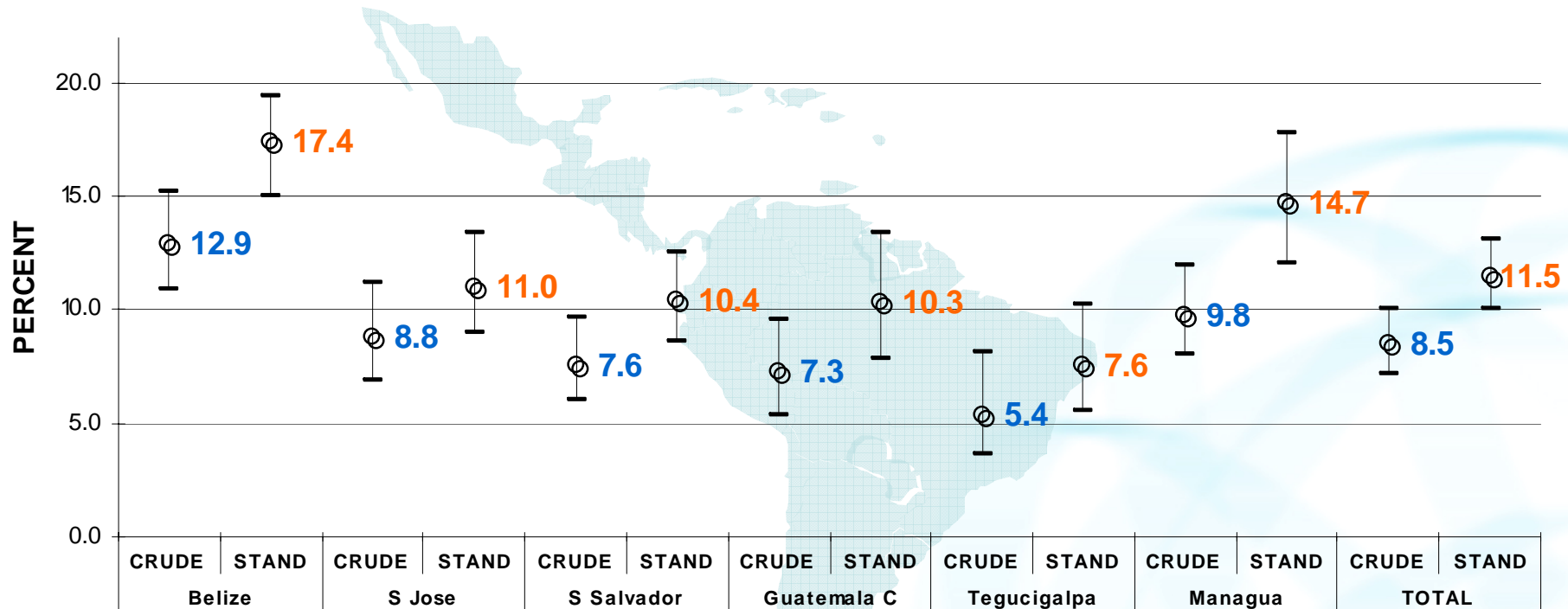
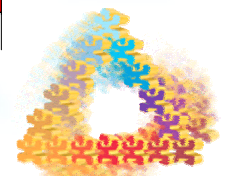
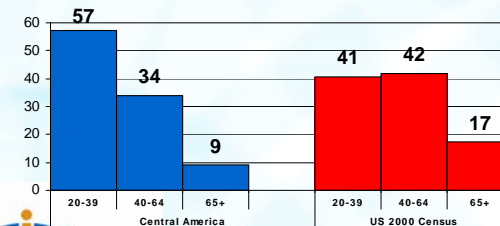


