Cost of Diabetes Care: Prevent Diabetes or Face Catastrophe

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Diabetes is increasing world-wide and particularly in developing countries. With the currently available data, China houses 93 million people with diabetes, while India has around 63 million. This figure is going to touch new highs by 2030 as predicted by World Health Organization (WHO). Rising economy, sedentary life style and change in nutritional habits have led to enormous increase in the incidence of diabetes. Diabetes was once considered as a disease of affluence, however this is no more true. It was usually unheard in children, is now increasingly prevalent in children and adolescents because of increasing childhood obesity. The point of salience is that the modern science has left no stone unturned to win over diseases and its associated complications increase the cost of diabetes treatment. It reminds me of, once a news headline that also requires rigorous monitoring. Most of the patients being uneducated or incapable of managing their disease by themselves because of diabetic complications, require the family support which also results in loss of working days. Thanks to the social fabric of India, where relatives and friends take care of their patients.

Diabetes is an expensive disease. The chronic nature of the disease and its associated complications increase the cost of diabetes treatment. It reminds me of, once a news headline in a national newspaper, where a patient with diabetic foot had put his leg before a running train, as he had no money to pay for amputation. The cost of treating diabetes has enormously enhanced in last few decades. However, there may be methodological differences in estimating the cost of care of diabetes, as most of the studies have estimated direct cost only. A study by Rayappa et al estimated that the annual direct cost of routine care in 1998 was about US$191 (about 8595 INR) and the mean direct cost and hospitalization for a diabetes related episode was about US$208 (9360 INR). On the other hand, the annual direct cost of ambulatory care estimated by Kapur et al in year 2000 was 4724 INR; by Shobhana et al 8578 INR for type 1 diabetes mellitus and 3310 INR for type 2 diabetes mellitus in the year 2000. Our study also endorses the above finding that the cost of treating diabetes even in ambulatory patients on insulin was 14508 INR. The largest proportion of the total cost was made up of direct costs (68%), followed by indirect costs (28.76%) and provider’s costs (2.8%) giving a comprehensive sectorial division of cost of care of diabetes. Total treatment cost was significantly higher in those who were more educated, those who visited the hospital more often, and those receiving a greater number of drugs. The main brunt of this financial burden was borne by the family. The article by Vijay Vishwanathan shows a huge increase in cost of treating diabetes in patients with complications. He showed that the patients with diabetes having foot complications spent 19020 INR, and those who had two complications spent four times more (17633 INR), and patients with renal disease (12690 INR), cardiovascular (13135 INR) and retinal complications (13922 INR) spent three times more than patients without any complications (4493 INR) conferring the enormous increase in cost of diabetes care.

Here is a role for Government and Non-Governmental organizations to ensure that adequate number of physicians trained in diabetes as well as diabetologist should be made available for this mammoth population. It should also be ensured that the continuous supply of medications either free of cost or at subsidized rate should be provided to all the patients with diabetes. There should be extensive education programme all over the country to educate the people about the prevention of diabetes to curtail this epidemic or we will have to face the catastrophe in future.

References


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