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Editoral
Type 1 diabetes in Africa
A recent study from Rwanda’ has investigated the epidemiology of type 1 diabetes (TIDM) in that country. Based on a national registry, the incidence rate for patients under 26 years was 2.7/100 000/year. The peak age of onset was about 18 years. This data shows a very similar incidence to that reported from Tanzania in 1993, and is significantly less than rates in the USA and Europe. The age of onset is also later than in western countries, again confirming previous studies on TIDM from South Africa.

Why should these puzzling differences exist between African TIDM, and the disease as seen in Europe and the USA? An important point is made by the authors of the Rwanda paper, that the numbers enumerated may be an underestimate due to deaths in the community before presentation. There are other potential factors, as it is recognised that TIDM incidence tends to increase northwards from the equator. Possible factors include the ‘hygiene hypothesis’ (frequent viral infections in infancy) and the ‘sunshine hypothesis’ (higher vitamin D levels in hot climates), both of which may favour lower TIDM rates in the tropics. Prolonged breast feeding (or more accurately, delayed introduction of cow’s milk protein) may also reduce later TIDM risk, and also favour a later age of onset.

There is thus an epidemiological puzzle surrounding TIDM in Africa. Whatever the reasons, TIDM is certainly encountered less frequently in sub-Saharan Africa compared to western countries. We need more work on this problem, which may possibly shed light on the aetiology of TIDM in general.

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