

Health Care Provision for People with Diabetes and Postgraduate Training of Diabetes Specialists in Eastern European Countries

Viera Doničová, M.D., Ph.D.,¹ Jan Brož, M.D.,² and Iocara Sorin, M.D., Ph.D.³

Abstract

Background:

In many eastern European countries, information is limited regarding (1) prevalence of diabetes and its complications, (2) health care provisions for diabetes, (3) diabetes management, and (4) the structure of postgraduate training in diabetes for doctors and nurses. These have been reviewed here.

Methods:

Source material was derived from publications and through personal communication with diabetes specialists in leading clinical centers in Bulgaria, the Czech Republic, Hungary, Poland, Romania, Russia, Slovakia, and Ukraine.

Results:

In many countries, information about diabetes prevalence is incomplete or inaccurate with many undiagnosed cases but varies from 7.7–9.6%. Diabetic complications and adverse outcomes (blindness, amputation, and chronic renal failure) are common, with a high mortality resulting from cardiovascular disease. State-funded and private systems often exist side by side. Diabetes care is provided by diabetologists, endocrinologists, internal medicine physicians, and general practitioners, but their involvement varies considerably between countries and some have too few specialists who are located only in large centers. Specialized dietetics and foot care services are, in general, poorly developed. Insulin is freely available although analogs may incur a cost to the patient, while newer drugs (glucagon-like peptide-1 agonists, dipeptidyl peptidase-4 inhibitors) are either expensive or unavailable. Glucose monitoring is often rationed. Postgraduate training in diabetes is now well established in most countries and specialist training for nurses is being developed.

Conclusions:

Continuing disparities with western European countries are related mainly to deficient economic resources and inadequate financial investment. Some countries have introduced national programs to improve diabetes care with better clinical outcomes being obtained following treatment initiatives.

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Author Affiliations: ¹Outpatient Department for Diabetology and Internal Medicine, Human-Care Ltd., Kosice, Slovakia; ²Centre of Diabetology, 3rd Medical Faculty UK, Prague, Czech Republic; and ³N. Paulescu National Institute of Diabetes, Nutrition and Metabolic Diseases Diabetes, Bucharest, Romania

Abbreviations: (CSII) continuous subcutaneous insulin infusion, (DPP-4i) dipeptidyl peptidase-4 inhibitor, (FTP) Federal Target Programme, (GLP-1) glucagon-like peptide-1, (GP) general practitioner, (HbA1c) hemoglobin A1c, (IDF) International Diabetes Federation, (IFG) impaired fasting glucose, (NGO) nongovernmental organization, (PDA) Polish Diabetology Association, (T1DM) type 1 diabetes mellitus, (T2DM) type 2 diabetes mellitus

Keywords: diabetes prevalence, diabetic complications, eastern European countries, postgraduate training

Corresponding Author: Viera Doničová, M.D., Ph.D., Outpatient Department for Diabetology and Internal Medicine, Human-Care Ltd., Furčianska 69, 04014 Košice, Slovakia; email address viera.donicova@gmail.com