

Good practices for responding to the requirements of people with Non Communicable Diseases, including the community care

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One example of Health Promotion and Prevention of NCDs Good Practice's in Portugal:

Diabetes Prevention and Screening in the Metropolitan Lisbon Area

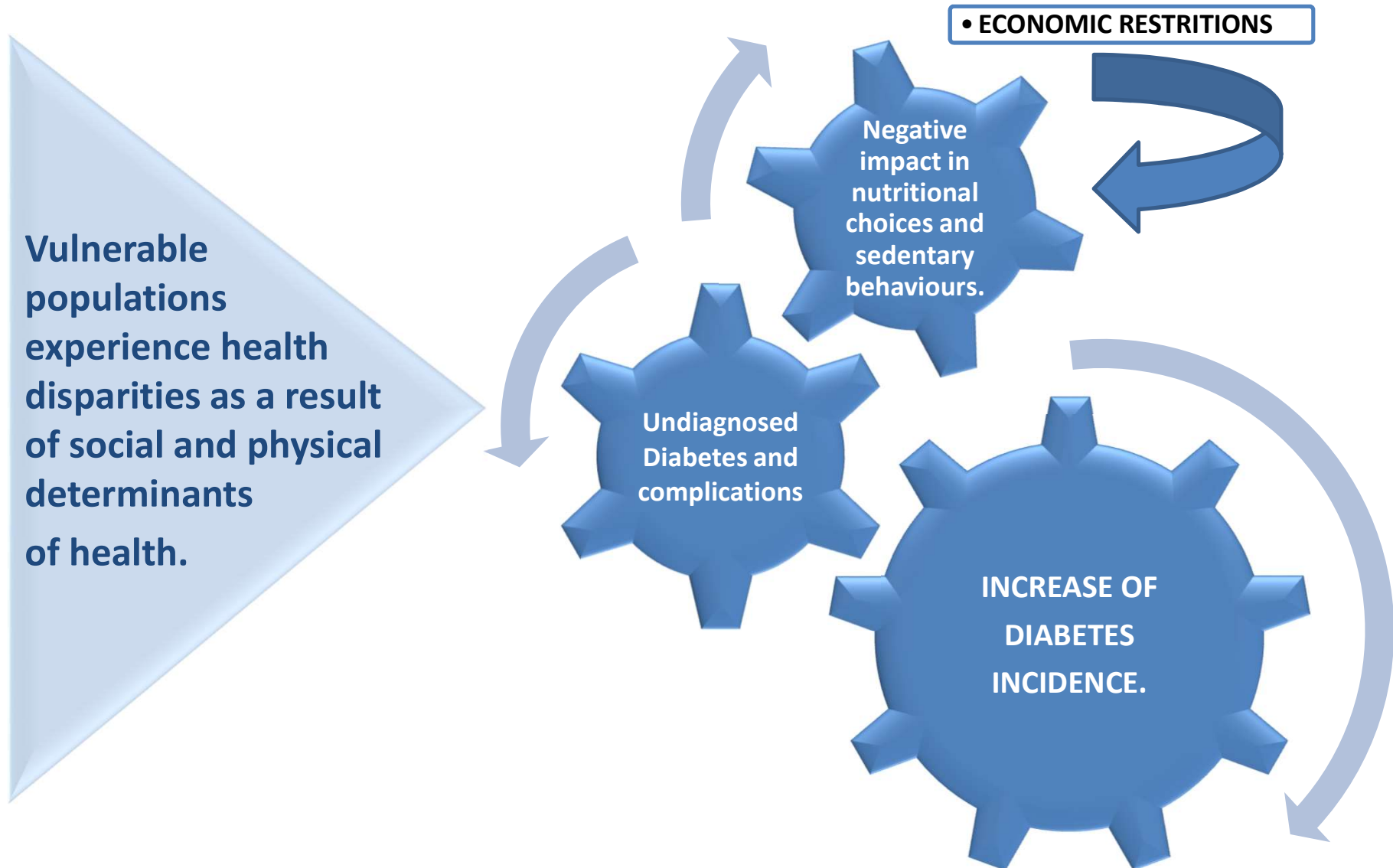
On behalf of Rogério Ribeiro, Joana Oliveira, José Manuel Boavida, João Filipe Raposo

APDP – Diabetes Portugal

FER-Ernesto Roma Foundation

DGS – Portuguese General Directorate of Health

1. Description of Problem



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.

Metropolitan area of Lisbon



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

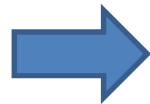
AWARENESS ACTIONS

Informative actions on Diabetes

addressed to the community, with

the aim of promoting :

- Attitudes
- behaviors



- prevent the disease
- detect it earlier.

Awareness actions	104
Participants	2493



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

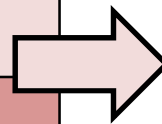
Training sessions	12
Participants	230



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 a oral glucose tolerance test (OGTT) at APDP.

Risk Profile	Incidence
Low risk	20,6%
Slightly elevated risk	37,8%
Moderate risk	24,6%
High risk	14,0%
Very high risk	2,7%



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

