

## 20th World Congress of the International Diabetes Federation (IDF)



### Montreal, Canada: 18–22 October 2009

World congresses of the International Diabetes Federation (IDF) are now very large affairs, and the recent meeting in Montreal was no exception – there were 12 000 delegates and 400 speakers. The programme included original research presentations and posters, reviews, and ‘state of the art’ lectures, as well as ‘meet the expert’ sessions. The outgoing IDF president, Professor Martin Silink gave a lecture entitled ‘United we stand – a global diabetes strategy,’ whilst the incoming president, Professor Jean-Claude Mbanya (of Cameroon) spoke on ‘From yesterday to tomorrow: making a difference to global diabetes.’

A variety of major trials were reported – in particular on insulin regimes in type 2 diabetes, and the new incretin mimetic drugs, exenatide and liraglutide. Below is a summarised selection of some of the presentations which may be of particular interest and relevance to doctors involved with diabetes care in Africa:-

#### Amputation reduction

Two reports – one from the West Indies and the other from Tanzania – described the ‘Step by Step’ programme. This is a system of foot care education for both patients and carers, which has demonstrated reduced rates of amputation since its introduction.

#### Twinning programmes

There were two presentations on twinning programmes, one of which described in detail a link between Diabetes UK and Mozambique. Here, support and education appears to have made real and cost-effective improvements to diabetes organisation and care in Mozambique.

#### Ketoacidosis (DKA)

A report from Dar es Salaam, Tanzania, described a group of children and teenagers with type 1 diabetes studied between 2005 and 2008. Over this period there was a reduction in newly diagnosed patients presenting in DKA. The overall DKA mortality was also a very commendable 2.3%

#### Alternative medicines

There were a wide variety of presentations on ‘alternative’ diabetes treatments, including yoga, meditation, and herbal preparations. Of the latter, some detailed trials of certain plant extracts were described. However, perhaps the most unusual treatment trialled was camel milk. Indian physicians studied 24 type 1 diabetes patients – 12 of whom were given 500 mls of camel milk per day, in addition to their usual insulin. Compared with controls, there were significant reductions in HbA<sub>1c</sub> and insulin requirements. Any comments from our north African readers on this intriguing report would be welcome!

#### Urbanisation

Rural–urban migration continues rapidly in Africa, and is a known risk factor for diabetes. An interesting study from Cameroon quantified one of the major problems of urbanisation – lack of exercise. After moving to towns, a study group was shown to reduce slow walking by a factor of two to four times, and brisk walking by six to ten times.

#### Diagnosis and HbA<sub>1c</sub>

There is considerable interest in the potential use of HbA<sub>1c</sub> as a diagnostic test for diabetes (instead of fasting or random blood glucose levels, glucose tolerance tests etc.). A study from South Africa compared various levels of HbA<sub>1c</sub> with standard glucose-based criteria in a group of 600 subjects. A diagnostic cut-off level for HbA<sub>1c</sub> of 6.5% appeared the most suitable. This topic was also discussed at a major session, by those two ‘elder statesmen’ of the diabetes world – Professor George Alberti (UK) and Professor Paul Zimmet (Australia). A World Health Organization (WHO) Expert Group is looking at the subject in detail. It is, however, accepted that for many resource-limited countries widespread HbA<sub>1c</sub> testing is not economically possible.

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