

## Improving Diabetes Outcome: A Need to Understand Management among Africans Living with Diabetes in the UK

This article was published in the following Scient Open Access Journal:

Journal of Primary Health Care and General Practice

**Received** December 21, 2017; **Accepted** January 03, 2018; **Published** January 10, 2018

### Folashade Alloh\*

Postgraduate Researcher, Bournemouth university,  
Bournemouth, UK

The need for tailored diabetes self-management that is focused on individualised care has recently been recommended in United Kingdom (UK) on diabetes guidelines by National Institute for Health and Care Excellence (2017). Similarly, a new United States (US) guideline has recommended a tailored self-management plan for people living with diabetes [1]. This is because of the high importance of self-management of diabetes outside clinical settings. Focus on diabetes management outside clinical setting is essential in the overall optimal management of diabetes for people living with diabetes. We have argued that individual tailored care is particularly needed among African immigrants living in the UK that has been reported to have higher prevalence and poorer health outcome.

Generally, in western countries, diabetes has been reported to be more prevalent among immigrant community than the native population of the country [2,3]. For example, studies reported in Canada on how immigrant presents higher prevalence of diabetes and other cardiovascular diseases than general population [4,5]. A similar study reported was found to support the claim that immigrants are at increased prevalence of diabetes and other cardiovascular diseases than the general population in the United States [6]. In Europe, diabetes is higher among immigrant population than the general population. For example, In the UK, diabetes prevalence is three times higher and increasing among immigrant population in the UK than the general population [7,8]. Identically, in Netherland, [2] reported that Ghanaian immigrants were more than five times higher risk of developing diabetes than the Dutch. Diabetes was also found to be higher among immigrants in France with the influence of family migration on health outcome of immigrants [9].

Studies have been conducted to explore why this high increasing prevalence is found among African population in the UK. A study gathered that healthy lifestyle recommendation by medical team is difficult to adhere to when struggling with effects of racism and societal isolation [10]. Other factors like language and cultural differences have also contributed to the increasing prevalence and poorer health outcome for this population. A recent cross-sectional study conducted in a region in Spain found that immigrants reported how the effect of discrimination has influenced their health and are more likely to rate their health as poor than the general population [11]. In addition, the need to formulate intervention programmes that consider the societal challenges of facing racism, societal discrimination and cultural expectations is more apparent with the poorer health outcome among this population. In order to meet this need, there is a need to explore the process of management of diabetes among this population, especially after the need to incorporate tailored diabetes management that has been recommended to achieve optimal diabetes management.

Poorer health outcomes have also been linked to immigrants living with diabetes globally and specifically in the UK. These include increased cases of diabetes complications like mental illness, feet ulcers, retinopathy and neuropathy among immigrants [8,9,12]. Societal and structural discrimination affect mental health among immigrant communities [13].

Mental health is a major health challenge that is facing Africans living in the UK. Generally, UK government spend more than 115 billion on mental health treatment and management. This is more than the total expenditure on diabetes and cancer

\*Corresponding Author: Folashade Alloh,  
Postgraduate Researcher, Bournemouth university,  
Bournemouth House, Christchurch Road, room  
112a, Bournemouth, Dorset BH1 1RX, UK, Email:  
[falloh@bournemouth.ac.uk](mailto:falloh@bournemouth.ac.uk)

put together. Africans have been reported to be at higher risk of developing mental illnesses like psychotic disorder and depression have mental health illnesses like psychotic disorder according to the [14]. More Africans have also been reported to be detained under the Mental Health Act and require police intervention than the general population [15,16]. This is further complicated for African immigrants living with diabetes, this is because mental health has been reported as to complicate management of diabetes. This has already been highlighted in a call for studies into mental health complication among blacks and Asian ethnic minorities living with diabetes in the UK (Pramod et al. 2017).