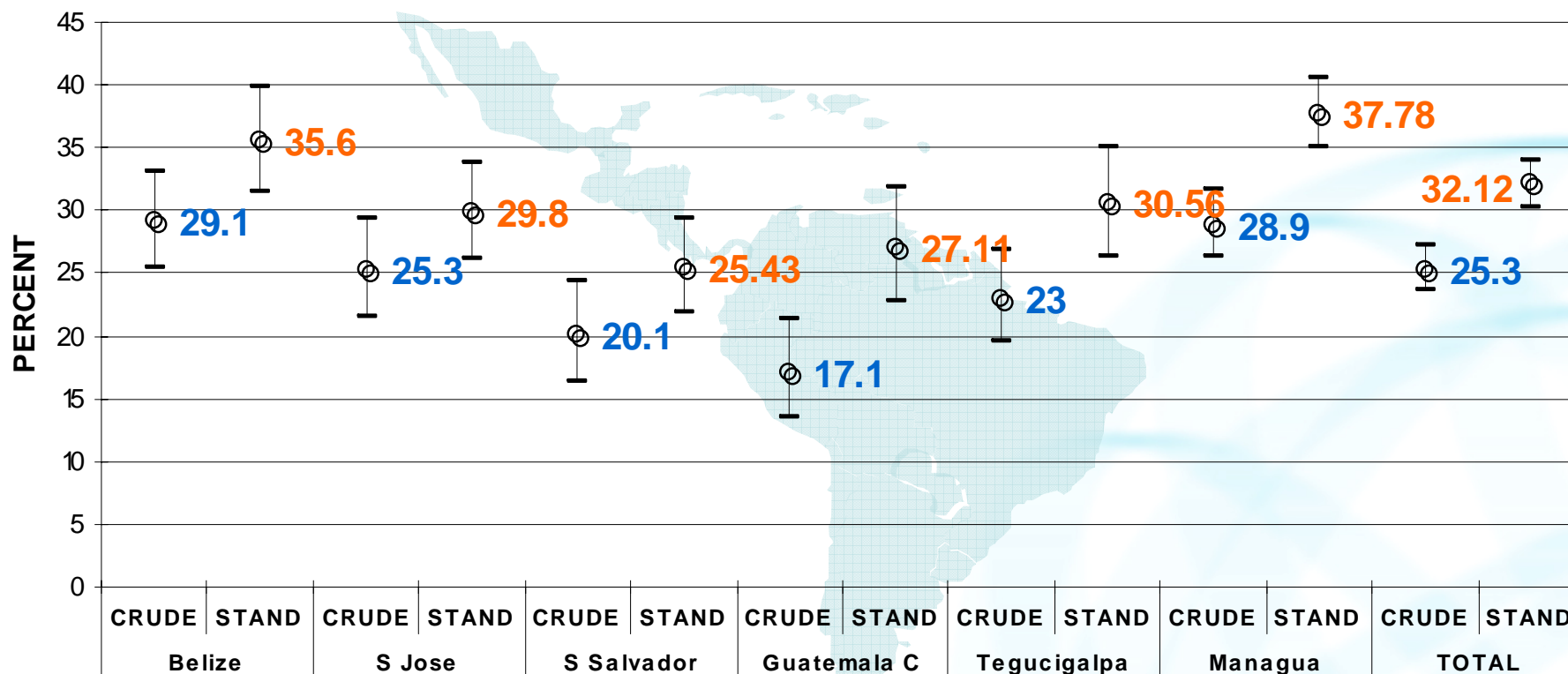
Crude and Standardized Prevalence (% , 95%-CI) of Diabetes by site. The CAMDI Survey, 2002-2005



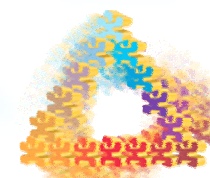
Standardized by the direct method using the US 2000 Census population as standard

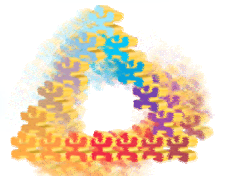


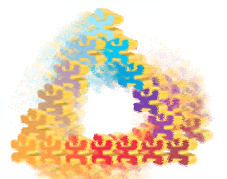
Crude and Standardized Prevalence (% , 95%-CI) of Hypertension by site. The CAMDI Survey, 2002-2005



Standardized by the direct method using the US 2000 Census population as standard

