

Introduction

Diabetes mellitus takes a significant and costly toll on people with diabetes and on society (medical costs, health services, consequences for families, disabilities). Diabetes affects about 28 million people in the Americas. The death rates for men and women age 65 and older are 200 and 232 per 100,000, respectively, which amounts to 62,000 deaths a year from diabetes (Bulatao and Stephens, 1992). Furthermore, the disease imposes a heavy economic burden on the Region. In Latin America, diabetes costs society an estimated US\$ 300 million per year, 6% of the total health expenditure (Gagliardino and Olivera, 1997).

Although diabetes is a public health concern because of its epidemic proportions, recent studies (DCCT, 1993; UKPD, 1999t; Ohkubo et al., 1995) show that complications of diabetes can be prevented and, in some cases, reversed with intensive treatment, in particular through proper control of blood glucose. Other studies have shown that education programs have positive effects on certain outcomes related to diabetes. Diabetes education increases understanding of the illness and self-care behavior (Brown, 1988; 1990); leads to improvements in HbA1c levels, body weight, and number of oral hypoglycemics taken daily (Berger et al., 1996; Domenech et al., 1995); and reduces ulceration of the lower limbs and rates of amputation (Malone et al., 1989; Barth et al., 1991; Kruger and Guthrie, 1992). As a result, in addition to the indisputable economic and social advantages, applying concrete strategies of preventive care substantially lowers premature mortality and morbidity rates in people with diabetes.

For these reasons, the Program on Non-Communicable Diseases of the Division of Disease Prevention and Control of the Pan American Health Organization has decided to explore what is being done in the Region of Latin America and the Caribbean with regard to diabetes education. This document reports on an ongoing project to compile an inventory of information on education programs currently available in the Region. We invite those whose programs do not yet appear in the inventory, particularly programs that began after this work was completed, to contact PAHO and submit materials to be included in the next edition.