

## World Diabetes Day 2018

**N**ovember is a popular month for remembrance. On November 14, I hope you will both recall and celebrate World Diabetes Day (WDD). Recall it as a day to remind us that prevalence rates for diabetes continue to increase worldwide and with it the diabetes-related burden of disease and disability. Celebrate it to remind us that people with diabetes are now living longer than ever and that most people with diabetes, at any one time, have either no diabetes complications or at least no severe complications. Thus, diabetes is, overall, increasing in its commonality but improving in its individual outcomes, although much progress is still needed to negate its adverse health impact.

This year's WDD theme of 'diabetes and family' brings particular issues to mind. Type 1 diabetes may occur in families and type 2 diabetes occurs strongly in families. Family members often have major caring roles for people with diabetes, which can be a strain. Family members also sometimes cause distress for people with diabetes. Family can therefore be a source of type 2 diabetes predisposition through inheritance and exacerbation through psychosocial stress, but is also often an irreplaceable support for a person with diabetes.

Familial predisposition to diabetes contributes not only to type 1 diabetes and the rare monogenic forms such as maturity-onset diabetes of the young, but also to type 2 diabetes. If a person has one parent with type 2 diabetes then they have a 40% risk of developing the condition. If both parents have a history of type 2 diabetes then the person has about an 80% risk. In this situation not being able to 'choose' your parents is a disadvantage. An increasing number of extended family members with type 2 diabetes also increases a person's risk of developing the condition. Therefore, despite the polygenic nature of type 2 diabetes, inherited influences can have a major modifying effect on diabetes risk. In utero and postnatal influences are also implicated.

Family also affects the environmental influences on diabetes risk. This is most clearly exemplified by data on spouses. Research has shown that changes in bodyweight in a person with obesity are paralleled, to a lesser extent, in their spouse. Thus, a change to a more or less healthy lifestyle in one member of a couple often has an impact on the bodyweight and metabolic health of their partner. This finding supports an argument to treat the 'family unit' of the person with type 2 diabetes, including those related by blood and marriage, with an intensified, novel family-inclusive approach to metabolic healthcare and disease prevention.

People with diabetes, especially older people and children, often have family members as their main carers, reinforcing a special nurturing relationship with the partner, sibling or parents. The need to 'care for the carers' among relatives of people with diabetes is often underappreciated. Furthermore, when a person with diabetes becomes stressed by a family member's illness, their own self-care typically suffers. Professional psychological support in providing coping mechanisms to support positive interaction between the person with diabetes and their family can aid health outcomes.

At *Endocrinology Today* we wish all people with diabetes, and their families and loved ones who do so much good, a happy, memorable WDD.

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