

# Canadian Nurses Involved in Diabetes Prevention Program in Mexico

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**P**revention programs are now the focus of public health programs in most developed countries because they have proved to be cost-effective and have helped to avoid complications that are always more expensive to correct—and cause higher morbidity.

Unfortunately, the reality in developing countries is that prevention programs are scarce, and health-care authorities tend not to believe in them because of the time it takes to see results. Mexico is no exception, and most hospitals and health-care centres still believe that having a foot ulcer in a patient with diabetes means amputation. This makes up for the alarming number of amputations carried out each year in Mexico.

Diabetes mellitus affects eight to 12 per cent of the population in Mexico, and the age group most affected is between 20 and 69 years.<sup>1</sup> This means four to six million people are affected by the disease, of which only 200,000 to 300,000 are believed to be under proper control. Thirty per cent of those affected are unaware they have the disease. This of course, causes a delay in diagnosis that ultimately results in more complications.

By the year 2025, Mexico will rank seventh in diabetes incidence worldwide and first in Latin America. Diabetes is now the primary cause of male and female hospital mortality in Mexico.<sup>2</sup>

The CAWC has always been concerned about aiding less fortunate countries, and two members have recently tackled this issue by offering their help in developing a prevention program for patients with diabetes focused on education. Both Heather Orsted and Tiffany Barker are working with Mexican wound-care leaders in developing a training program for community health-care professionals to provide education for patients with diabetes.

This program was initially developed for the government of the northern state of Zacatecas, but due to the authorities' lack of interest, the focus has shifted to the central state of Guanajuato instead.

The proposed program is meant to educate and train both health-care workers and patients with diabetes in the prevention, diagnosis, monitoring and management of foot problems in the municipality of Celaya, Guanajuato, Mexico. This type of program has been shown to reduce between 49 and 85 per cent of amputations.

The project will be divided into three phases. In the first phase, a group of health-care professionals will be empowered and trained to become leaders and advocates in the prevention and management of diabetic foot ulcers.

In the second phase, the theory and skills that the health professionals have been taught will be put into practice through the establishment of health-care teams dedicated to the prevention and management of diabetic foot ulcers as part of diabetic care services in Celaya. Measurement of the program's efficacy will be through the reporting of the number of amputations before and after the implementation in the main referral hospital in the municipality. This should create awareness of the usefulness of such a program, which will lead to the third phase.

In the third phase, which is contingent on satisfactory outcomes of the first and second phases, the program will be implemented in other municipalities with the goal of state-wide dissemination.

We believe this program is a terrific example of how the CAWC has accomplished their objective of encouraging co-operation between the CAWC and other inter-

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