

FIRST SURVEY ABOUT PEDIATRIC DIABETES SERVICES IN IRAQ

R.F. Alabedi¹, D.S. Abdoun², H. Alsaffar³

1- University of Babylon, Babylon, Iraq

2- Child Central Teaching Hospital, Baghdad, Iraq

3- Paediatric Endocrine and Diabetes Unit, Child Health Department, Sultan Qaboos University Hospital, Muscat, Oman

INTRODUCTION

Diabetes mellitus is the second most common chronic disease of childhood. It requires appropriate management and follow up to reduce the complications. Type 1 diabetes mellitus (T1DM) is the most common type of diabetes that affects children. Most of the developed countries launched registries. In Iraq, there is no access to statistics or national report about the provided service. Rather, there is no standardization of the practice.

AIM

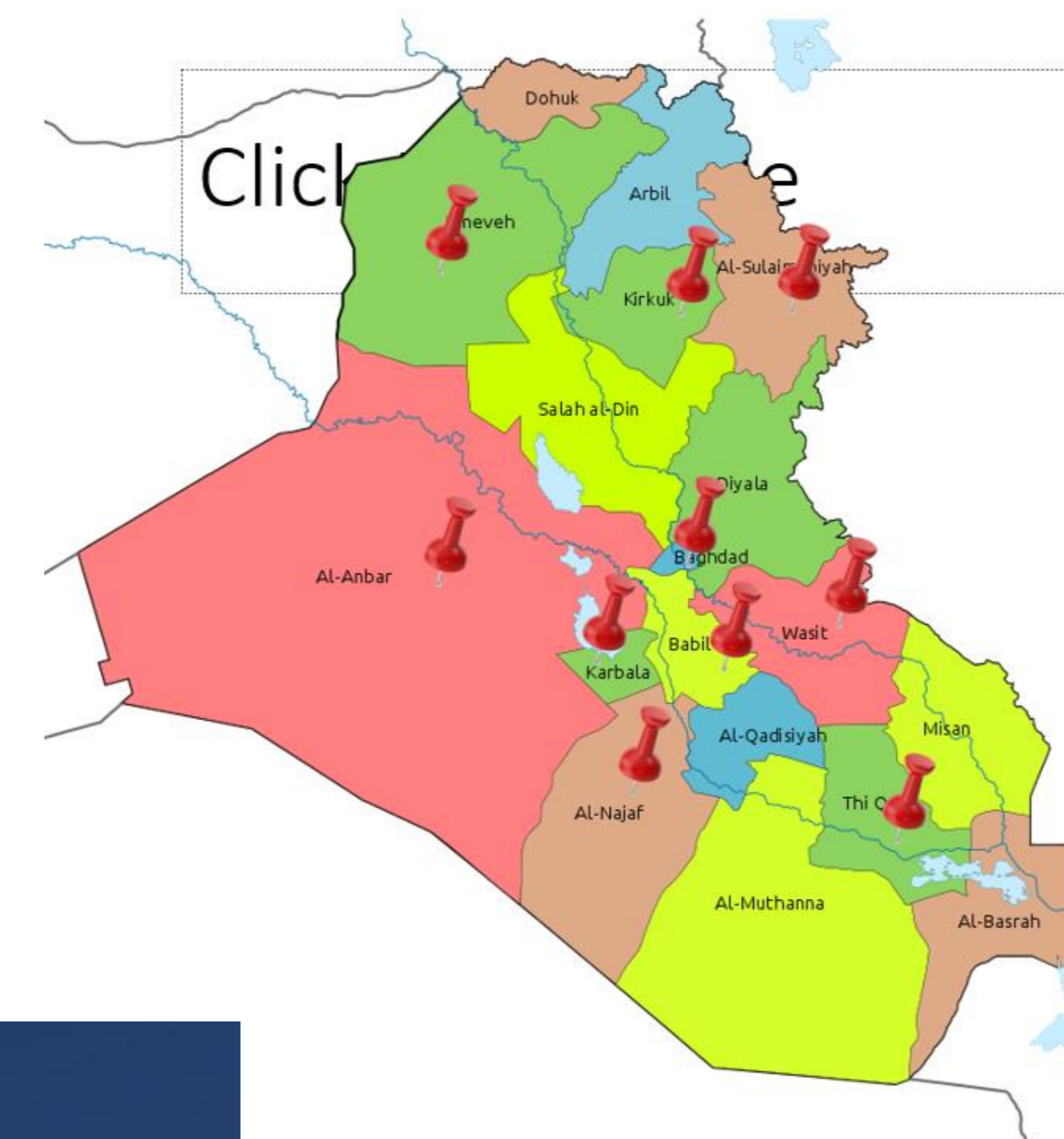
This study aims to overview the provided service for children and young people live with diabetes in Iraq.

