Characteristics of dysglycaemia among selected rural communities in Central Kenya

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Introduction

Community diabetes awareness and screening campaigns provide a forum to empower communities with knowledge on diabetes and their diabetes status.

Methods

Diabetes awareness and screening sessions were conducted in Central Kenya in collaboration with administrative and religious leaders; healthcare workers; and diabetes support group members. Each awareness session comprised diabetes and nutrition education, and voluntary screening for diabetes and hypertension. Community members with abnormal blood sugars and blood pressures were referred to local health centres. Demographic and medical history data was collected from all attendees, analysed and used to identify those with dysglycaemia.

Results

Overall 6028 community members, aged 15 to 100 years, 71.5% female, attended 50 awareness and screening forums. Of the attendees: 8.3%, 89.9% and 7.1% reported diabetes status yes, no and do not know, respectively. Of those reporting a negative diabetes status, 7.8% had random blood sugar ≥7.8-<11.1 mmol/L and 1.4% had random blood sugar >11.1 mmol/L. Community members with random blood sugar concentration ≥7.8-<11.1 mmol/L were 68.8 % female; median age 50 (15 – 96) years; 24.1% BMI ≥30 kg/m²; living with hypertension 14.7%; and reported family history of diabetes 20.8%, tingling hands/feet 28.8%, reduced vision 14.7%, increased thirst 14.0%, increased frequency of urination 14.9%. Community members with blood sugar >11.1 mmol/L were 65.8% female; median age 55.0 (24 – 83) years; 28.8% BMI ≥ 30kg/m²; 38.4% random blood sugar ≥14.0 mmol/L; living with hypertension 30.1%; and reported family history of diabetes 32.9%, reduced vision 39.7%, tingling of feet/hands 27.4%, increased thirst 20.6%, increased frequency of urination 15.1%.

Conclusion

Community members with hyperglycaemia, despite a self-reported negative diabetes status were identified. Concerted community awareness campaigns are required to enhance diabetes awareness and identify those at risk of pre-diabetes and diabetes to facilitate timely initiation of prevention and management strategies.