

Introduction

Diabetes is the fourth leading cause of death by disease globally; diabetes is the leading cause of blindness and visual impairment in adults in developed countries (1).

People with diabetes are 15 to 40 times more likely to require a lower limb amputation and are two to four times more likely to develop cardiovascular disease than people without diabetes (1).

Other devastating complications of diabetes, such as blindness, kidney failure and heart disease, are imposing a huge burden on health care services (2).

Diabetes in the Eastern Mediterranean Region

Diabetes mellitus is highly prevalent among both sexes in Member States of the Eastern Mediterranean Region (Figure 1). Its prevalence ranges from between 3.5% and 30.0% and is highest among member countries of the Gulf Cooperation Council (GCC) at a rate of 11.5% to 30.0% (Figure 2). Many countries in the Region are now reporting the onset of type 2 diabetes mellitus at an increasingly young age. This is due to increasingly sedentary lifestyles, higher life expectancy and obesity. High blood pressure and cardiovascular diseases are also on the rise (3–6).

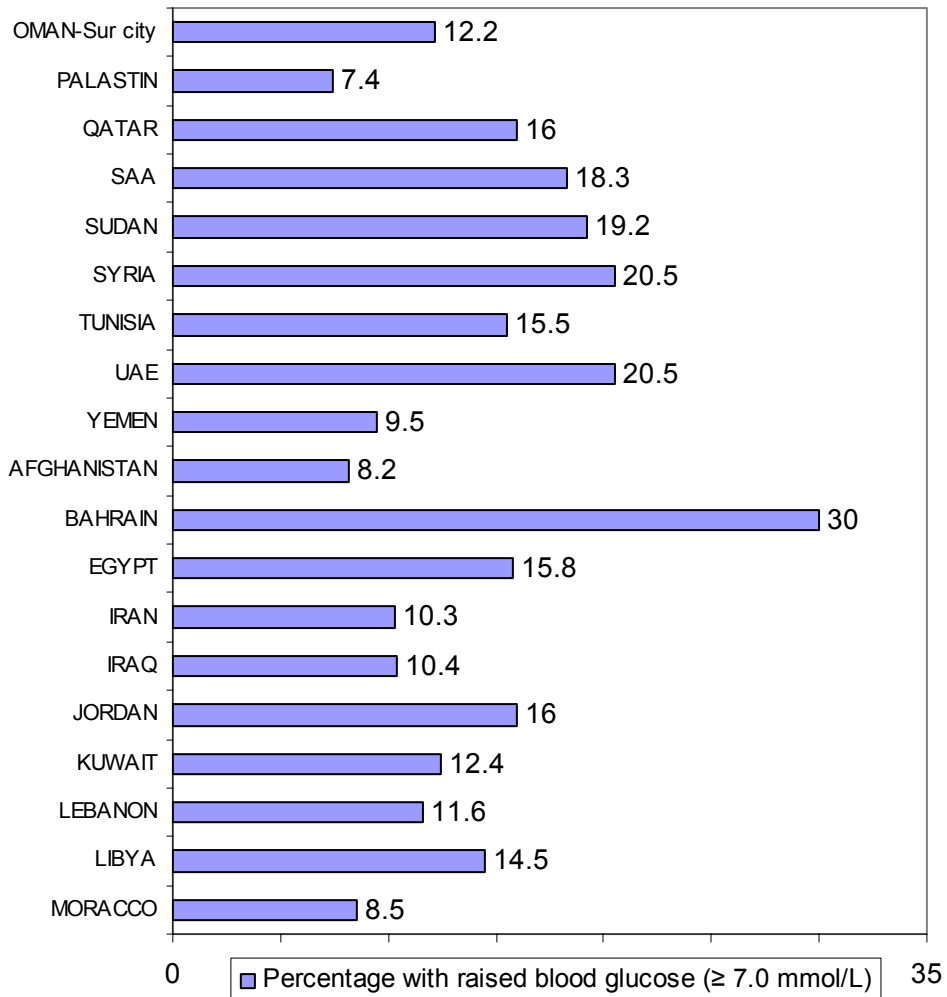
In 2003, the five countries with the highest diabetes prevalence in the adult population were Nauru (30.2%), United Arab Emirates (20.1%), Qatar (16%), Bahrain (14.9%), and Kuwait (12.8%) (1).