METHOD

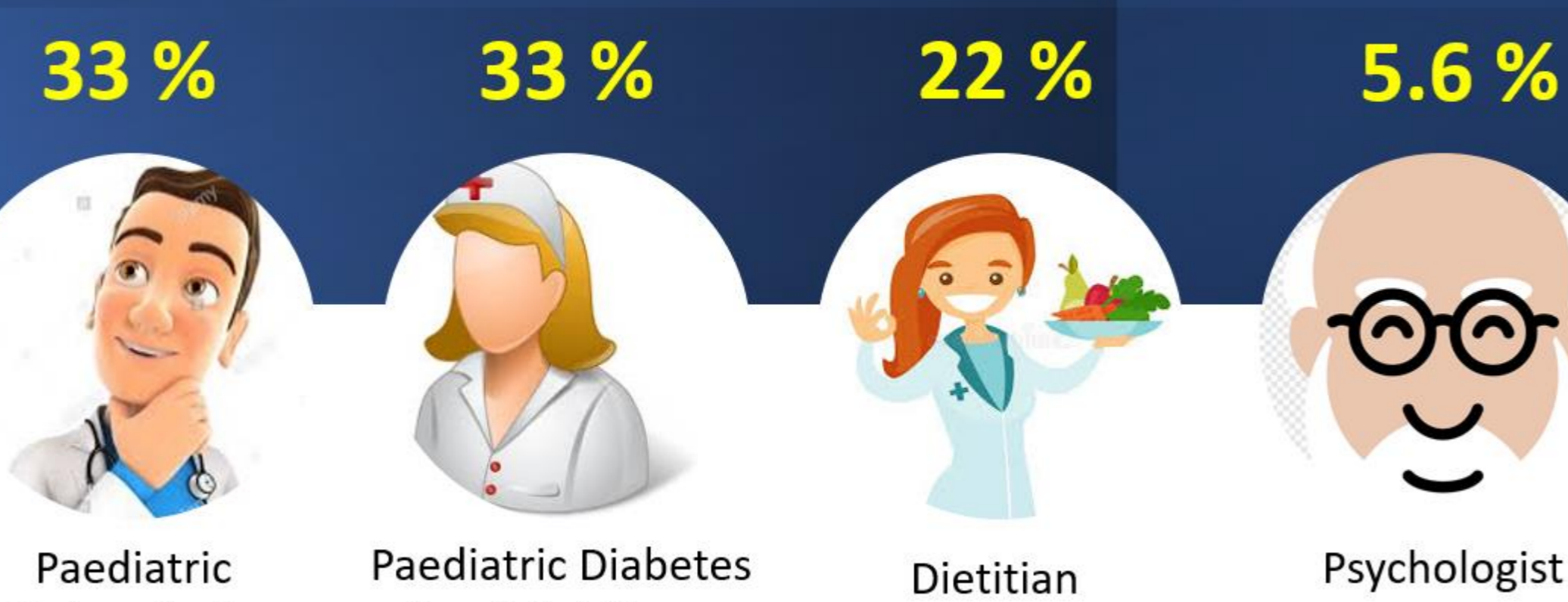
Online survey was sent out to colleagues from different Iraqi provinces. Responses were collected between November and December 2019.

RESULTS

- 18 paediatric diabetes units (PDUs) responded.
- 7 responses from Baghdad.
- All of respondents are working in a government led PDUs.
- Number of patients in each center ranged roughly between 98 to 3000 patients.