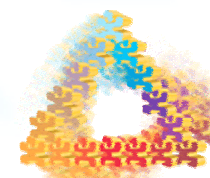






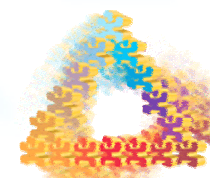
Proportion of participants (%) with diabetes reporting the use of specific medication

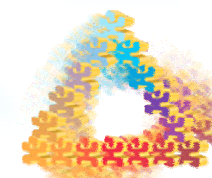
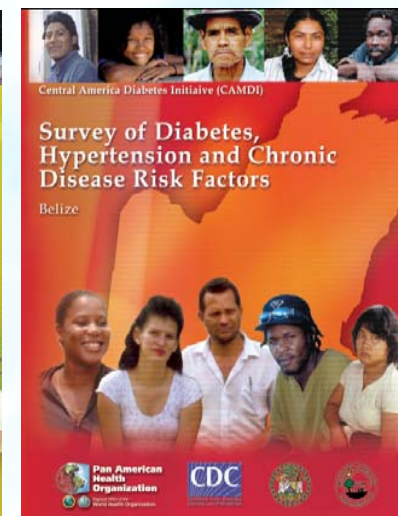
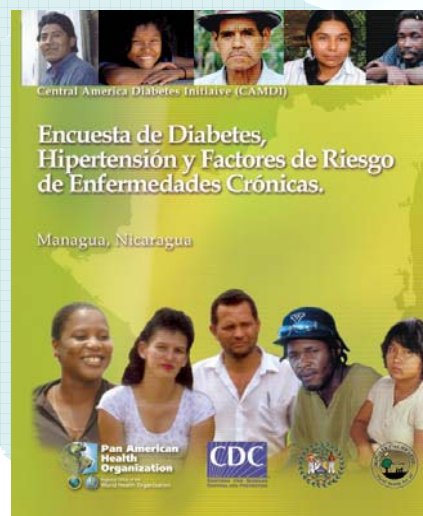
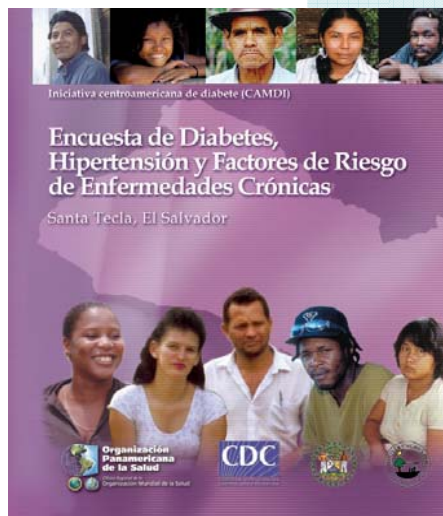
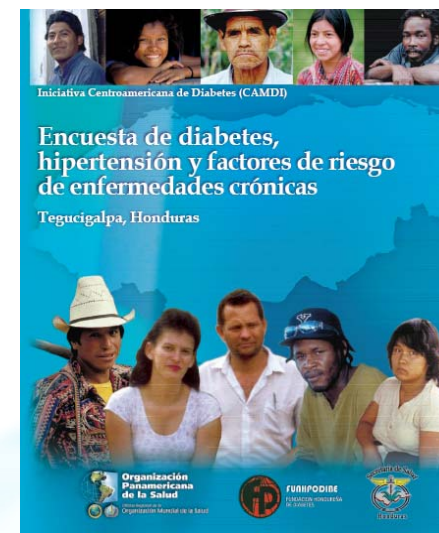
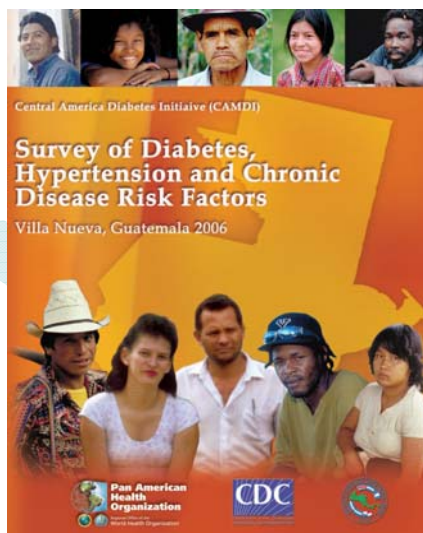
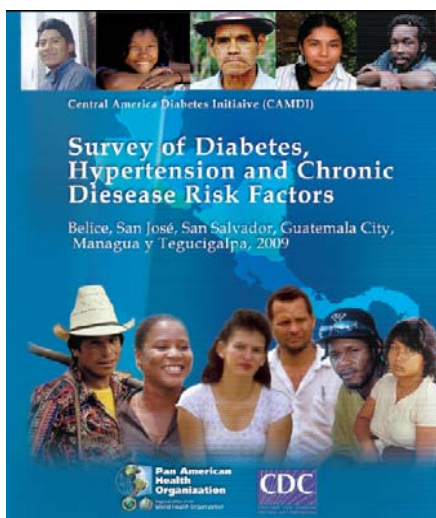
Medicines	Belize	San Jose	San Salvador	Guatemala City	Tegucigalpa	Managua	Total
Among those with Diabetes							
n	299	110	108	85	62	118	782
Insulin	8.2	19.1	4.3	7.0	17.6	11.0	14.1
Sulfonilureas	30.4	38.3	46.3	50.2	56.6	73.1	50.5
Metformin	26.6	29.0	24.3	9.9	18.7	1.3	18.5
Diuretics	2.7	9.6	.9	1.1	14.8	0.0	5.8
Ca Blockers	5.1	10.9	11.7	1.2	12.3	0.0	6.9
Alpha Agonist	.4	3.2	3.7	0.0	1.1	1.3	2.0
Beta Blockers	5.0	26.0	3.6	0.0	1.1	0.0	11.2
ACE Inhibitors	14.7	21.0	9.9	17.5	37.7	33.4	25.0
Aspirin	2.2	7.5	6.0	*	0.0	0.0	3.5
Statins/Fibrate	1.9	4.6	8.6	3.8	4.6	1.3	3.6
Total treated	54.1	76.1	62.5	63.5	84.7	79.0	74.3



