kalra and Gupta discuss the choice of insulin regimens from a developing country viewpoint. They point out that there are a variety of factors which should be taken into account. These include level of overall glycaemic control, pattern of hyperglycaemia, risk of hypoglycaemia, family and healthcare support, ability to self-monitor blood glucose, food supply, and types of insulin available. Thus, the insulin system chosen for a well-paid professional patient attending a city teaching hospital, may well be very different from that recommended to a poor farmer in a remote rural area. Sadly, inequalities of healthcare provision such as this have to be accepted in many parts of Africa.

However, in such poor rural areas of Africa, there may still be opportunities for rational insulin therapy. Some years ago, myself and other colleagues were working in a remote, rural area of northern Ethiopia. Most insulin-treated patients were on once-daily Lente (medium-acting) insulin, and were poorly controlled. There was no laboratory support, self-glucose monitoring, or diabetes nurse availability. We changed a group of 20 to twice-daily injections, simply giving two-thirds of their total daily dose in the morning, and one-third in the evening. HbA<sub>1c</sub> estimation was not routinely available, but we had a machine at the hospital for a different research project. After 3 months, the group changed to twice-daily injections had a significant fall in HbA<sub>1c</sub>, from 10.5±1.8% to 8.0±1.5% (means ±1. SD).<sup>1</sup> There was a small but non-significant increase in weight and frequency of minor hypoglycaemic episodes. All patients were happy with the new insulin system, and wanted to continue with it. A control group of a different 20 patients were continued on once-daily Lente insulin, and their HbA<sub>1c</sub> levels remained high and unchanged.

Thus, simple systems such as twice-daily medium-acting insulins can be safe and effective in resource-limited areas. The vital strategy, however, is to fit the insulin regimen to the individual patient and the resources available.

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#### Reference

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