CONFERENCE ABSTRACT

Mexican policy to treatment people with diabetes and tuberculosis.

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Introduction: The diabetes rate in Mexico has gradually increased in the past decade. The last national health and nutrition survey in 2012 found an average prevalence of 9.25% in the Mexican population (1). As a result of this, the government is trying to tackle it offering earlier tests and increasing the pharmacologic attention around the country. On the other hand, it is known that tuberculosis disease in Mexico has an important relationship with diabetes. 2015 saw that from 20,561 new cases of tuberculosis, the 23.2% had diabetes as a comorbidity (2).

Description of policy context: In 2014, Castellanos M. showed that joint management of tuberculosis and diabetes could have a positive impact on improving clinical outcomes (3). Also, nowadays, there is information which describes that use insulin as a first treatment in people with diabetes and tuberculosis is an important way to control glycemia levels and also offers a good effort in the bacteriological issue. Therefore, national programs have strengthened their links and have offered better guides for caring this group of people.

Objective: Show the advance of a national policy to treatment people with tuberculosis and diabetes.

Targeted population: People affected with tuberculosis and diabetes.

Highlights: In the cohort treatment analysis, it can be seen a high percentage in the cure of tuberculosis in people with diabetes, higher than the global rate. Since 2014, there has been recommendations for using insulin as a first treatment in this group. Also, there is a solid group of care managers who are paying attention to these people and offering a careful process to follow some complications with diverse routes to tackle it.

Innovation: Due to the fact that the rate relationship between diabetes and tuberculosis is not just a proportional effect in the Mexican population. Mexican health programs are improving their links and ways for making better policies related to integrated care. There are guides and routes for caring and some drugs are easier to obtain. There is a national indicator which evaluates the proportion of people which tuberculosis over 20 years who are tested to identify diabetes as well.

Impact and outcomes: The formal link between diabetes and tuberculosis programs stood at 2011 and at the present time has been a better process of linking and coordination among
different levels, even though many states still with some management issues. The national cure percentage in the treatment cohort within tuberculosis and diabetes was 80.8 and the success treatment of 89.2 in 2014. However, the global rate was 78.7% and the success treatment of 86.9% in 2014. The last result in 2015 is still in process.

**Comments on transferability:** It is an example of better linking, coordination and integration strategies between two local teams. Both programs are caring people with the comorbidity to ensure the cure of tuberculosis and the better control of diabetes.

**Conclusions:** (comprising key findings, discussion and lessons learned). Every local team has implemented some activities for caring people with tuberculosis and diabetes because with this health processes are improving, moreover, there is a big risk of multidrug resistance. This is a serious complication which can be detected earlier. Many people have learnt skills for improving integration care since different levels of attention.

**References:**


**Keywords:** tuberculosis; diabetes; care management; treatment cohort analysis