Diabetes Prevention and Screening in the Metropolitan Lisbon Area

Luciana Costa
Department of Health Promotion and Prevention of NCD
Portuguese National Institute of Health

On behalf of Rogério Ribeiro, Joana Oliveira, José Manuel Boavida, João Filipe Raposo
APDP – Diabetes Portugal
FER-Ernesto Roma Foundation
DGS – Portuguese General Directorate of Health

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1. Description of Problem

Vulnerable populations experience health disparities as a result of social and physical determinants of health.

INCREASE OF DIABETES INCIDENCE.

- Undiagnosed Diabetes and complications
- Negative impact in nutritional choices and sedentary behaviours.
- ECONOMIC RESTRICTIONS

Vulnerable populations experience health disparities as a result of social and physical determinants of health.
2. Objectives and Area of intervention

Main aim: To address the hypothesis that low socioeconomic populations are at an increased risk to develop diabetes.

Main objectives: To promote health in vulnerable communities in the Lisbon Metropolitan Area, especially to detect undiagnosed diabetes and high-risk individuals.
3. Methods and Logistics

1. Health Promotion and diabetes prevention sessions for general public
2. Training lectures on prevention and management of diabetes for health and social professionals
3. Evaluation (in general population) of:
   - Weight
   - Height
   - Waist circumference
   - Risk of developing Type 2 diabetes within 10 years

The FINDRISK questionnaire was applied by interview a total of 10,825 individuals (58% women and 42% men; mean age 57 years)

- Close relationship with municipalities, healthcare providers, local NGOs and communities.
- All activities implemented within the community.
4. Results

**AWARENESS ACTIONS**

Informative actions on Diabetes addressed to the community, with the aim of promoting:

- Attitudes
- Behaviors

- Prevent the disease
- Detect it earlier.

<table>
<thead>
<tr>
<th>Awareness actions</th>
<th>104</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>2493</td>
</tr>
</tbody>
</table>
4. Results

**TRAINING ACTIONS**

- **Course** “How To Prevent And Control Diabetes"

- **Social care professionals.** Understanding the prevention and control of diabetes in terms of nutrition, exercise, self-monitoring, medication and prevention of diabetic foot

<table>
<thead>
<tr>
<th>Training sessions</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>230</td>
</tr>
</tbody>
</table>
4. Results

Of the 11,712 people who carried out the risk assessment, 1,959 were identified as having high/very high risk of developing diabetes (≥ 15 score) and invited to do an oral glucose tolerance test (OGTT) at APDP.

<table>
<thead>
<tr>
<th>Risk Profile</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk</td>
<td>20.6%</td>
</tr>
<tr>
<td>Slightly elevated risk</td>
<td>37.8%</td>
</tr>
<tr>
<td>Moderate risk</td>
<td>24.6%</td>
</tr>
<tr>
<td>High risk</td>
<td>14.0%</td>
</tr>
<tr>
<td>Very high risk</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

20.8% had undiagnosed diabetes
34.2% had pre diabetes
5. Insights

The screening and educational intervention showed to address the assumptions of the target population (satisfaction reports).

It also revealed barriers and facilitators for the scale-up of diabetes prevention actions.

Major valued characteristics of intervention were (by the people involved):

• The close relationship with municipalities, healthcare providers, local NGOs and communities.

• The implementation of activities within the community (with the exception of the OGTT, with clear problems of adherence).

• The free (without cost) activities.
6. Conclusions

While the distribution of diabetes risk assessment in the studied low socioeconomic population was similar to that observed in the general population, the high-risk profile was shifted to a lower age.

Diabetes incidence happens earlier in this vulnerable population.
Thank You