From the Journals

Community support for T2DM

Assah, FK, Atanga EN, Enoru S, Sobngwi E, Mbanya JC. Community- based peer support significantly improves metabolic control in people with type 2 diabetes in Yaoundi, Cameroon. ***Diabetic Medicine*** **2015; 32: 886–889**

Researchers from Cameroon have examined the effect of community-based peer support on glycaemic control in a group of 96 patients with established T2DM. All had 'poor control' (defined as an HbA1c >7.0%), and they were each assigned to a peer supporter who also had T2DM, but had better glycaemic control. These supporters operated by group and individual meetings, as well as phone calls. The study patients, as well as a matched control group (who had no peer support), had normal routine diabetes clinical care. After six months, and compared with the control group, there were significant reductions in HbA1c, body mass index (BMI), serum cholesterol, and diastolic blood pressure (BP) — all $p < 0.001$. This is an interesting study, showing major benefits from a simple and inexpensive support system. However, the follow-up period was short (six months), and whether the effects would be maintained longer-term is uncertain. The study also took place in a city environment, and may be difficult to replicate in rural areas.

Epidemiology of type 1 diabetes in Rwanda

Marshall, SL, Edidin D, Arena VC et al. Prevalence and incidence of clinically recognised cases of type 1 diabetes in children and adolescents in Rwanda, Africa. ***Diabetic Medicine*** **2015; 32: 1186–1192**

There is a lack of epidemiological information on type 1 diabetes (TIDM) in Africa. The disease is generally thought to be less common than in areas such as Europe or North America, but the high early mortality of the condition in Africa makes enumeration difficult. Researchers from the USA and Rwanda have recently reported a detailed survey of TIDM incidence in Rwanda. They studied seven districts, and collected data by visits to district hospitals, as well as using the 'Life for a Child' (LFAC) registry. LFAC is a system run by the International Diabetes Federation (IDF) and other partners, and provides insulin for individual children in resource-poor areas. The prevalence of TIDM was found to be 16.4/100 000 in those <26 years, and 4.8/100 000 in those <15 years. Incidence figures were 2.7/100000/year for <26 years, and 1.2/100000/year for <15 years. These figures are much lower than in western areas of the world, but the authors accept that (as with other similar surveys) there is likely to be under-ascertainment, and deaths before presentation to hospital.

Tuberculosis and diabetes

Harries AD, Mukar AMV, Satyanarayana S et al. Addressing diabetes mellitus as part of the strategy for ending TB. ***Trans Royal Soc Trop Med Hyg*** **2016; 110: 173–179**

A group of respected international experts have recently reviewed the problematic link between tuberculosis (TB) and diabetes. It is now well accepted that diabetes (either T1DM or T2DM) increases the risk of TB three-fold. Diabetes also increases the risk of adverse TB outcomes — including treatment failure, relapse and mortality. The recent 'Sustainable Development Goals' (SDGs) of the United Nations (UN) include a commitment to end the current TB epidemic by 2030. The authors of the current paper point out that if this is to be achieved, the problem of diabetes as a major TB risk factor must be addressed. Further research on how best to achieve this is needed, but potential strategies do exist. 'Bidirectional Screening' should be encouraged (screening TB patients for diabetes, and diabetic patients for TB), and early diagnosis and treatment is of course important. At least in some areas, there may be a case for integrating diabetes and TB treatment and follow-up services. This is an interesting model, bringing together both communicable and non-communicable disease care.

More on GLP-1 analogues

Curtis L, Holt H, Richardson T, Knott J, Partridge H. GLP-1 analogue use in patients with sub-optimally controlled type 1 diabetes and obesity improves weight and HbA1c. ***Practical Diabetes*** **2016; 33: 13–17**

The incretin hormones are gut peptides whose action is mediated via GLP-1. They have multiple actions which favour blood glucose lowering, but in particular stimulate pancreatic insulin release and suppress glucagon. The main GLP-1 analogues (exanetide and liraglutide) have been in use for a number of years now as adjunctive therapy in T2DM. They can lower both body weight and HbA1c without significant hypoglycaemia. A small UK study has now reported benefits also in type 1 diabetes (T1DM). In 33 patients treated with GLP-1 analogues as well as their usual insulin, HbA1c fell from a mean 9.4% at baseline, to 8.6% at six months, 8.6% at 12 months and 8.9% at 30 months. Mean weight at the same time points was 104.9 Kg, 98.5 Kg, 94.7 Kg and 92.0 Kg. The results (particularly for weight) were statistically significant. Though the numbers are small, this is a long follow-up study with very beneficial results (particularly with regard to weight). GLP-1 analogues remain expensive and are therefore not in common use in Africa. However, their wider introduction in the future seems likely.