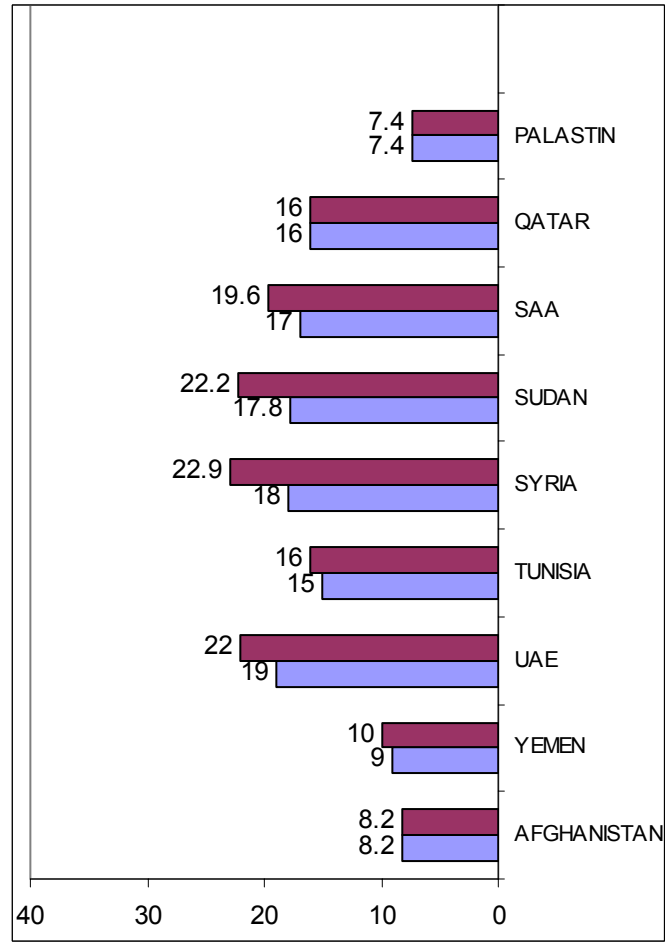
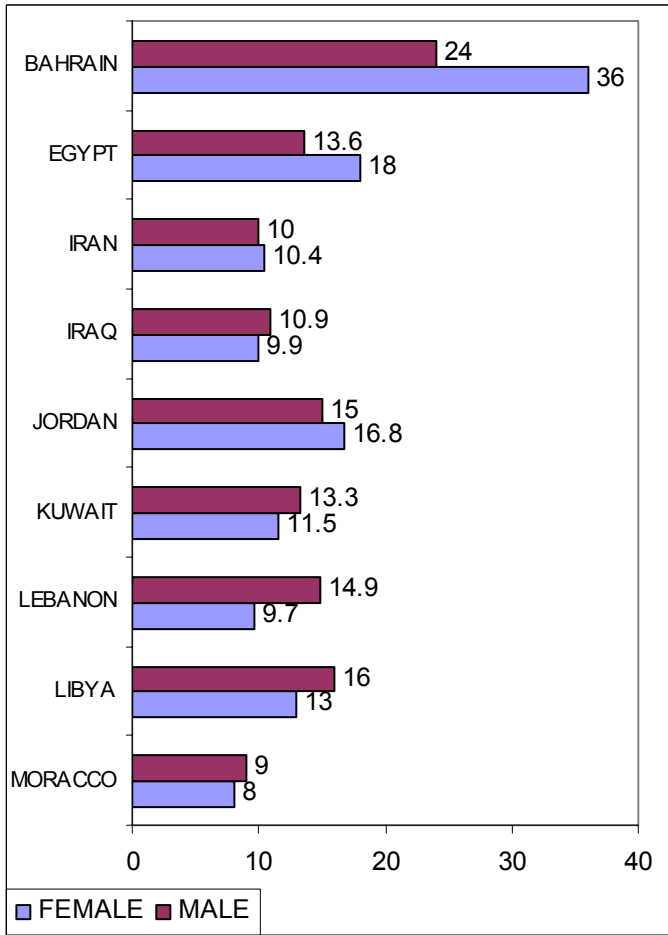
By 2025, the number of people with diabetes is expected to be more than double in Africa, the Eastern Mediterranean and South-East Asia regions (1).

