

STRATEGY FOR EARLY IDENTIFICATION OF DIABETES AND IMPAIRED GLUCOSE HOMEOSTASIS IN HIV POSITIVE PEOPLE IN SOUTH AFRICA

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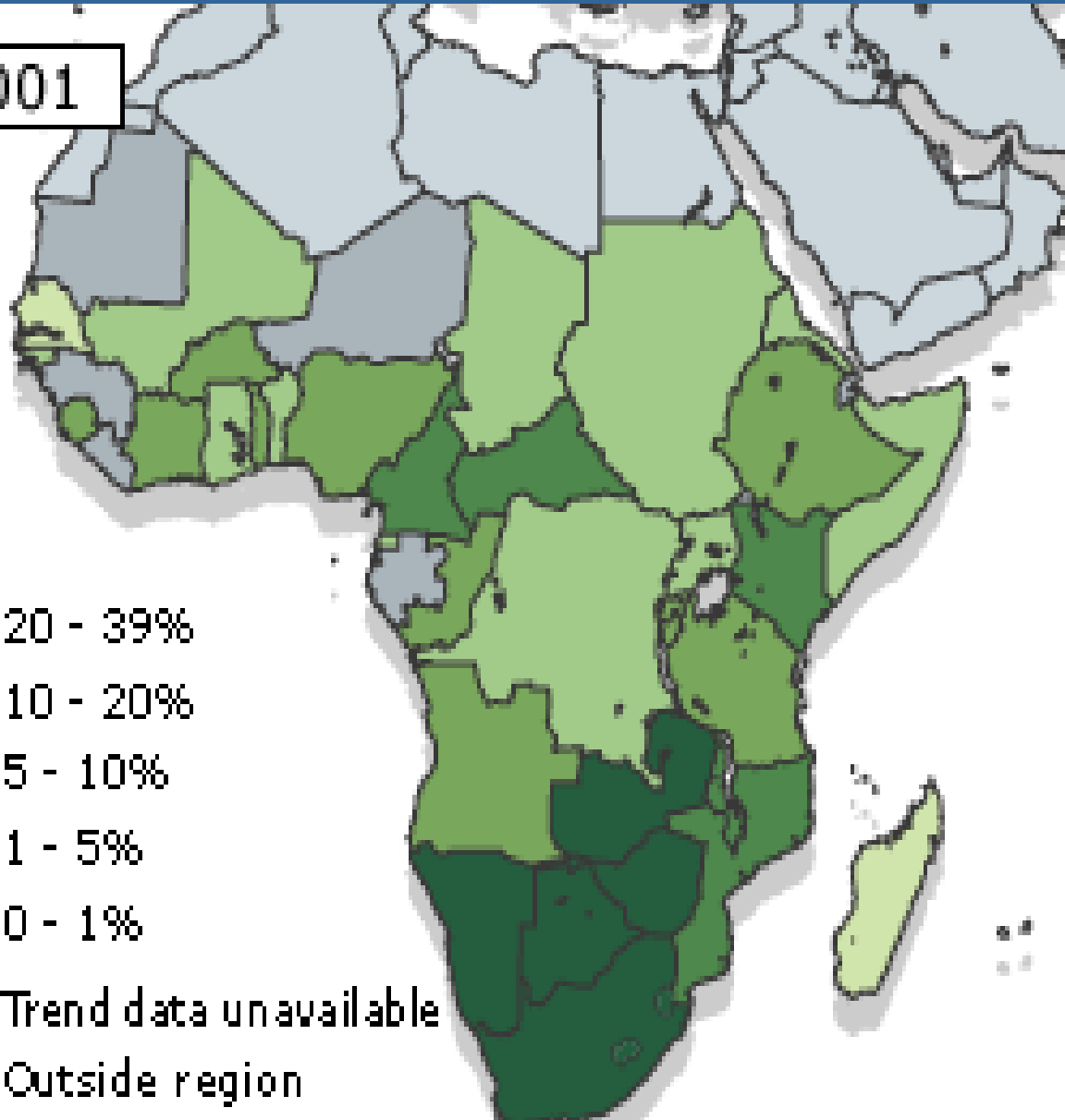
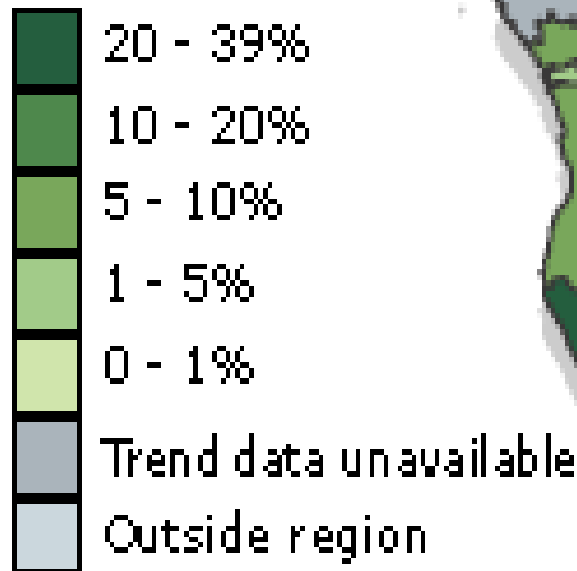
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ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV IN 2006

