



## **IDF Diabetes Atlas, 4th edition**

The *IDF Diabetes Atlas* is an established reference on global rates and trends in diabetes. The 4th edition, released in October 2009, contains 100 pages of data on global and national rates and future trends of type 1 diabetes and type 2 diabetes, impaired glucose tolerance,

diabetes-related mortality, and health expenditure.

Recognising the critical importance of evidence-based data, the authors reviewed all available research, including 34 new studies.

The *Atlas* is an important reference for all healthcare practitioners, policy experts, national governments, and development agencies. The book comes with a CD-ROM that contains the IDF website, full background papers, data tables, interactive maps, powerpoint presentations, and graphics for use in readers' own presentations. The printed edition plus CD-ROM is available from the IDF website at <http://www.diabetesatlas.org/content/buy-printed-idf-diabetes-atlas>.

## **United call for action in Africa**

The World Health Organization African Region and the International Diabetes Federation released a Call for Action statement, at a recent International Conference on Diabetes and Associated Diseases in Port Louis, Mauritius, highlighting their concern about the rapid growth of the diabetes epidemic throughout Africa.

The Call for Action identifies key strategies and commitments that are urgently required for planning and implementing national programmes to prevent and control diabetes, cardiovascular disease, and other non-communicable diseases (NCDs) in the African Region.

The key to tackling the NCD epidemic is seen as collaboration between the member states and all key stakeholders in action to prevent and control diabetes and other NCDs. The conference called for multi-sectorial structural, fiscal, and other measures to modify the environment in order to enable or facilitate healthy behaviour.

To read the full Mauritius Call for Action go to <http://www.afro.who.int/en/search/mauritius>, where you can download a PDF.

## **Do drivers with diabetes pose any danger?**

Drivers with diabetes worldwide are subject to special legislation, although the restrictions and requirements vary considerably from one country to another.

A number of studies since the 1960s have looked at the issues around driving and diabetes. Overall, there appears to be no clear evidence that a driver with diabetes is more likely to be involved in an accident than a driver without diabetes and so should not face major legal restrictions.

## **Improving accuracy, ensuring consistency: the future for reporting HbA<sub>1c</sub>**

Globally, where the test is available, the measurement of haemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) has become central to the management of diabetes. By giving an objective assessment of glucose control over the preceding 2 to 3 months, it can guide treatment decisions in a way that single blood glucose measurements cannot.

A recent article in the journal *Diabetes Voice* describes efforts to standardise and improve the way HbA<sub>1c</sub> is reported, and explains the practical implications of the recent changes in the way the test is measured. To read the article go to <http://www.diabetesvoice.org/en/articles/improving-accuracy-ensuring-consistency---the-future-for-reporting-hba1c>.

## **Study finds cashew seed extract an effective anti-diabetic agent**

Cashew seed extract shows promise as an effective anti-diabetic agent, according to a new study from the University of Montreal (Canada) and the Université de Yaounde (Cameroon). Published in the journal *Molecular Nutrition & Food Research*, the investigation analysed the reputed health benefits of cashew tree products on diabetes, notably whether cashew extracts could improve the body's response to its own insulin.

The goal of the study was to examine the impact of leaves, bark, seeds, and apples from cashew trees, native to northeastern Brazil and other countries of the southern hemisphere, on cells that respond to insulin.

'Of all the extracts tested, only cashew seed extract significantly stimulated blood sugar absorption by muscle cells,' says senior author Pierre S Haddad, a pharmacology professor at the University of Montreal's Faculty of Medicine.

## **Distribution is what matters: how body fat influences the risk of diabetes**

Waist circumference gives a better prediction of diabetes risk than does BMI. This is the conclusion drawn by Silke Feller and her colleagues from the German Institute for Nutritional Research in Potsdam-Rehbrücke, in the current edition of *Deutsches Arzteblatt International*.

Current guidelines recommend that the degree of risk of diabetes from overweight should be based on the determination of the body mass index (BMI). It is only recommended to measure the waist circumference when the BMI is greater than 25. Perhaps this strategy should be reconsidered, as the predictive power of waist circumference for diabetes is particularly high for normal and underweight people (BMI <25). Persons with a BMI of less than 25, but with a large waist circumference, have just as high a risk of developing diabetes, as pre-obese (25 < BMI < 30) women and men with low waist circumference.