Regional risk factors for type 2 diabetes include:

- obesity during childhood and adolescence
- physical inactivity
- ageing population
- High fat, low carbohydrate diet.(6)

Mean % Prevalence of Diabetes among adult population in EMR





References

1. *Diabetes Atlas*, Second Edition. Brussels, International Diabetes Federation, 2003.
2. *Cost-effective approaches to diabetes care and prevention*. Brussels, International Diabetes Federation, 2003.
3. Wild S, Roglic G, Green A, *et al*. Global prevalence of diabetes: Estimates for the year 2000 and projections for 2030. *Diabetes Care*, 2004.
4. Amos AF, McCarty DJ, Zimmet P. The rising global burden of diabetes and its implications: estimates and projections to the year 2010, Australia. *Diabetes Medicine*, 1997.
5. Khatib OMN (ed.) *Guidelines for the prevention, management and care of diabetes mellitus*. Cairo. WHO Regional Office for the Eastern Mediterranean, 2006 (EMRO Technical Publications Series No. 32).
6. Khatib OMN, El-Guindy MS (eds.) *Clinical guidelines for the management of hypertension in patients with diabetes*. Cairo, WHO Regional Office for the Eastern Mediterranean, 2005 (EMRO Technical Publications Series No. 29).
7. *National survey on the major noncommunicable diseases, Lebanon. Final report*. Cairo, WHO Regional Office for the Eastern Mediterranean, 2003.
8. Achour N, Ben Romdhane H. *Prevalence des cardiopathies ischémiques dans la population générale (Tunisie): résultats d'une étude populationnelle EPCI 2000–2001*. Tunisia, L'Institut National de Santé Publique, 2003.
9. *National health survey of Pakistan 1990–1994*. Islamabad: Pakistan Medical Research Council, 1998.
10. *Nizwa healthy lifestyle project survey 2001*. Muscat, Oman Ministry of Health, 2003.
11. Ajlouni K, Jaddou H, Batiha A. Obesity in Jordan. *International Journal of Obesity and Related Metabolic Disorders*, July 1998.
12. Al-Mahroos F, Mckeigue PM. High prevalence of diabetes in Bahrainis. Associations with ethnicity and raised plasma cholesterol. *Diabetes care*, 1998, June, 21(6):936–942.
13. Cook S, Weitzman M, Auinger P, *et al*. Prevalence of a metabolic syndrome phenotype in adolescents: Finding from the third national health and nutrition examination survey, 1988–1994. *Arch pediatrics Adoles Medicine*, August 2003.
14. *Noncommunicable disease distribution and risk factors in the Syrian Arab Republic*. Damascus, Ministry of Health, 2005.
15. *WHO STEPwise approach to noncommunicable disease surveillance country-specific standard report: Saudi Arabia 2005*. Riyadh, Ministry of Health, 2005.
16. *National action plan for prevention and control of noncommunicable diseases in Pakistan*. Islamabad, Ministry of Health, WHO Regional Office, Heartfile, 2004 (<http://heartfile.org/napmou.htm>, accessed 25 June, 2009).

17. *Chronic noncommunicable disease risk factors survey in Iraq 2006: a STEPwise approach*. Baghdad, Ministry of Planning and Development Cooperation, Ministry of Health, WHO, 2006.

18. *Community-based survey study on noncommunicable diseases and their risk factors. 2005–2006*. Cairo, Ministry of Health and Population, 2006.

19. *A national profile of noncommunicable disease risk factors in the Islamic Republic of Iran. Selected results of the first survey of Iranian noncommunicable disease risk factor surveillance system, 2005*. Baghdad, Ministry of Health, 2005.

20. *Draft of the study of noncommunicable disease behaviour and risk factors in Jordan 2004*. Amman, Ministry of Health, 2004.