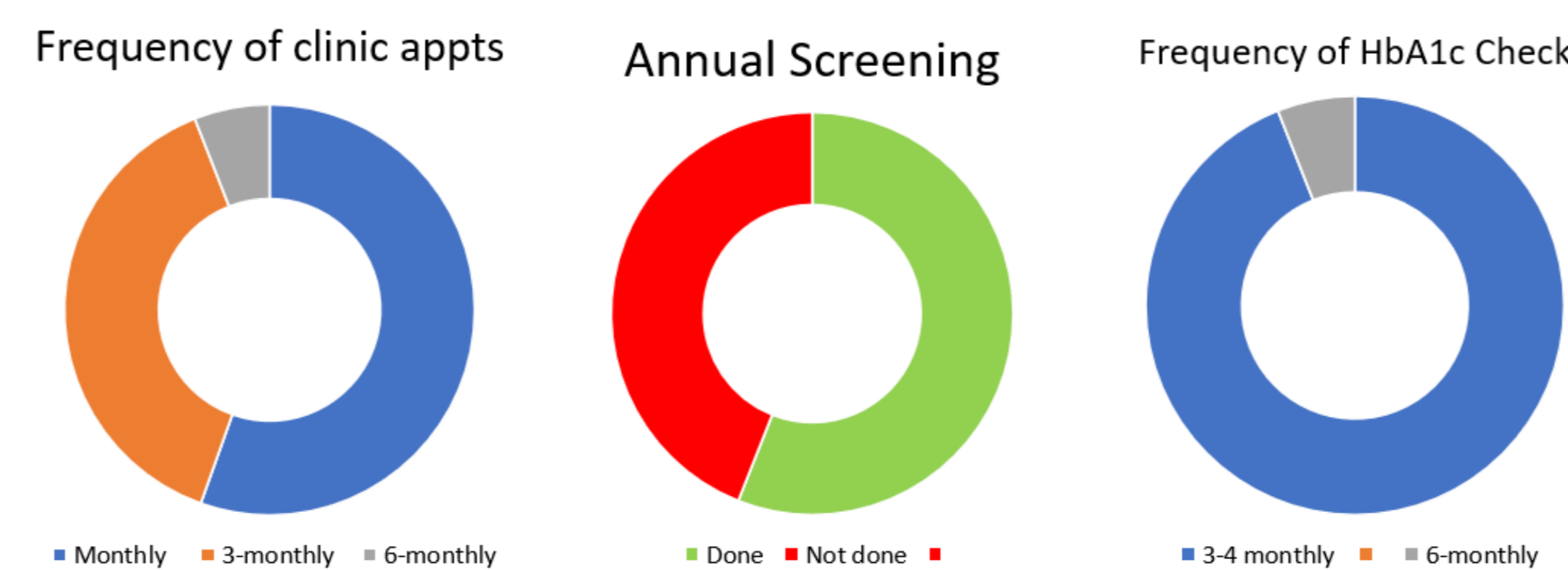


Team Composition/Availability of staff

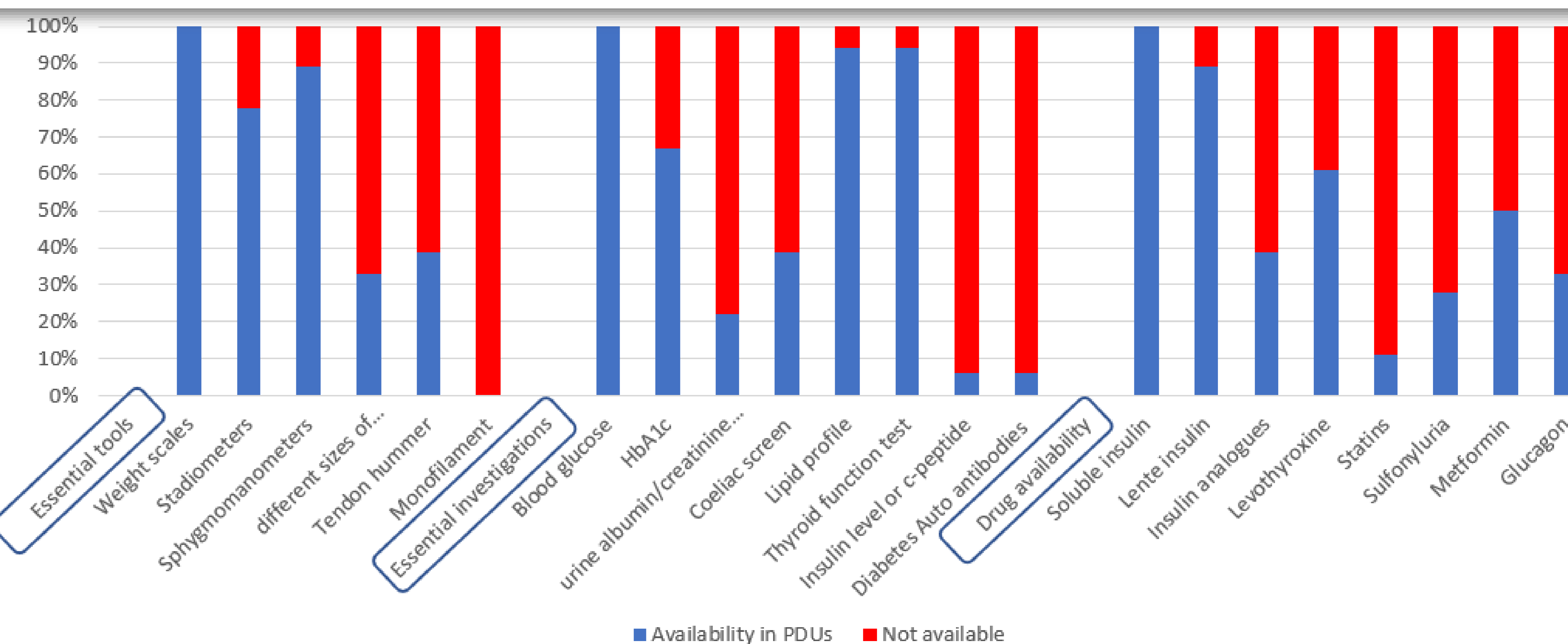


For each 1000 people	Iraq	Kuwait	Saudi Arabia
Doctors	0.7	2.6	2.6
Nurses	2	7.4	5.5

Running the service



Availability of essential tools, investigations and medications across the responded PDUs



Median age of patients before transferring to adult services is 16 years, ranging from 14-19 years. Majority (77.7%) have no transition policy in their health care centers.

CONCLUSIONS

- The multidisciplinary teams have been a cornerstone for Paediatric Diabetes care.
- To have a national guideline and annual national audit
- Standardise the care
- Adopt the transition concept rather than transferring out from paediatric diabetes service

REFERENCES

- World-Bank. [Online], Available at: <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS>. (2018).
- Deeb A, Attia S, Yousef H, Abdelrahman L, Suliman S, Tomy M. Improving Glycemic Control in Children with Diabetes through Implementation of Multidisciplinary Team Approach. *Journal of Endocrinology and Diabetes*, 2016; 3(1), 1-4.
