

# World Journal of *Diabetes*

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**ABOUT COVER**

Editorial Board Member of *World Journal of Diabetes*, Liang-Jun Yan, PhD, Professor, Department of Pharmaceutical Sciences, College of Pharmacy, University of North Texas Health Science Center, Fort Worth, TX 76107, United States. liang-jun.yan@unthsc.edu

**AIMS AND SCOPE**

The primary aim of *World Journal of Diabetes* (*WJD*, *World J Diabetes*) is to provide scholars and readers from various fields of diabetes with a platform to publish high-quality basic and clinical research articles and communicate their research findings online.

*WJD* mainly publishes articles reporting research results and findings obtained in the field of diabetes and covering a wide range of topics including risk factors for diabetes, diabetes complications, experimental diabetes mellitus, type 1 diabetes mellitus, type 2 diabetes mellitus, gestational diabetes, diabetic angiopathies, diabetic cardiomyopathies, diabetic coma, diabetic ketoacidosis, diabetic nephropathies, diabetic neuropathies, Donohue syndrome, fetal macrosomia, and prediabetic state.

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## Diabetes is affecting everyone everywhere

Parul Chawla Gupta, Mona Duggal, Arvind Kumar Morya

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**Parul Chawla Gupta**, Department of Ophthalmology, Post Graduate Institute of Medical Education & Research, Chandigarh 160012, Punjab, India

**Mona Duggal**, School of Public Health, Post Graduate Institute of Medical Education and Research, Chandigarh 160002, Punjab, India

**Arvind Kumar Morya**, Department of Ophthalmology, All India Institute of Medical Sciences, Hyderabad 508126, Telangana, India

**Corresponding author:** Arvind Kumar Morya, MBBS, MNAMS, MS, Additional Professor, Department of Ophthalmology, All India Institute of Medical Sciences, Bibi Nagar, Hyderabad 508126, Telangana, India. [bulbul.morya@gmail.com](mailto:bulbul.morya@gmail.com)

### Abstract

The article titled "Accessibility and Utilization of Healthcare Services Among Diabetic Patients: Is Diabetes a Poor Man's Ailment?" gave insights into a pandemic systemic disease known as diabetes mellitus. This modern-era pandemic affects everyone, regardless of their financial background. As a result, diabetes is not a systemic disease which just involves people of low socioeconomic status.

**Key Words:** Diabetes; Incidence and prevalence; Diabetes mellitus

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**Core Tip:** Diabetes is fast becoming a chronic debilitating disease due to poor glycemic control by the patients. We have done a short research on the incidence and prevalence of diabetes mellitus and found that it is equally affecting the developed as well as developing countries. This metabolic disorder affects many organs of the body like kidney, eye, heart, liver, brain and skin.

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## TO THE EDITOR

The article titled “Accessibility and Utilization of Healthcare Services Among Diabetic Patients: Is Diabetes a Poor Man’s Ailment?” is very well-written. Diabetes affects everyone, regardless of their social background. As a result, diabetes is not an illness which just involves people of low socioeconomic status. Diabetes patients demand additional medical treatments and services than non-diabetic patients due to their increased risk of co-morbidities, inadequate glycemic control, and repeated hospitalizations. Regardless of the encouraging increase in the figures of diabetes individuals taking medical treatment because of increased knowledge, several personal and institutional issues continue to hinder access[1].

The dominance of diabetes amongst high-income people has been linked to physical sedentary habits. In contrast, the frequency of diabetes among low-income people has been linked to poor diet and a lack of funds to manage the negative consequences of diabetic diseases. Diabetes control requires an easy approach to medical treatment providers. According to the existing research, the total sum of patients gaining approach to medical care amenities has grown with time. Yet, various variables have been found in the literature search which impedes patient access to the existing medical care treatments. However, some patients cannot receive these services, so the fundamental goals of providing such treatments are jeopardized. As a result, the health of diabetes patients suffers, particularly in patients from low-income families in developing nations. The primary goal of all medical services is to increase the use of medical care services, and this article has shown that diabetic patients use these services partly, even while the fraction of people who use these amenities is negligible. The level of service is relatively poor. Medical services for diabetes care are lacking in many impoverished nations, and healthcare amenities have been stated to be overstressed, particularly in low-income nations, due to the increased number of diabetics. A cross-sectional study in Southwest China found that the prevalence of prediabetes as well as diabetes was greater amongst urban elderly persons than their rural counterparts, as they had a higher prevalence of obesity, central obesity, and physical inactivity[2]. In the National Health Interview Survey, it was discovered that diabetes was much more common in low-pay populaces. Another study that studied factors influencing the consumption of healthcare facilities related to diabetes encompassed an absence of information on both the disorder and the necessity for screening, economic causes, institution-based constraints, absence of syringes and testing apparatus, high wait periods at eye hospitals, overcrowded clinics, and distress of the anticipated discomfort[3]. It has been noticed that older adults with diabetes use emergency facilities and few outpatient amenities much more than the younger population. According to research done by Shalev *et al*[4], gender affects consumption of health facilities, with females with diabetes using added healthcare amenities than their male counterparts[5].

To improve diabetes patients’ access to healthcare services, policies and intervention programmes should be developed and focused on reducing the current barriers that impede diabetic patients’ contact with healthcare facilities. Both government and non-governmental organizations must concentrate on refining the value of diabetes services, elementary healthcare facilities, and health awareness programmes to simplify the delivery of effective care to diabetic patients[6,7].

## FOOTNOTES

**Co-first authors:** Parul Chawla Gupta and Mona Duggal.

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**Country/Territory of origin:** India

**ORCID number:** Arvind Kumar Morya 0000-0003-0462-119X.

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