



Equal opportunities in diabetes



This is the European year of equal opportunities for all! A good concept – I don't think anyone disagrees with opportunities being made equally accessible, but it also provides an opportunity to examine inequalities in health and the reason for them. There is inequality between men and women with diabetes and the way in which each sex is affected by the disease; however, there is simply not sufficient information on diabetes or pre-diabetes available in general for Europe, or specific to each sex, making it difficult to draw conclusions. With an ageing population this problem is likely to increase, making data collection invaluable.

Gender inequalities

Cardiovascular disease risk factors in low-income women is examined in this issue of *European Diabetes Nursing*.¹ By using a patient-centred approach authors Will *et al* report a screening and evaluation programme for women (WISEWOMAN) a United States Centers for Disease Control and Prevention (CDC)-funded multi-component intervention for under-insured or uninsured women aged 40 to 64 years. Preventive services included measurement of blood pressure, cholesterol, and glucose screening plus lifestyle interventions to encourage healthier diet, increased physical activity, and stopping smoking. 'Over a one-year follow up period, WISEWOMAN participants with baseline pre-diabetes or diabetes who returned for their annual re-screenings experienced significant improvements in cardiovascular risk factors.'

The European Commission in the Green Paper,² *Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases*, examines determinants underlying the onset of type 2 diabetes and does begin to address the problem. The Council Conclusions to the Austrian Presidency,³ made more specific recommendations for the prevention of diabetes, mentioning 'other contributory factors including gestational diabetes, impaired glucose tolerance or impaired fasting glycaemia.' Also, 'the impact of type 2 diabetes on women in their early reproductive years.' 'Taking account of social, cultural, gender-related and age differences. Efforts should be made to address appropriate evaluation, including monitoring and surveillance of actions and programmes.'

The CEMACH report in the UK⁴ has already highlighted that babies of mothers with diabetes (compared to babies of mothers without diabetes) are more likely to have problems during pregnancy, during birth and later in life when they have a higher risk of obesity and diabetes (and complications).

Limited data

There is no country-wide population-based study on diabetes in *any* European country. Comparative data in Europe are based on 'intelligent' estimates from regional surveys, national databases on reimbursement of diabetes drugs or surveys in a neighbouring country. This information is badly needed if inequality is to be addressed and women's health (indeed everyone's health) is to be examined more carefully.

This is an indication that something can be done. To gather such data is expensive, time consuming and complex. But population based data on occurrence of diabetes and its risk factors, as well as the immediate and long-term outcomes of improved programmes of care, sex-specific data from large scale studies, and audit of pregnancy services at European level using a valid methodology and comparative data would allow a more balanced picture of the health of Europeans, and provide a sound basis for evidence-based policy planning and evaluation.

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References

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