

Pandemic of Diabetes and its Health Consequences

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“Prevention is celebrated in principle and resisted in practice”
-unknown.

Diabetes is a medical disorder in which the body either does not create enough insulin or does not properly use the insulin it does make.

Increased blood sugar levels result from this imbalance, which, if not controlled, can harm a variety of physiological systems, including but not limited to the eyes, neurons, and blood vessels.

It is a significant contributor to blindness, heart attacks, and stroke.

Diabetics may lose appendages or die in the most severe circumstances.

Diabetes can be avoided or delayed by adopting a balanced lifestyle that includes regular physical activity, consuming healthy foods, and maintaining a healthy weight.

According to current estimates, one-third of the US population, or more than 100 million people, is diabetic or prediabetic.

Diabetes was the seventh major cause of mortality in the United States in 2015, and it is expected to be the seventh top cause of death globally by 2030.

Adults over the age of 18 have an 8.5 percent global prevalence rate.

In 1980, 108 million people globally had diabetes; by 2014, that figure had risen to 422 million.

In 2015, diabetes claimed the lives of an estimated 1.6 million individuals. These numbers illustrate that the prevalence of diabetes is increasing all over the world, but a more rapid rise is occurring in low- and middle-income countries, with no signs of slowing. People are developing diabetes at younger ages, suffering from complications of the disease for longer, and dying sooner.

If nothing is done, this sequence will overwhelm the healthcare systems in developing countries.

Despite the remarkable improvements in medicine over the last 60 years, diabetes remains poorly understood and frequently mismanaged.

Tertiary care, on the other hand, is not the solution to the diabetes epidemic.

Healthcare in the United States cost over \$3.5 trillion in 2017.

Only 0.8 percent of the 700,000 physicians in the United States perform public health.

Many countries strive to model their health-care systems after the United States'. “If someone in the US sneezes, the rest of the world gets a cold,” an Indian ambassador was quoted as saying in 1977.

A treatment-based public health system might be disastrous for underdeveloped countries' economies, with one vial of insulin costing the equivalent of a month's pay.

Instead, a comprehensive, whole-population public health strategy to diabetes intervention is required, including public policy, preventive, and tertiary treatment.

To assure Medicaid for groups who commonly experience harsher repercussions as a result of poor diabetes management, proper reimbursement for primary and preventative care is required.

The Tobacco Control Bill of 1998 was an example of an upstream public health policy, as it recommended steps to reduce both tobacco manufacturing and consumption at the same time.

Environmental policy, systems, and tactics championed by coalitions and partnerships, constrained by leveraging finances and community resources, must reach all sectors of the population, including schools, the workplace, the community, and health care settings.

This, in turn, has an impact on policy, local and county ordinances, as well as system and environmental change, all of which contribute to long-term sustainability. Ophthalmologists, as part of that system, are at the forefront of diabetes monitoring and treatment, as they are often the first to discover a patient is diabetic due to retinal abnormalities.

This is critical because the number of young, productive patients who will lose their vision due to diabetic complications is expected to be ten times higher than the number of older patients who will be harmed by cataracts.

Patients should be counselled about favourable lifestyle alterations after receiving a diabetes diagnosis, urged to closely regulate their glucose levels, and treated promptly and correctly when diabetic eye issues emerge.

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