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Statistics, risk factors, barriers and intervention to the management of type 2 diabetes mellitus in Australian aboriginal population


Aboriginal population in Australia are 4 times more prone to develop diabetes as compared to the non-indigenous population with a hospitalization rate of 4.2 aboriginal versus 1.7 in non-indigenous population. Diabetes deaths increases with remoteness, social isolation, low socio-economic status and low literacy level. The risk factors being difficulty of access to health services, poor socio-economic status, smoking, poor dietary choices. The population is also medically unaware of the consequences of the disease, therefore impacting on the management and its subsequent results. The aspect of daily stress, emotional, environmental, mental aspects along with spiritual outlook have a serious impact on an individual's family and community. I will be discussing about the challenges as a clinician in educating the subset of the population about the food choices, calorie intake, physical activity, importance of checking blood sugars, preventive medicine and early detection of the impact of the disease which play a major impact in the management of this population. We will also be touch upon the mode of empowering the patient in terms of taking charge of their life and their diabetes. The pharmacological and non-pharmacological intervention for this subset will also form a part of my talk. Telemedicine with general physician and specialist

consultation plays a significant role in managing and reducing a barrier towards access to medical care. Finally, a quick update about new insights with regards to Aboriginal Genetics and Disease Association. The genetic association of an absence of APOL1 risk alleles in remote Australian aboriginal group with high risk of diabetes and cardio vascular diseases. Secondly, high base line levels of tumour necrosis factor receptor 1 leading to worsening of kidney disease in Aboriginal Australians. Thirdly, arylsulphatase A pseudodeficiency, type 2 diabetes, hypertension, chronic renal disease. This is associated with pleiotropic effects of sulfatides on metabolic function. This could be an avenue for therapeutic intervention.

Speaker Biography

Rekha Annie Prasad is a consultant physician at a tertiary hospital and also works at other sites. She has been a clinician in Australia for the past 18 years with varied experience, remote and in urban areas. She has her speciality interests as acute medicine, pre-and peri operative medicine, obstetric medicine. She is passionate about diabetes management and chronic disease management especially in aboriginal population. She is involved in teaching under graduate students for Notre Dame University and University of Western Australia. She is also a mentor for post graduate students taking their fellowship exams. She is on the safety and medication committee of Sir Charles Gardiner Hospital. She is also a panel member of undiagnosed disease panel in WA. She also practices telemedicine for remote communities dealing with chronic diseases especially diabetes.

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