

## Editorial

# LET'S DISCUSS ABOUT SOME ASPECTS OF THE DIABETES EPIDEMIOLOGY IN ROMANIA

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The publication in No1/2011 issue of the Journal of an analysis on the data-base of the patients registered in our out-patient department has offered me the chance to share with you some "epidemiological" thoughts. From the beginning, I wish to confess that my knowledge in epidemiology, a time honored, solid and complex science that contributed decisively to the progress of medicine, is only of basic level.

For somebody who wants to know about the prevalence of diabetes in Romania it is easy now to visit the internet site of the Ministry of Health (<http://www.ccss.ro/>) where he/she will find that the last data are from 2008 and that the crude prevalence of diabetes at that time was 3.0% (compared with 2.7% in 2007). The analysis is detailed on counties and the range of prevalence is between 1.3% in Olt county and 4.5% in Bucharest. But if the same curious person will search in the 2009 IDF Diabetes Atlas (1) he/she will have the surprise to see that Romania is quoted with an estimated prevalence between 6.8% and 7.6% (the data were extrapolated from a Turkish study). Taking into account the ranking from the IDF Atlas and the data from our Ministry of Health, Romania is in the group of the countries with the lowest prevalence of diabetes in the world (<4%)! Probably not

being satisfied with these discrepancies our hypothetical curious person will try to see some European Community documents where he/she will find that in Romania the prevalence of diabetes is 9.4% (2)! From the same source (2) we can find also that in our country the cost of diabetes as a percentage of health care spending is 2%, the same as in Holland, both countries having the lowest spending for diabetes in EU, in comparison with Latvia, that with 18.6% is on the top. But this source (2) does not mention the fact that our public health care system is probably unique in Europe (and I think that this is absolutely remarkable) by assuring 100% coverage for all the antihyperglycemic drugs registered in our country!

What about the dynamic of the prevalence figures in the world, in our country and in our city Cluj-Napoca? Everybody agrees that the number of persons with diabetes is increasing dramatically all over the world (3). But if the projections made in 2003 for 2025 estimated an increase of 72% (324 mil persons with diabetes in 2025), in the evaluation of diabetes prevalence in 2010 with predictions for 2030 (1) it was observed that in the 2003-2010 interval the increase was already of 50.5% (!) and there is no sign for a slower rate of increase in the near future! In other words we can speculate that the *real* rate of prevalence

increase is higher than the *estimates*. This speculation can be made also for our country if we use the above mentioned data from the Ministry of Health. In only one year the prevalence of diabetes increased with 11.1%, meaning an increase of 110% in the next ten years! The same dynamic was observed also in our Diabetes Center in the last 25 years. The number of registered patients increased from 3328 in 1986 to 6290 in 1996, 13310 in 2006 and 18540 in 2010 meaning an increase of 5.57 times (+557%) in almost 25 years (!).

As you can see, all of the above discussion is only about crude prevalence of diabetes and nothing about any kind of subgroups (sex, age) or adjustments. Also, in my knowledge, we do not have reliable data (except those extrapolated from some local evaluations!) on complications prevalence at national level.

I do not wish that my comments to be a sterile lamentation but a reality that we have to assume and a call to a joint effort of our diabetologists (and why not of our family physicians) to improve as soon as we can this situation. I also wish to bring to your memory the splendid work of Jean Pirart (4) who, about 40 years ago, published his lifelong epidemiological observations on his patients that were later almost entirely confirmed by DCCT and UKPDS. The good epidemiology does not need huge funding and sophisticated devices!

Of course, this effort must be sustained by the health politicians (Ministry of Health and National Insurance Company) if they accept the fact that the only rational allocation of funds starts with solid epidemiological data.

## REFERENCES

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