Inaugural speech of Mrs. D. Purandeswari MoS –HRD (HE) at the Second National Conference Of The Diabetes In Pregnancy Study Group India to be held at Ramoji Film City, On February 10, 2007

I feel extremely honoured to have been invited as the chief guest at the inaugural function of the Second National Conference of the Diabetes in Pregnancy Study group India (DIPSI) this evening at the Ramoji Film city. The subject matter of the conference namely Diabetes in Pregnancy Study Group in India acquires a special significance in the emerging scenario of the increasing incidence of Diabetes in this country. The matter is particularly serious because of the rising cases of diabetics among the pregnant women in the country.

The World Health Organization's prediction that India will account for some 79 million of the world's 360 million diabetics by the year 2030 calls for the immediate crafting of a strategy that focuses on preventing the disease. Diabetes is already widely prevalent in the country. It is estimated that 12 per cent of India's population in the 30-50 years age group has diabetes. Health experts have warned that the disease is assuming epidemic proportions. What is worrying is not just the high incidence of diabetes in he country but that the age of the outset of Type-II variety is falling rapidly. In the past it was people above the age 45 years who were vulnerable to this disease.

But today, an increasing number of people in the 30-40 age group are being diagnosed with the disease. Diabetes develops slowly but steadily and silent killer. Consequently, it is often too late before the disease is

diagnosed. The complications from untreated diabetes are deadly. It can lead to blindness and damage of the nerves and kidneys. It can result in gangrene and lead to amputation of limbs. This is not a disease that should be taken lightly. Unfortunately, there is little public awareness about the disease, its symptoms and complications and its timely and effective treatment.

The International Diabetes Federation's (IDF) Diabetes Atlas released early December last year in South Africa, only confirms what we already know: India has the largest number of people living with diabetes with 40.9 million people already caught in its net. The preamble to this report begins with the following significant observations: I quote

"With the forces of globalization and industrialization proceeding at an increasing rate, the prevalence of diabetes is predicted to increase dramatically over the next few decades. The resulting burden of complications and premature mortality will continue to present itself as a major and growing public health problem for most countries". According to the publication, India already has 40.9 million people suffering from diabetes even beating China which follows right behind at 39.8 million.

It is estimated that India will spend between $3.3 billion and $5.3 billion by 2025 as treatment costs for diabetes, 40% more than what she does at present. WHO has estimated that in the next 10 years, India will lose $330 billion in economic growth due to the disease. According to data released by international diabetes Federation, 41 million of the 659 million people in the age group of 20-79 years in India have diabetes. The number is expected to increase to 70-100 million by 2025 with over 20% being from

urban set-ups. In India, the poorest people with diabetes spend an average of 34% of their total income on private care in the absence of adequate support from the

State instrumentalities. Globally, the number of people living with diabetes will exceed 380 million by 2025, according to IDF, with the majority more than 300 million living in the developing world.

According to Dr. Jonathan Brown, chairperson of IDF Task Force on Health Economics, investment in diabetes care and prevention has been found to be lowest in countries where it is needed the most. Calculations have shown that India has spent just $47 a year per person for diabetes in 2006. The IDF's Diabetes Atlas has suggested very inexpensive simple ways to lower the burden of diabetes. Indians would actually save medical costs. The life-threatening effects of diabetics arise largely from its complications, especially heart disease, stroke, amputation and kidney failure. These can be prevented or delayed by inexpensive, off-patent pills to control blood sugar, blood pressure and bad cholesterol, by low dose aspirin to reduce heart disease risk and by better diet and exercise. The most effective way to prevent diabetes is by losing weigh and getting exercise" The Economic effects of diabetes to beyond the costs that economics needs to invest in diagnosis, care and prevention. They include loss of life, disability, impact on quality of life, economic impact that the disease has on individuals with diabetes and their families as well as lost economic growth. The global diabetes epidemic is resulting in spiraling health costs.

This lifestyle disease that has a strong multiplier effect on other life – threatening diseases and conditions. A diabetic patient is all the time vulnerable to heart disease, stroke blindness, renal failure and amputation of legs. It is this worsening situation that has prompted the medical world to acknowledge the pre-diabetic stage itself as a risky condition requiring serious medical attention.

This however is not the worst part of the scenario. The still worse part is that in the midst of general rise in the incidence of diabetic patients, there is great increase in the case of gestational diabetes which is a condition where the glucose level in a pregnant woman escalates. Nearly one in six pregnant women has gestational diabetes usually fuelled by stress and hormonal changes.

Recent studies indicate diabetes among pregnant women is on the rise, especially in women who have one or more of the following conditions:

- Have a family history of diabetes
- Who are obese
- Have had gestational diabetes in a previous pregnancy
- Have earlier delivered a large baby or one with a birth defect
- Or have had a stillbirth or miscarriage.

The 1980 Banting Lecture, Of Pregnancy and Progeny, by the late Norbert Freinkel was a profound and provocative treatise. In the last 25 years, data from animal model studies, clinical observations and

epidemiological report have validated the concepts that Freinkel had articulated so skillfully. Thus, it was established that metabolic control before and in the first 8 weeks after conception is a major determinant of the risks of fetal loss and major congenital malformations and that metabolic perturbations in the second and third trimesters of pregnancy influence neurological and psychological development of offspring of diabetic mothers.

In a recent study conducted by the World Diabetic Foundation (WDF),it is revealed that the adult form of the disease is showing up in children and it is doing dual damage hitting those in the reproductive age group and children. The same study also states the prevalence was 12% in the above 20 years group and another 14% had Impaired Glucose Tolerance (I.G.T) which led to diabetes and they are in the high risk bracket. The studies also eealed that gestational diabetes among the pregnant women was on the rise. Hence, ‘the child born to the mother runs the risk of diabetes and may be born large-size, with more fat and obese”

Various complicated issues arising out GDM are serious enough and need focused attention of the specialized medical fraternity so that the effects of the disease, aptly considered as a silent killer could be minimized with timely and appropriate medical treatment. To this end I call upon the conference to make specific action oriented suggestions so that this malaise could be controlled before it spreads its tentacles on the lady patients during pregnancy. May I assure you that the government would extend all efforts to help you in your venture against this deadly disease, which required fatal

attack by the Government medical, fraternity and the patients working in tandem.

With these words, I deem it pleasure to inaugurate this important national meet on DIPSI and with you all success in your endeavour.

Thank you and Jai Hind.