



Latest Figures Clarify State of Health in Bahrain

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For the past few decades, the Government of Bahrain has been consistently and conscientiously updating the country's healthcare system, endeavouring to keep up with the demands placed upon it. Luckily so, because, in 1994 it was found that the figures they had been dealing with were way off track.

A Central Population Register established in 1980 in Bahrain, situated 25 kilometers off the east coast of Saudi Arabia, has shown that huge socioeconomic and demographic changes have taken place in the country since the 1970s, bringing with them many advantages such as a rise in the standard of living, a rise in the standard of education, and a progressive decline in the total death rate and infant mortality. Better healthcare has led to increased survival rates and life expectancies. The total population has almost doubled to a figure of around 700,000.

However, these social advances have been accompanied by certain cultural and lifestyle changes that have led to unhealthy nutritional habits and sedentary lifestyles, increasing the prevalence of obesity.

Statistics have also shown a decline in the prevalence of communicable diseases and an increase in the prevalence of non-communicable or chronic conditions such as diabetes.

Government Brings Healthcare to All

In 1989, a Committee for Primary Care was formed by the Government of Bahrain's Ministry of

Health, standardizing care through establishing rules and regulations to guide physicians treating people with diabetes. A special diabetes flow chart, to be filled in by physicians and nurses and kept in the records, was introduced.

Past Epidemiological Statistics Not Reliable

Although epidemiological studies were conducted in Bahrain in the past, which revealed diabetes prevalence rates that ranged from 1.8 to 3.1 percent, they were done on a limited group of people, rather than from population-based samples. None of these studies used the recommended World Health Organization



(WHO) criteria for diagnosis. Many studies and papers showed that the prevalence rates of diabetes in the IDF Eastern Mediterranean and Middle East Region ranged from 2.3 to 13.6 percent. In recent years, however, the prevalence has been shown to exceed 20 percent in many countries of the Region.

1995 Study Reveals True Extent

Therefore, an additional research study, conducted in 1995 by Dr Ahmad Al-Garf and the author of

this article, was implemented to define more precisely the prevalence rate of diabetes in Bahrain among those aged 20 years and over. This included classifying the cases into ‘known diabetes’, ie, diagnosed prior to survey, ‘unknown diabetes’, ie, detected during the survey and ‘impaired glucose tolerance’ (IGT).

Additional objectives were to ascertain the distribution of the associated hypertension, obesity and positive family history of diabetes.

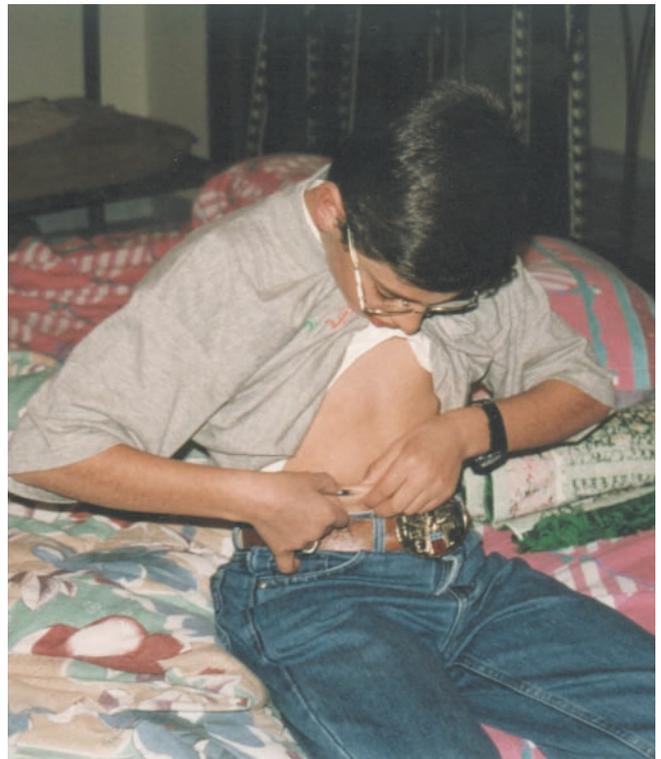
A total of 573 cases were selected with 79.9 percent completing the study. The age of the target group ranged between 20 and 90 years, with a mean age of approximately 45.