Proportion of participants (%) with hypertension and hypercholesterolemia reporting the use of specific medication

Medicines	Belize	San Jose	San Salvador	Guatemala City	Tegucigalpa	Managua	Total
Among those with Hypertension							
n	568	302	388	203	229	383	2,073
Diuretics	3.8	22.1	6.8	4.0	9.3	0.2	9.9
Ca Blockers	3.8	22.1	6.8	4.0	9.3	0.2	9.9
Alpha Agonist	3.8	22.1	6.8	4.0	9.3	0.2	9.9
Beta Blockers	4.6	37.7	9.3	5.6	9.9	3.7	16.6
ACE Inhibitors	22.1	35.7	29.6	24.8	40.5	54.4	40.7
Aspirin	2.8	11.3	5.6	*	0.0	0.8	4.6
Statins/Fibrate	1.8	2.6	4.3	10.0	11.1	1.2	3.9
Total treated	26.3	47.7	42.8	34.9	51.3	42.6	44.2
Among those with Hypercholesterolemia							
n	365	-	394	182	332	234	1,507
Statins/Fibrate	5.8	*	5.6	8.2	6.0	4.3	5.8



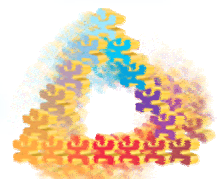


Building Blocks in Diabetes Education and Control



Cuidados Crónicos

Chronic Illness Care

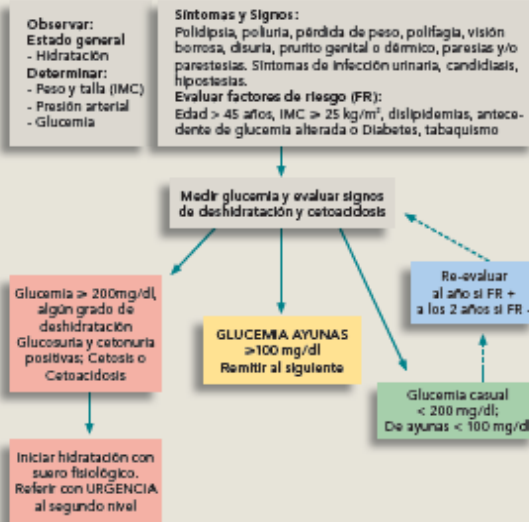


Algoritmos para la prevención, diagnóstico, tratamiento y seguimiento de la Diabetes y sus complicaciones

