

26<sup>th</sup> International Conference on  
Diabetes and Endocrinology

&amp;

16<sup>th</sup> International Conference on  
Nutrition and Health

Nov 22-23, 2018 | Paris, France

**Diabetes mellitus in developing country, in the era of high HIV prevalence****Daniel Azmeraw Workluel**

ALL African Leprosy, Tuberculosis, Rehabilitation Training Center (ALERT Center) | Ethiopia

**D**iabetes mellitus (DM) is a chronic disease with wide spectrum etiology, risk factors, pathophysiology, and clinical presentations, as well variety of armamentarium employed for management of patients with DM nutritional, non-pharmacological and pharmacological recommendations applied for mitigating the effect of DM on morbidity and mortality. I was thought that Type I DM was the most prevalent from types of DM, however with advent of urbanization, decrease physical activities and sedentary life style the trend of DM is changing in developing countries. Currently from the place where I came from, Ethiopia the prevalence of DM is nearly 6 % and there is a rise in prevalence and incidence of DM attributed to urbanization, decrease physical activities, sedentary life style, increment in prevalence of obesity especially in urban areas, as well increase in life expectancy as a result of decrease in prevalence and incidence of communicable disease (malaria, relapsing fever..) which translates as aging of population with increasing the prevalence and risk of non-communicable disease like DM. Ethiopia is a country with high prevalence of HIV with estimated prevalence of 1.8%, with 1.2 million individuals living with HIV and more than

70 % currently on antiretroviral therapy (ART). Besides the traditional risk factors for DM, 40-70% of patients with HIV are estimated to have dyslipidemia, and ART incurs additional risk factor for atherosclerosis, dyslipidemia and DM. On top of this as ART prolong the life of patients, and the prevalence of DM especially Type II is logically expected to increase and treatment of both HIV and DM may complicate the life style of patients and create difficulty for clinician managing the patients. With respect am asking the participants of this conference to give emphasis on DM in developing country especially in area where HIV is prevalent, by conducting research, providing training on management of combined chronic illnesses communicable and non-communicable, support this counties to develop guidelines.

**Speaker Biography**

Daniel Azmeraw Workluel has completed MD, M.PH and internist at the age of 36 from Jimma University and University of Gondar, Ethiopia, currently working as leader of internal medicine case team and senior medical specialist (internist/public health specialist), clinician at ALERT center, with 3 published research and more than 3 ongoing research at ALERT center and Armaur Haunssen research institute (AHRI) one of the renowned in Ethiopia and worldwide.

e: azmerawdan@gmail.com

*Notes:*