Diabetes Care in Guinea: Challenges and Solutions

Amadou Kake[1]

[1]Department of Endocrinology, University Gamal Abdel Nasser of Conakry, Conakry, Guinea

Address for correspondence Amadou Kake, MD, MSc, Department of Endocrinology, University Gamal Abdel Nasser of Conakry, 6306 Conakry-République de Guinée, Guinea (e-mail: amadoukake@gmail.com).

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In Guinea, the 2009 Steps survey conducted in Conakry highlights a prevalence of 5.6% in patients aged 25 to 64 years. Undiagnosed diabetes cases were 57.3%, and of the known cases, 68.5% were untreated.[1] Poor control of diabetes (hemoglobin A1C (HbA1C) ≥ 7%) was noted in 84% of Guinean diabetics, of whom, 41% had HbA1C ≥ 10%.2

Moreover, different studies showed that diabetes is often complicated: 20% of patients on dialysis.[2] In addition, 5% of diabetic patients seen in 2000 were blind,[2] and 10% of them sustained an amputation in the thigh in 2001.[3] Nearly one-half of men with diabetes (48.4%) surveyed in a study in 2003 showed erectile dysfunctions.[4] A study conducted in 2000 showed that 8% of patients had a stroke.[5]

Cardiovascular risk factors were also noted in the 2009 Steps survey in Conakry. Hypertension was found in 33.4% of the population aged 25 to 64, 67.9% of them were not known before the study, and 87.5% of all patients with high blood pressure were not treated. In addition, 14.3% of the population had hypercholesterolemia (total cholesterol ≥190 mg/dL), 10% were smokers, and 59.3% did not have any physical activity.[1]

In the hospital, diabetes-related mortality (7.67% of admissions) was essentially the result of acute complications (ketoacidosis) entangled with infectious complications including diabetic foot lesions.[6]

Diabetic patients in Guinea face enormous difficulties in accessing care because of the lack of qualified medical and paramedical personnel, insufficient diabetes care facilities, the scarcity of affordable and reliable drugs and equipment, and limitation of geographical and financial accessibility (high out-of-pocket payment). Less than one-third of the patients can afford the direct cost of diabetes. Less than 1.5% of Guineans are covered by multiple fragmented community health insurances, whereas 47% of the population is living below poverty line.[7,8]

In Guinea, all diabetic patients are managed at the tertiary level, and the gaps at the first line and secondary level are filled by a various number of providers. These include, but are not limited to, private for-profit care providers and traditional healers.[9]

Amadou Kake's ORCID is https://orcid.org/0000-0003-0520-6545.

These barriers are an impediment to the early diagnosis and appropriate diabetes case management. They lead to more complications and diabetes-related deaths.

The growing number of people in need of care for diabetes is proving to a challenge for the Guinean health system. This situation is worsened by the burden of communicable diseases including the Ebola virus disease (EVD).[10]

It is important to decentralize the care (first and second lines) and also build a partnership between the health system and community to reduce the economic burden of management of NCDs through continued care within the community and to enhance patients' awareness and knowledge via counseling activities revolving around drug adherence, lifestyle changes, psychosocial support, and peer support groups. It is also important to train and task shift (from doctors to nurses or from nurses to stable diabetic patients), to negotiate standardized price for a selected package of activities and generic drug, and to introduce social health insurance in Guinea.

Conflict of Interest

None declared.

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