Cuadro 19

Escenario 1

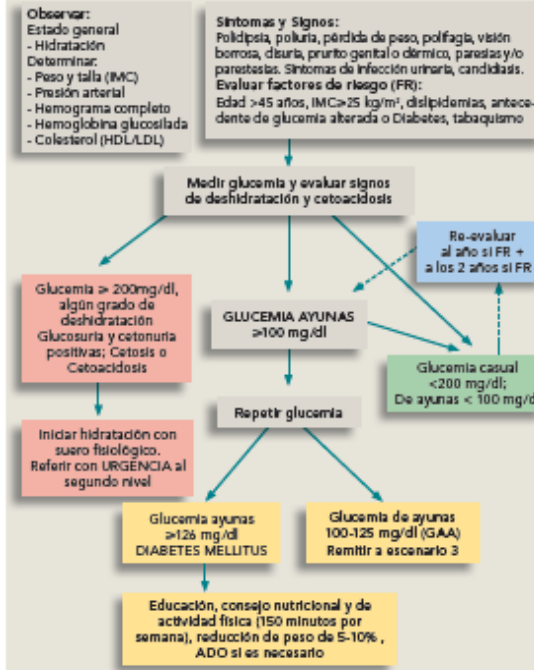
Diagnóstico y clasificación de Diabetes Mellitus en el adulto



Cuadro 20

Escenario 2

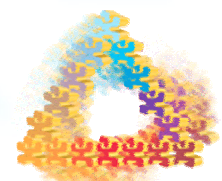
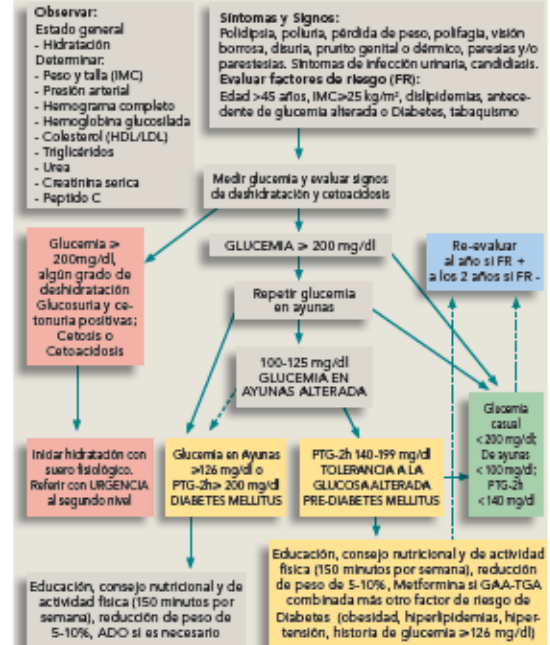
Diagnóstico y clasificación de Diabetes Mellitus en el adulto