The total prevalence of known diabetes was found to be 17.3 percent. Prevalence of unknown diabetes was 8.2 percent, making the total of diabetes cases 25.5 percent. The prevalence rate of IGT was 14.7 percent. This gives a prevalence rate of 40.2 percent, if one is to include IGT.

The prevalence of diabetes in the population aged 30 years and above was found to be 21.1 percent known diabetes, 8.5 percent unknown, and an additional 14.8 percent with IGT. This gives a prevalence rate of 44.4 percent including IGT.

It was also observed that there was a sharp increase in the prevalence of known diabetes after the age of 40. In general, the diabetes prevalence rate for those cases aged 40 and above was 37 percent. The prevalence of IGT was almost steady up to the age

A child preparing for and administering an insulin injection during one of the diabetes camps held in Bahrain.





An annual walkathon – one of the many activities to promote public awareness on diabetes.

of 70, when a sharp increase was noticed. According to criteria prior to 1994, the frequency of hypertension among people with diabetes in Bahrain was 27.6 percent compared to 13.1 in people without diabetes. In those with IGT, the frequency of hypertension was similar, at 27.4 percent. The overall prevalence of hypertension among the population was 17.6 percent. But when using the 1994 WHO criteria for diagnosing hypertension as systolic blood pressure >140 and/or diastolic blood pressure >90 mmHg, hypertension was found in

58.3 percent of all diabetic cases and 53.4 percent in IGT cases. In the total population, it was found to be 42.1 percent.

The prevalence of hypertension among people with diabetes is twice that of people without diabetes, which is consistent with other studies.

Rise in Diabetes Despite Improved Healthcare Facilities

The Ministry of Health in Bahrain provides comprehensive healthcare to all the citizens through

primary and secondary healthcare facilities. The population per doctor is 760, and population per nurse is 259. Primary healthcare provides curative and preventive services through 21 healthcare centres which have been distributed throughout the country to minimize problems of accessibility.

People with established complications or difficult-to-manage problems are referred to outpatient clinics by a well-established referral system.

Despite all this, an alarming 40.2 percent of

people in Bahrain have an abnormal glucose tolerance.

Diabetes Declared National Health Priority

In its Eastern Mediterranean Programme on Diabetes Prevention and Control, the World Health Organization made a call for action in 1993, declaring that the number of people with diabetes in the region was rapidly increasing and had become a problem of great magnitude and a major public health concern.

Since then, many countries in the region, including



Bahrain, have reacted by establishing national diabetes programmes.

The Government of Bahrain has committed itself to the Declaration of Alma-Ata (see adjacent box), and adopted a political strategy concerning primary healthcare as a tool for achieving 'Health for All'. Thus, diabetes in Bahrain has become a national health priority.

Continued Action Necessary

Primary prevention must be administered urgently in this country. These efforts also need to be intensified among high risk groups.

Promoting awareness of the condition is needed to improve the competency of the healthcare team and to utilize the existing screening programmes to detect more of the unknown cases.

There is also a need for additional manpower in the area of diabetes in order to meet the demands for controlling and reducing the prevalence of diabetes.

Bahrain Diabetes Society Plays Important Role

The Bahrain Diabetes Society, a non-governmental organization, was established in 1989 and plays a very active role in increasing the awareness of diabetes in the community by direct and close contact through all available media.

We should be optimistic, not because we have achieved our goals, but because we need to continue our struggle.

Website Helps Promote Awareness

It is also worth noting that the Ministry of Health has recently built up a bilingual (English and Arabic) website to promote awareness on diabetes in Bahrain. Its address is www.sokkari.com, and is also accessible via www.zurba.com/dm

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What Happened in Alma-Ata?

In 1978, WHO/Europe held an International Conference on Primary Health Care in the city of Alma-Ata, Kazakhstan, which culminated in The Declaration of Alma-Ata. The declaration expressed the need for urgent action by all governments, health and development workers, and the international community to protect and promote the health of all the people of the world. Section II of the Declaration is particularly topical. It states, "The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries." Section IV states, "The people have the right and duty to participate individually and collectively in the planning and implementation of their healthcare." Section VI and VII deal with primary healthcare in particular, stating, "... It [primary healthcare] forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing healthcare as close as possible to where people live and work, and constitutes the first element of a continuing healthcare process."