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The global burden of Diabetes: Findings from the 2013 global burden of disease in 188 countries, 1990-2013

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The Global Burden of Disease 2013 (GBD) is a systematic,scientificeffort to quantify the comparative magnitude of health loss from all major diseases, injuries, and risk factors by age, sex, and population and over time for 188 countries from 1990 to present. It covers 306 diseases and injuries, 2,337 sequelae, and 76 risk factorsIn addition to the traditional health metrics such as disease and injury prevalence and incidence, death numbers and rates, GBD provides Years of life lost due to premature mortality (YLLs) – count the number of years lost at each age compared to a reference life expectancy of 86 at birth, Years lived with disability (YLDs) –for a cause in an age-sex group equals the prevalence of the condition times the disability weight for that condition and Disability-adjusted life years (DALYs) –are the sum of YLLs and YLDs and are an overall metric of the burden of disease.Diabetes was the 8th cause of death globally in 2013, a rise from the 14th rank in 1990. Diabetes accounted for 2.37% of all deaths in 2013. Moreover, diabetes accounted for 3.85% of total YLDs and 2.27% of total DALYs in 2013. Developing countries were more affected by diabetes than developed countries. There was a wide variation by diabetes burden between regions and countries. Diabetes burden is rapidly increasing globally. With aging and growth of the world population, the diabetes burden will put lots of strains on health systems and services. Programs and policies to reduce the global burden of diabetes are urgently needed.

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Cases of MODY diabetes in Siberia

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The aim of the research work was to investigate clinical and laboratory characteristics, effects of therapy in patients with MODY diabetes.

Materials and Methods: We diagnosed MODY 2 diabetes in 5 families (8 patients) by molecular GCKsequence analysis. Laboratory tests were carried out by standard methodology in the clinical laboratory of the Institute of Internal Medicine.

Results: We report five heterozygous GCKmutations in three young boys, 1 girl, 1 newborn (it is the first reported case in this age), two young woman, 1 men with hyperglycemia. We report a novel heterozygous inactivating GCK gene mutation.2 patients use oral hypoglycemic drugs in very low doses, 2 use insulin by low doses (1 of them use insulin in pregnancy), 4 patients followed a diet. All patients have target values for blood glucose and glycated hemoglobin. Nobody have any diabetic complications. Both young woman have thyroid disease, all boys have allergy.

Conclusions:

1. MODY 2 diabetes can be diagnosed from birth and all newborns in family with MODY should be done molecular GCKanalysis.
2. MODY 2 diabetes has stable mild course.

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