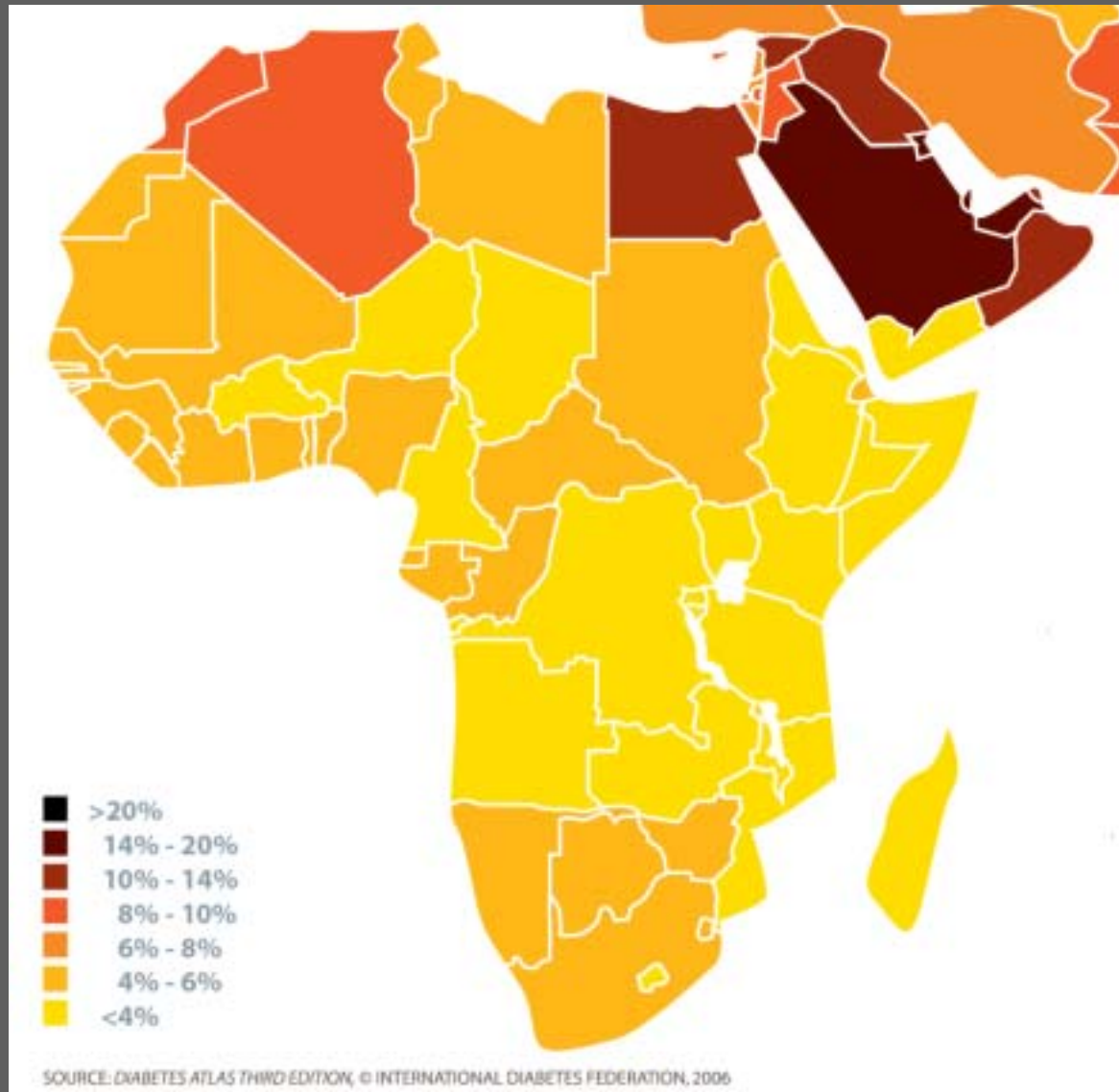


AIDS IN AFRICA

