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Asian Diabetes: Diversity in Unity

INTRODUCTION

India, Indonesia and Papua New Guinea, all Asia-Pacific nations, all share the motto "Unity in Diversity". Further afield, South Africa and the European Union subscribe to the same philosophy. Does Asian diabetes merit the same label?

The syndrome of diabetes mellitus covers a broad-spectrum of clinical conditions.[1] Though united by their degree of dysglycemia, they represent a wide variety of causative factors, clinical presentations, comorbid conditions, confounding issues, complications and consequences. Add to this, the diversity and dynamism of a continent as huge as Asia, and we have a situation tailor-made to create confusion and chaos.

ASIAN PHENOTYPES OF DIABETES

Diligent researchers and astute clinicians, however, have been able to connect the dots, to describe what are termed the "Asian phenotypes" of diabetes. These descriptions create a framework, which allows easier suspicion, screening and substantiation of the disease, as well as more efficient selection of interventions and supervision of therapy.

The clinical features that characterize the Asian diabetes phenotype include a low body mass index with increased visceral fat, associated metabolic and inflammatory dysfunction, along with insufficient beta cell response.[2] These have been reported from Eastern Asian as well as South Asian cohorts.[3,4] The relatively higher rate of childhood obesity, young-onset type 2 diabetes and gestational diabetes mellitus, along with greater risk of progression to renal disease and cancer has been noted.[2] Recent advances in technology have facilitated identification of clusters of diabetes, based upon age, insulin deficiency and insulin resistance.[5]

All these developments are welcome, as they contribute to the streamlining of diabetes care in our continent. Chan et al highlight the various challenges posed by the Asian diabetes epidemic, including biomedical and psychosocial realities. They also go on to explore multiple opportunities that this opens up, to ensure better health.[2]

FORGOTTEN PHENOTYPES

Much more, however, needs to be done to characterize the myriad forms of diabetes and its complications that are endemic to Asia. The World Health Organization (WHO) now lists "hybrid diabetes" in its classification of syndrome.[6] Such types of diabetes, variously known as type 1.5 diabetes, Flatbush diabetes and double diabetes are common in Asia. Pancreatic diabetes,

earlier known as fibrocalculous pancreatic diabetes, also occurs in certain geographical areas.[7] Malnutrition-related diabetes mellitus, which was recognized as a distinct entity till a few decades ago, has not disappeared entirely.[8]

Complications of diabetes, that owe their occurrence to suboptimal healthcare, are also reported from Asia. Examples include Mauriac syndrome and syndrome of limited joint mobility in type 1 diabetes,[9] as well as premature vascular complications in type 2 diabetes. Various challenges of diabetes are also unique to certain parts of Asia. Examples include the challenge in managing persons living with diabetes who wish to fast during religious occasions such as Ramadan, Buddhist Lent and Hindu or Jain festivals. Endemic forms of hypoglycemic encephalopathy such as litchi-associated encephalopathy, also exist in the continent.[10]

UNITED WE STAND

Modern diagnostics and therapeutics have enhanced our ability to manage diabetes.[11] These must be coupled, however, with an emphasis on public awareness and social marketing of the importance of diabetes care. These activities along with advocacy, will fuel a demand for diabetes care services. Policymakers, politicians, payers, pharmaceuticals and the physician fraternity will automatically step in to fill the gap and offer quality care.[12]

At the Asian Journal of Diabetology, we strive to ensure comprehensive coverage of advances and developments in diabetes care. We focus not only on the clinical aspects of diabetology, but on preventive and public health as well. Our discourse includes medical, as well as allied specialties and disciplines which contribute to diabetes management. We ensure that the diversity of our continent is heard, and that this leads to unity in terms of purpose. Through the pens of our authors, and the pages of our journal we hope to emerge as the voice of optimal diabetes management. With the Asian Journal of Diabetology, we aim to make Asia the Diabetes Care Capital of the world.

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