Global diabetes prevalence could make ending TB impossible unless we act now

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Hari Singh, 42, now cured of TB, takes a break from his job as a nurse for TB patients in Jag Pravesh Chand hospital in New Delhi © Javier Galeano/The Union

Raj is one of the several million people affected by tuberculosis (TB) every year. This is the second time in the last three years that Raj has been diagnosed with TB and despite regular treatment is not responding well. A simple blood test showed that Raj has diabetes, which likely activated his TB - and is now leading to the poor outcomes to treatment.

How TB and diabetes complicate each other

It is well known that diabetes is a chronic non-communicable disease (NCD) affecting the heart, blood vessels, kidneys, nerves and other body organs. But that both type 1 and type 2 diabetes also increases the risk of TB is a lesser known fact, despite the availability of strong scientific evidence over the last few decades. Patients with diabetes and TB have a higher risk of TB treatment failure, death, relapse after cure and development of drug resistance. In turn, diabetes is also difficult to manage in TB patients. A person sick with both diseases is likely to have complications that do not typically exist when either is present on its own.

The TB/diabetes co-burden

The prevalence of diabetes worldwide has increased by about 20 percent in the past 30 years, particularly in low and middle-income countries and in emerging economies which are already grappling with high TB prevalence. It is estimated that the TB cases attributable to diabetes have increased substantially in the 22 high burden TB countries from 10 percent in 2010 to 15 percent in 2013. This double burden leads to substantial strain on individuals, families, health systems, and society.

The International Diabetes Federation (IDF) [1]estimates that in the absence of active efforts, global diabetes prevalence will increase from 8 percent in 2013 to about 10 percent in 2035. Such an increase would off-set the gains made in reducing the TB incidence making the goal of ending TB by 2035 almost impossible to achieve.

The need to coordinate screening & management

It is therefore imperative to address the emergence of the co-epidemic through strategies including bidirectional screening (screening TB patients for diabetes and vice versa) and integrated management, which will facilitate early diagnosis and better health outcomes for both conditions. Several opportunities exist for coordinated screening and co-management of TB and diabetes. Integrated health education and clinical management of TB and diabetes would benefit patients. Standardised patient records and cohort monitoring, which are the mainstay in TB care, can be extended to the care of diabetes.

Integrating TB and NCDs – action now will help achieve shared ambitions

The co-epidemic is evolving, and before it snowballs adequate action needs to be taken. Evidence from India and China, the two countries with the highest burden of TB and diabetes, shows that basic collaborative activities are feasible and affordable. For far reaching gains the new Global Plan to End TB should engage with the Global Action Plan for the prevention and control of Non-communicable Diseases (NCDs). The national strategic plans for TB should address risk factors and comorbidities, such as diabetes and other NCDs. In this context, it is useful to reflect on the experiences of establishing TB and HIV collaborative activities that have evolved over the past two decades. Establishing links between TB and diabetes strategies will probably encounter similar obstacles, and policy changes and implementation will require political will, financial and technical support.

> *Timely efforts will ensure that the ambitious target of ending TB in the next two decades is achieved and we are able to spare people like Raj from unnecessary suffering.*

Moanaraola, known as "Naro", 38, plays with her daughter at home in New Delhi. Naro is a doctor working as a community developer. She leads a community development project that serves to empower people living in poverty. After being cured of TB, she lives a normal life with her husband Abhijeet and their children, Astera and Aden. © Javier Geleano / The Union

About the Author

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