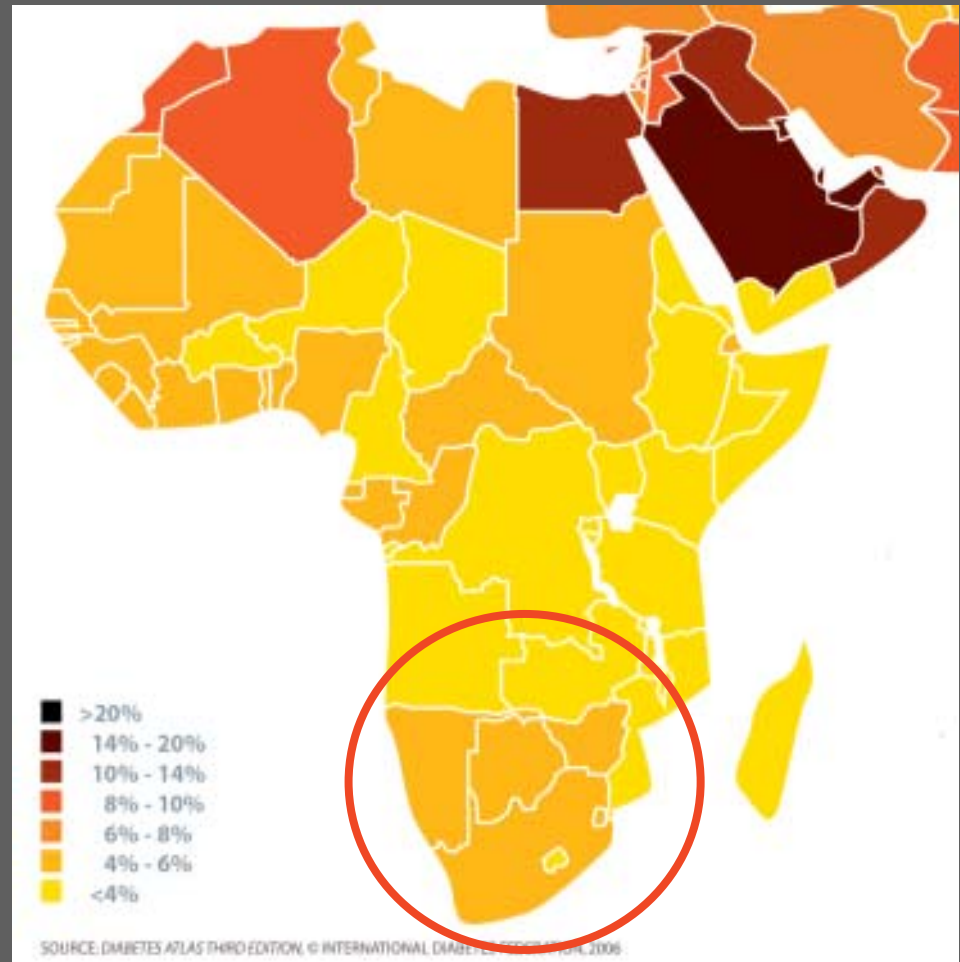
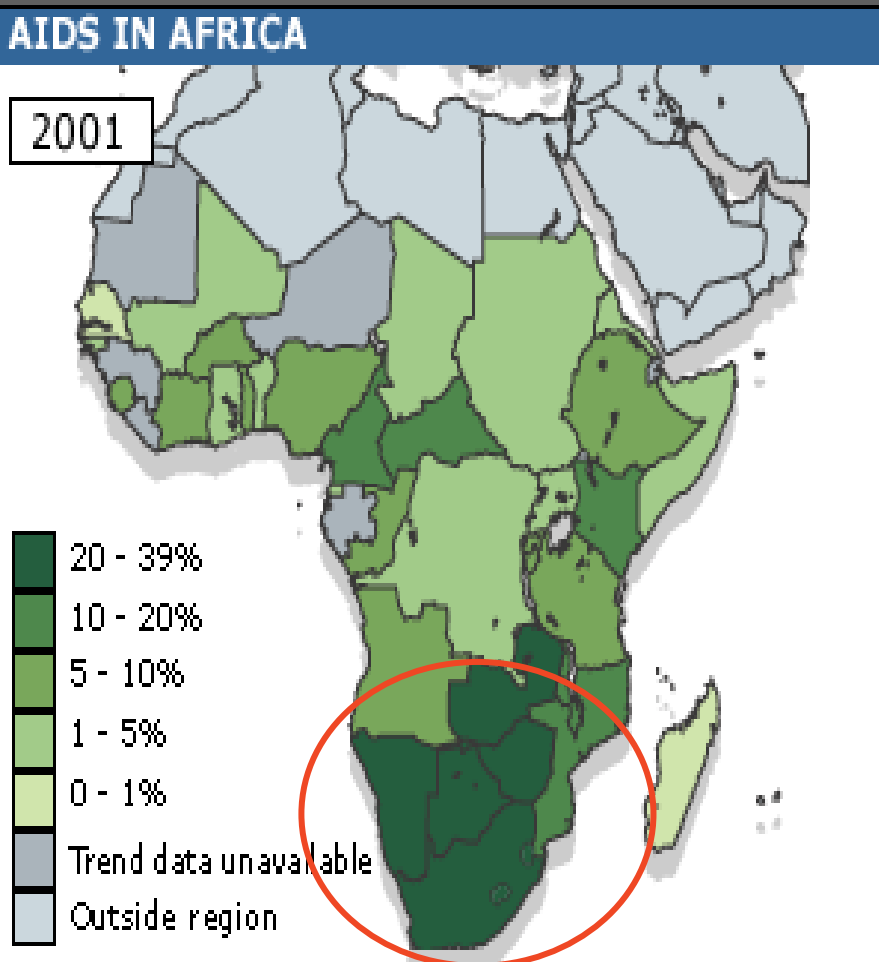
2001