- Mathieu C, Gillard P & Benhalima K. Insulin analogues in type 1 diabetes mellitus: getting better all the time. *Nature Reviews Endocrinology*, 2017; Volume 13, pp. 385-399
- Blun RWM, Garell D, Hodgman CH, et al. Transition from child-centered to adult health-care systems for adolescents with chronic conditions. A position paper of the Society for Adolescent Medicine. *J Adolesc Health*. 1993; 14: 570-576.
- Van Wallegem N, Macdonald CA, Dean HJ. Evaluation of a systems navigator model for transition from pediatric to adult care for young adults with type 1 diabetes. *Diabetes Care* 2008;31:1529e30.
- Holmes-Walker DJ, Llewellyn AC, Farrell K. A transition care programme which improves diabetes control and reduces hospital admission rates in young adults with Type 1 diabetes aged 15-25 years. *Diabet Med* 2007;24: 764e9
36. Nakhia M, Daneman D, To T, Paradis G, Guttmann A. Transition to adult care for youths with diabetes mellitus: findings from Universal Health Care System. *Pediatrics*. 2009; 124: e1134-e1141.

ACKNOWLEDGEMENTS

We thank all colleagues who responded to this survey.

CONTACT INFORMATION

Dr Rehab Alabedi, faisalrehab@uobabylon.edu.iq
Dr Dawood S. Abdoun Daoodabd@yahoo.com
Dr Hussain Alsaffar, hussaina@squ.edu.om