Following the report on the higher complication rates among immigrant population, there is need for further research into understanding the management process of diabetes among this population. Finding a better management regime will impact on reducing the burden of diabetes and its complications among immigrant population and ultimately benefit the country of residence. In the effort to provide better management for diabetes management among African immigrants living in the UK, studies that focus on the management process of this population will be essential at this time. In addition, there is a need to explore options of formulating tailor-made management intervention regime that will assist in improving the health outcome of African living with diabetes in the UK and other western countries [11]. Studies that have been conducted among Blacks and ethnic minorities generally in the UK have a common recommendation in common, which is to culturally orientate the medical professionals caring for these patients [17].

We believe that to achieve the personalised tailored care that is recommended by National guidelines both in the UK and the US, is need to familiarise research communities and health professionals with the process of diabetes management among Africans living with diabetes globally [18]. A good way of achieving this is to conduct research to explore the management of diabetes among this population that will assist in medical professionals in the processes involved in the management of diabetes among African immigrants living in the UK.

## References

1. Conlin PR, Colburn J, Aaron D, Pries RM, Tschanz MP, Pogach L. Synopsis of the 2017 U.S. Department of Veterans Affairs/ U.S. Department of Defense Clinical Practice Guideline: Management of Type 2 diabetes Mellitus. *Ann Intern Med.* 2017;16(7):655-663.
2. Meeks KA, Stronks K, Beune EJ, et al. Prevalence of type 2 diabetes and its association with measures of body composition among African residents in the Netherlands–The HELIUS study. *Diabetes Res Clin Pract.* 2015;110(2):137-146.
3. Gele AA, Pattersen KS, Kumar B, Torheim LE. Diabetes Risk by Length of Residence among Somali Women in Oslo Area. *Journal of diabetes research,* 2016.
4. Chiu M, Austin PC, Manuel DG, Tu JV. Cardiovascular risk factor profiles of recent immigrants vs long-term residents of Ontario: a multi-ethnic study. *Can J Cardiol.* 2012;28 (1):20-26.
5. Creatore MI, Moineddin R, Booth G, et al. Age- and sex-related prevalence of diabetes mellitus among immigrants to Ontario, Canada. *CMAJ.* 2010;182(8):781-789.
6. Commodore-Mensah Y, Himmelfarb CD, Agyemang C, Sumner AE. Cardiometabolic Health in African Immigrants to the United States: A Call to Re-examine Research on African-descent populations. *Ethnicity & Disease.* 2015;25(3):373-380 378.
7. Montesi L, Caletti MT, Marchesini G. Diabetes in migrants and ethnic minorities in a changing World. *World journal of diabetes.* 2016;7(3):34-44.
8. Diabetes UK. *Facts and Statistics.* UK. 2016.
9. Chambre C, Gbedo C, Kouacou N, et al. Migrant adults with diabetes in France: Influence of family migration. *J Clin Transl Endocrinol.* 2017;7:28-32.
10. Ocheng BM. Black African migrants: The barriers with accessing and utilizing health promotion services in the UK. *Eur J Public health.* 2013;23 (2):265-269.
11. Rodriguez-Alvarez E, González-Rábago Y, Borrell LN, Lanborena N. Perceived discrimination and self-rated health in the immigrant population of the Basque Country, Spain. *Gac Sanit.* 2017;31(5):390-395.
12. Okrainec K, Booth GL, Hollands S, Bell CM. Impact of language barriers on complications and mortality among immigrants with diabetes: a population-based cohort study. *Diabetes Care.* 2015;38(2):189-196.
13. Sewell H. Equality Act 2010 in Mental health: A guide to implementation and issues for practice. United Kingdom: Jessica Kingsley Publishers. 2012;1-256.
14. Monitoring the Mental health Act in 2015/2016. *Care quality commission.* 2016.
15. Memon A, Taylor K, Mohebati LM, et al. Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ open.* 2016;6(11):e012337.
16. A mental health Act fit for tomorrow: An agenda for reform. *Mental Health Alliance.* 2017.
17. Stevenson J, Rao M. Explaining levels of wellbeing in Black and Minority Ethnic populations in England. London: University of East London, Institute of Health and Human Development. 2014.
18. Type 2 diabetes in adults: management. *National Institute for Health and Care Excellence.* 2017.