



Executive committee changes

We are delighted to welcome Vivien Aldridge (UK) and Kristin de Backer (Belgium) to the Executive Committee following the 2005 elections. They will serve for a period of three years and a potential further three years subject to the formal election process.

Sue Hamilton (UK), a co-founder of FEND, and the first FEND Secretary has stepped down from this office. We pay tribute to her unstinting commitment to FEND from its beginning. In honouring her contribution, FEND has awarded Sue Honorary membership of the Federation.

The Executive committee has appointed Mrs Deirdre Kyne-Grzebalski, currently Treasurer, as Chairwoman-Elect FEND. She will take up the position of Chairwoman at the end of 2006. We wish her every success in this role. The Executive Committee has appointed Anne-Marie Felton, current Chairwoman as President from the end of 2006.

Elections 2006

In 2006, vacancies will arise in the Executive Committee. Members will receive nomination forms in May. We urge you to consider offering yourselves to serve on the Executive Committee as it is important that we have broad representation from the membership.

FEND ENDCUP

The Executive committee is currently reviewing the FEND ENDCUP programme and its future development. All participants who have completed FEND ENDCUP are asked to respond to the questionnaire which is being sent to participants by Seyda Ozcan. This will help us enormously in our deliberations as we consider carefully its future development and implementation. FEND ENDCUP certificates for successful participants of the 2004–2005 programme will be formally presented during the 2006 conference.

National diabetes nursing organisations village

A new feature at the FEND conference is a proposed 'village' enabling national diabetes nursing organisations to share their objectives, achievements and challenges. Should Chairpersons or Presidents of national organisations wish to take advantage of the opportunity, a single poster may be displayed in the village area. There will be no charge for this. If you wish to take part, please let Anne-Marie Felton know by 1 May 2006. Finally we thank all our sponsors in the pharmaceutical industry for their continuing support.

Until we meet in Copenhagen, I wish you every success in all your endeavours.

Anne-Marie Felton
FEND Chairman

The diabetes epidemic – the case for a UN Resolution on diabetes



Diabetes is a chronic disease, one which is for the most part hidden. The rise in type 2 diabetes (responsible for 90% to 95% of diabetes) engenders little of the emotion associated with infectious disease epidemics. However, it is an epidemic nonetheless. Each year, another 6 million people develop diabetes. In addition, the insulin-dependent form (type 1 diabetes), which afflicts mainly young people, is also rising alarmingly. Compared to HIV/AIDS, it is a low-key epidemic and yet a similar number of lives are lost because of it each year. In 2003, an estimated 194 million adults – or 5.1% of the global adult population – had diabetes. Approximately 3 million died directly because of diabetes with an even greater number dying of cardiovascular disease made worse by diabetes-related lipid disorders and hypertension. The projections indicate that by 2025, 6.3% of the

global adult population will have diabetes (334 million people).¹

This silent epidemic is threatening to overwhelm future medical services if left unchecked. The risk factors for type 2 diabetes include non-modifiable risk factors (ageing and genes) and potentially modifiable environmental factors, such as urbanisation, obesity, a sedentary lifestyle and possibly stress. The adverse effects of both sets of risk factors collide especially in indigenous peoples (including Native Americans, First Nation Canadians, Indigenous Mexicans, Indigenous Australians and Torres Strait Islanders) where diabetes occurs in 50% or more of adults aged over 35 years. The very existence of some indigenous populations is threatened and it is a race against time to turn this epidemic around in these groups. Yet, no country or region is immune to the rise in diabetes that goes hand in hand with the epidemic of obesity.



Counter-intuitively, the major increases (and the burden) will not occur in the affluent countries, but in the developing world and the low- and middle-income countries.^{2,3} Not only will healthcare budgets blow out, but with 6 million more people with diabetes each year, universities and nursing schools will not be able to graduate enough healthcare practitioners to care for the increased number with diabetes.

The humanitarian, social and economic costs of diabetes are immense. Over a million amputations due to diabetes occur each year. A large percentage of cataracts are caused by diabetes and at least 5% of worldwide blindness is due to diabetic retinal disease. Diabetes is now the largest cause of kidney failure in developed countries and is responsible for huge dialysis costs in the countries able to afford this form of treatment.

Many governments have been slow to recognise that chronic diseases are best prevented rather than treated. Public health strategies to improve nutrition, prevent overweight and obesity, increase physical activity and reduce smoking can prevent much disease including diabetes. These lifestyle issues reflect individual choice but are also heavily influenced by societal and environmental changes including urbanisation, the design of cities, changed work practices due to globalisation, changed emphasis of school education programmes, the development of public transportation, the introduction of convenience foods, and the rapidly increasing use of television and computers.

The International Diabetes Federation (IDF) has recognised that the projected increases in diabetes will overtake the ability of health systems to cope. Models of chronic care that include public health prevention programmes need to be incorporated into healthcare systems which until now have been focused on acute medical care. For this reason, IDF recently broadened its mission statement from one concentrating on enhancing the lives of people with diabetes to one promoting diabetes care, prevention and a cure worldwide. The new statement reflects the need for better care, thereby preventing diabetes complications, and also recognises the imperative of preventing diabetes itself, with the dream of a cure some day not being forgotten. The need for governments to address the burden of chronic diseases (including diabetes) has

also been highlighted recently by the World Health Organization's (WHO) report, *Preventing Chronic Diseases: a vital investment*, which emphasises that these conditions are now responsible for 60% of mortality and morbidity (burden of disease) worldwide.³

Diabetes needs to come out of the shadows. The focus for the WHO and IDF sponsored World Diabetes Day (14 November) this year is on diabetes in vulnerable and disadvantaged communities, in 2007 on children and adolescents, and in 2008 on preventing complications by attention to glucose, lipid and blood pressure control.

The impending crisis in healthcare due to the diabetes epidemic has led to calls for greater governmental and societal awareness and action. To do nothing is not an option. IDF has therefore initiated a worldwide campaign by the global diabetes community to have the United Nations and its Member Nations recognise the global burden of diabetes, and to recognise the special needs of diabetes in children and adolescents, elderly people, pregnant women, migrant populations and indigenous peoples, and to recognise the need for prevention. The aim is for the UN Resolution to be declared on World Diabetes Day 2007. The momentum for such a UN Resolution is increasing rapidly with support for the initiative declared by industry, community, consumer, professional and philanthropic organisations, including IDF Member Associations around the world, the European Association for the Study of Diabetes, American Diabetes Association, Juvenile Diabetes Research Foundation, Rotary International and Lions Clubs International. Increased focus on diabetes by the global community has the potential to change the face of diabetes.

Professor Martin Silink

President-Elect, International Diabetes Federation

References

1. International Diabetes Federation. IDF Diabetes Atlas, 2nd edn. Brussels: IDF, 2003.
2. Roglic G, Unwin N, Bennett PH, *et al.* The burden of mortality attributable to diabetes: realistic estimates for the year 2000. *Diabetes Care* 2005; **28**: 2130–2135.
3. World Health Organization. World Health Organization Report *Preventing Chronic Diseases: a Vital Investment*. Geneva, 2005.

Conference Notice

International Diabetes Federation 19th World Congress

3–7 December 2006 Cape Town International Convention Centre,
Cape Town, South Africa

For further information and to register please e-mail:
WorldDiabetesCongress@idf.org; or
visit the website: www.IDF2006.org