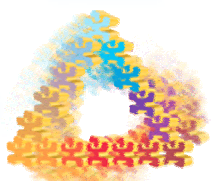
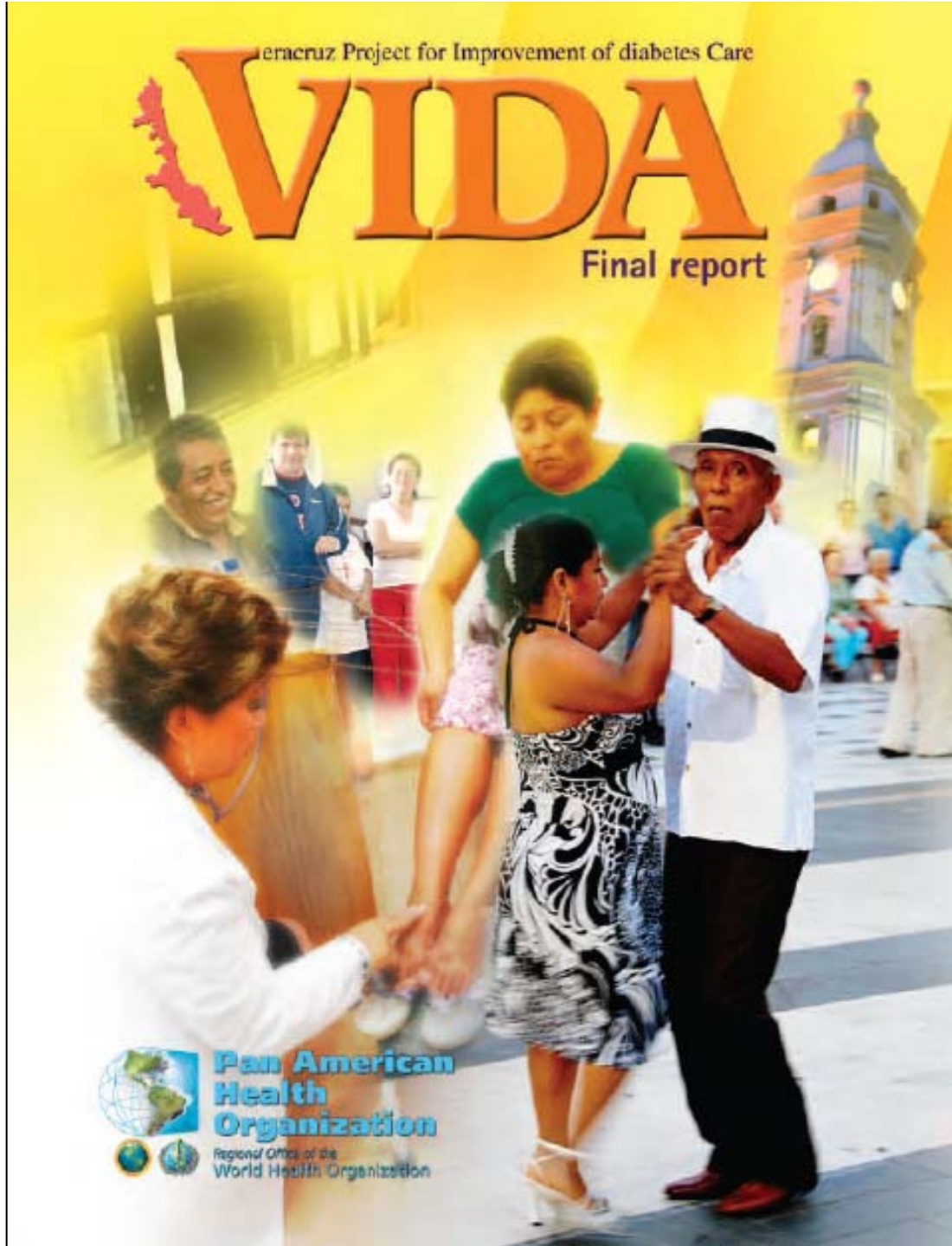


