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**Diabetes is affecting everyone everywhere**

Gupta PC *et al*. Diabetes everywhere

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**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.

**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].

**REFERENCES**

1 **Eseadi C**, Amedu AN, Ilechukwu LC, Ngwu MO, Ossai OV. Accessibility and utilization of healthcare services among diabetic patients: Is diabetes a poor man's ailment? *World J Diabetes* 2023; **14**: 1493-1501 [PMID: 37970126 DOI: 10.4239/wjd.v14.i10.1493]

2 **Zhao Y**, Li HF, Wu X, Li GH, Golden AR, Cai L. Rural-urban differentials of prevalence and lifestyle determinants of pre-diabetes and diabetes among the elderly in southwest China. *BMC Public Health* 2023; **23**: 603 [PMID: 36997910 DOI: 10.1186/s12889-023-15527-9]

3 **Piyasena MMPN**, Murthy GVS, Yip JLY, Gilbert C, Peto T, Premarathna M, Zuurmond M. A qualitative study on barriers and enablers to uptake of diabetic retinopathy screening by people with diabetes in the Western Province of Sri Lanka. *Trop Med Health* 2019; **47**: 34 [PMID: 31139011 DOI: 10.1186/s41182-019-0160-y]

4 **Shalev V**, Chodick G, Heymann AD, Kokia E. Gender differences in healthcare utilization and medical indicators among patients with diabetes. *Public Health* 2005; **119**: 45-49 [PMID: 15560901 DOI: 10.1016/j.puhe.2004.03.004]

5 **Buja A**, Caberlotto R, Pinato C, Mafrici SF, Bolzonella U, Grotto G, Baldovin T, Rigon S, Toffanin R, Baldo V. Health care service use and costs for a cohort of high-needs elderly diabetic patients. *Prim Care Diabetes* 2021; **15**: 397-404 [PMID: 33358612 DOI: 10.1016/j.pcd.2020.12.002]

6 **Mutyambizi C**, Booysen F, Stokes A, Pavlova M, Groot W. Lifestyle and socio-economic inequalities in diabetes prevalence in South Africa: A decomposition analysis. *PLoS One* 2019; **14**: e0211208 [PMID: 30699173 DOI: 10.1371/journal.pone.0211208]

7 **Itumalla R**, Kumar R, Perera B, Elabbasy MT, Kumar Cg S, Kundur R. Patient's Perception of Diabetes Care Services in Hail, Kingdom of Saudi Arabia. *Health Psychol Res* 2022; **10**: 38119 [PMID: 36168641 DOI: 10.52965/001c.38119]

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