Editorial

Type 1 diabetes in Africa

In this edition of the AJDM, the nature and treatment of type 1 diabetes in Kenya is reviewed. Type 1 diabetes is often paid less attention to in Africa, since there are far fewer patients than with type 2 diabetes. This is due to the massive increase in prevalence of type 2 disease in the continent related to factors such as urbanisation, the adoption of Western lifestyles, and increased life expectancy. A further factor may be a genuinely low incidence of type 1 diabetes compared with Western countries, for uncertain reasons.1 Another interesting (and again unexplained) observation, is that in sub-Saharan Africa, the mean age of onset of type 1 diabetes is about 10 years later than in Western Caucasian populations.2

The major problem of type 1 diabetes in Africa is insulin supply. Unlike type 2 patients, the lives of those with type 1 diabetes are totally dependent on insulin treatment. For resource-limited countries, insulin is an expensive drug, and supply can be variable and erratic.3 Patients with type 1 diabetes also rarely have access to self-blood glucose monitoring, clinic HbA1c estimation, and the availability of a comprehensive diabetes care team, including in particular diabetes nurse educators.

African patients with type 1 diabetes deserve more than this. There is no easy ‘quick-fix’ solution, but at the very least type 1 patients should have guaranteed supplies of insulin with immediate effect.

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References