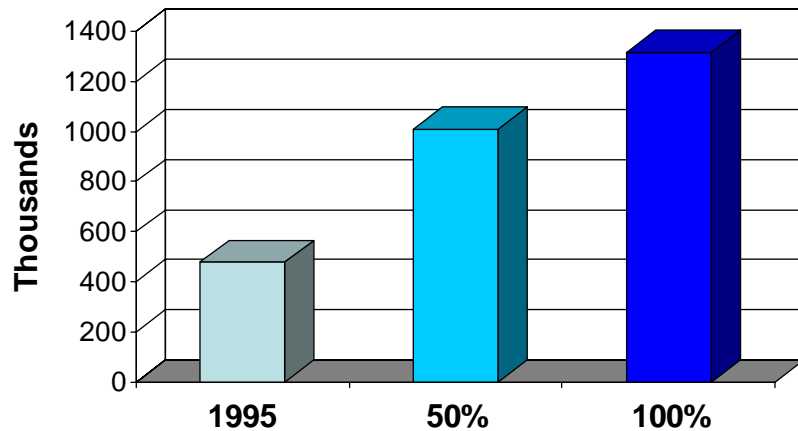
ESTIMATES OF DIABETES PREVALENCE 2007



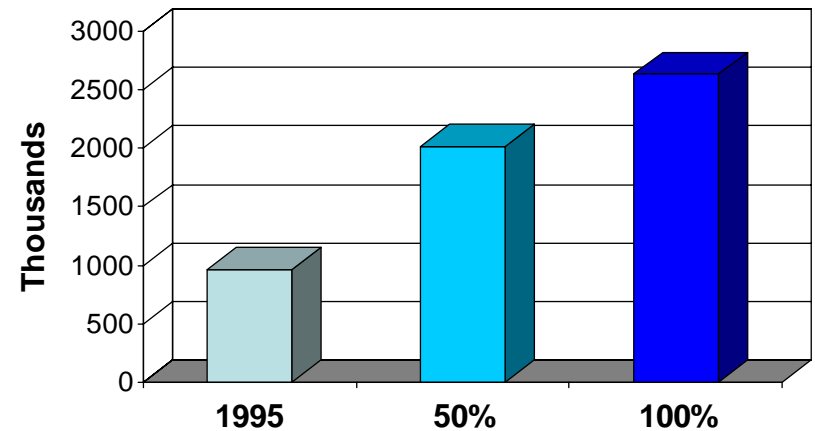
MAJOR BURDEN



PROJECTED NUMBER OF PEOPLE WITH DIABETES FROM 1995 TO 2010 BASED ON RISING DIABETES PREVALENCE

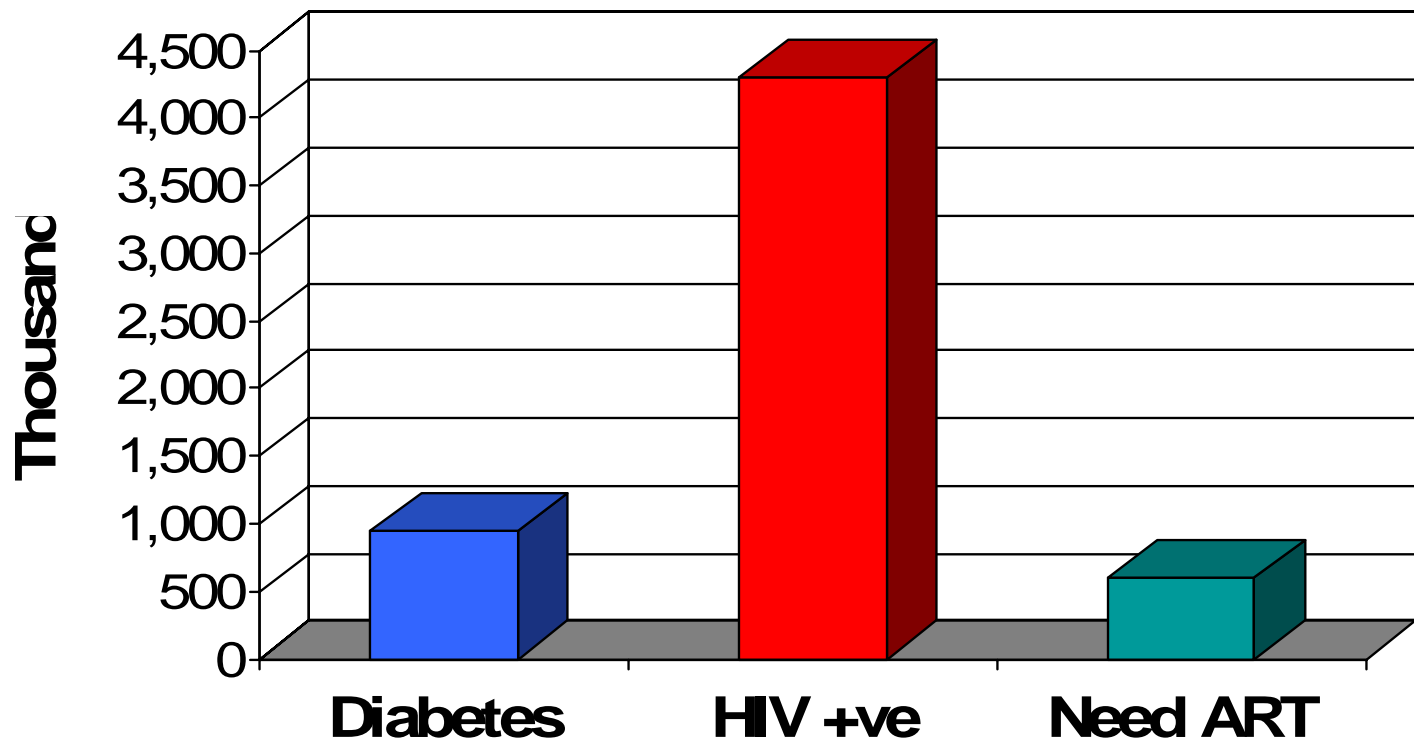


PATIENT LOAD



TOTAL NUMBER

NUMBER OF DIABETICS, HIV POSITIVE AND PEOPLE NEEDING ART, SOUTH AFRICA 2000



Source: Levitt and Bradshaw, 2005

ROLL OUT PROGRAMME

- ESTIMATED 500,000 PEOPLE NEED ART
- DETAILED PROGRAMME:
 - 4 WEEK ASSESSMENT
 - INTRODUCTION OF ARVS
 - GOOD ADHERANCE RATES
 - REGIMEN 1
 - REGIMEN 2
 - OVER 20000 ON ARVS IN CAPE TOWN ALONE
 - NO ROUTINE MONITORING R 1
 - LIMITED MONITORING R 2

PROJECT

- Determine the prevalence and risk factors for disorders of glucose homeostasis in HIV-positive patients on various HAART-regimens
- Develop a simple cost-effective screening tool to be used at a Primary Health Care Facility level at initiation of therapy and at subsequent follow-up to identify glucose abnormalities.

PROJECT

- Validating this tool
- Developing guidelines for the cost-effective investigation and management of disorders of glucose homeostasis

Methods: Cross-sectional Study

Subjects attending HIV Clinics in the community

HIV + ve not yet on treatment

HIV +ve HAART (Protease inhibitors naive)

HIV +ve HAART (PI-in-use)

Medical history

Clinical examination

height and weight, waist and hip circumference

Blood pressure

Oral Glucose Tolerance Test

Development of a screening tool

Data will be analysed in an attempt to identify the parameters most indicative of an increased risk for disorders of glucose homeostasis

a simple screening tool will be developed.

METHODS

Longitudinal Study

6 monthly for 24 months

History

Clinical examination

OGTT