Cuadro 21

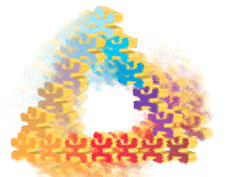
Escenario 3

Diagnóstico y clasificación de Diabetes Mellitus en el adulto

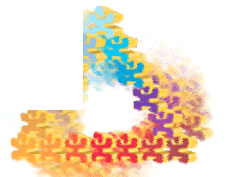
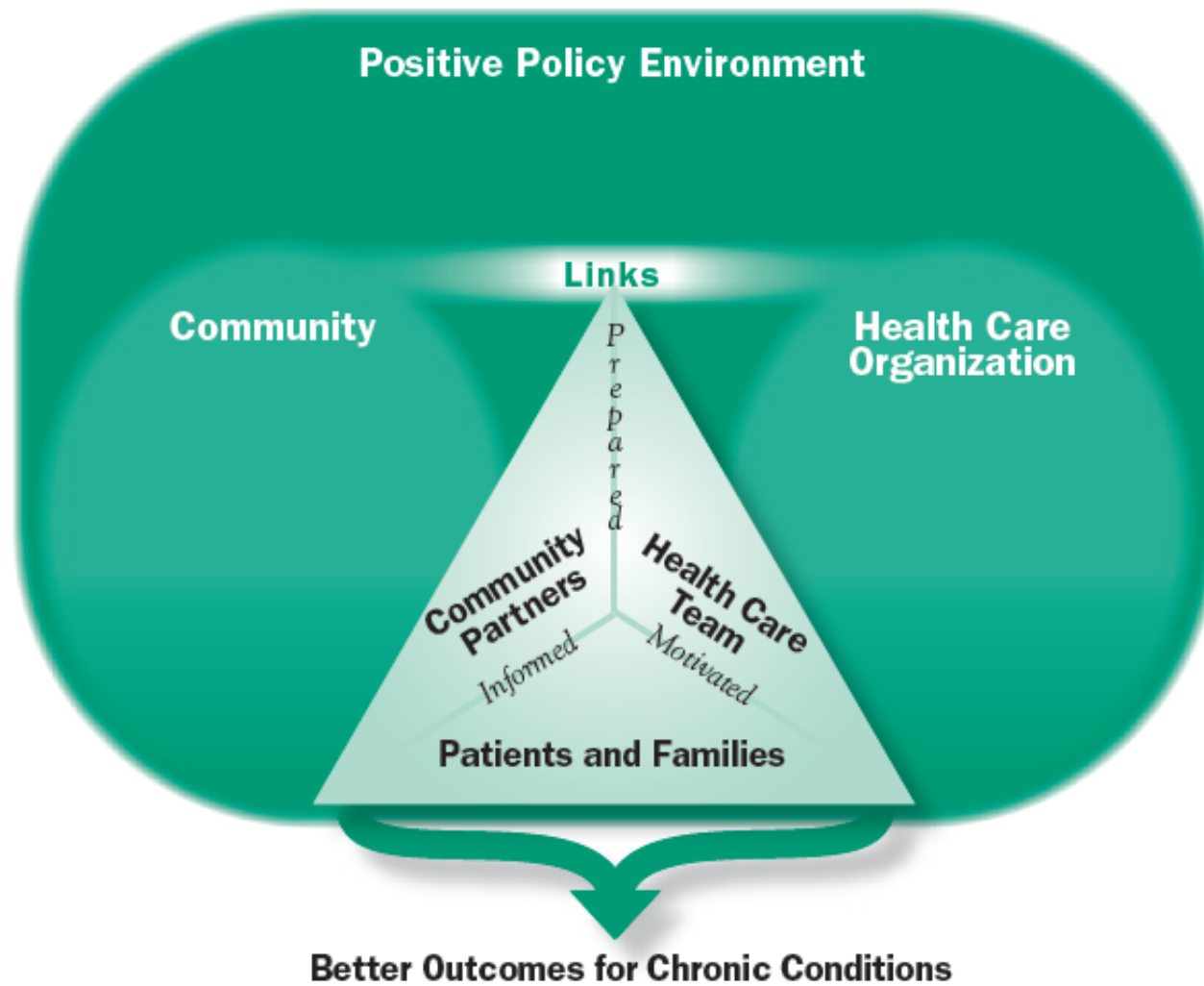




Chronic care model

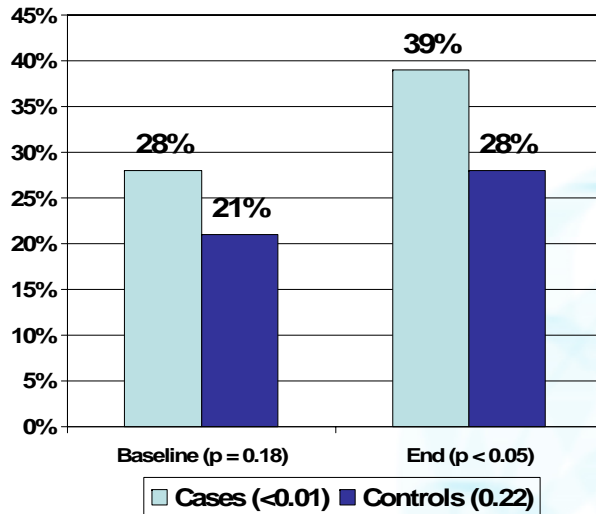


Innovative Care for Chronic Conditions Framework

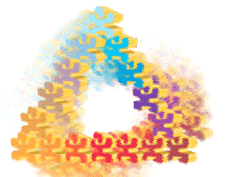
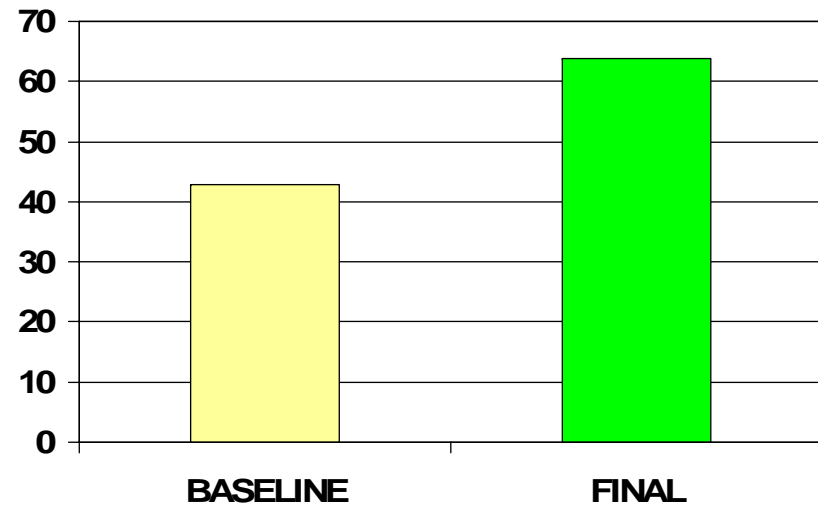


INTERVENTION RESULTS FROM DEMMOSTRATION SITES IN MEXICO & COSTA RICA

MEXICO: HbA1c < 7%



COSTA RICA A1c < 7





Second Learning Session
Veracruz, 26-28 November, 2003

During the Second Learning Session (LS2), several meetings with national and international experts were held. These experts addressed the different components of the Chronic Care Model. The participants formed working groups to discuss methodological aspects of the intervention. They reported on the objectives used for the improvement cycles and their results during Action Period I. The working groups decided on the objectives and the activities to develop during Action Period II. Clinical training conferences on endocrinology and the diabetic foot were held by national experts. The health centers created posters that reflected the advances achieved in diabetes care in their units during Action Period I. Evaluations of the Chronic Care Model carried out during the previous learning session were presented and the characteristics of the components of the Chronic Care Model and the improvement cycles were discussed.

Experience

Physical Activity

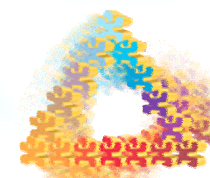
Physical activity and health have a major impact on cardiovascular and metabolic risk factors. In type 2 diabetes mellitus, there have been major benefits connected to good nutrition.

As another strategy in the treatment of type 2 diabetes, the Exercise Program for the Care of Health (known in Mexico as PROESA, el Programa de Ejercicios para el Cuidado de la Salud) was utilized with members of the support groups through the following:

- Evaluation of the physical capability of exercise, through the application of the cardiovascular response to physical activity and low-impact exercise
- Evaluation of flexibility and joint elasticity
- Evaluation of the muscular strength of arms, legs, and abdomen
- Skin fold measurement

In the support groups that participated in the VIDA project, it was possible to implement the physical activity program as a part of the non-pharmacological treatment. The impact of physical activity in the patients who frequently participated in it was reflected in better metabolic control of fasting blood glucose and, in the long-term, according to the measurement of glycosylated hemoglobin (A_{1c}).

Veracruz Project for the Improvement of Diabetes Care (VIDA); Final Report 13



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