

Diabetes Care in Detention Settings: A Systematic Review

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Abstract : Introduction: More than 10 million people are imprisoned or detained worldwide. Figures from 2011-12 show that prison inmates are more likely than the general population to suffer from chronic or infectious diseases, while most inmates are overweight or obese, and more than a quarter have high blood pressure. In 2011/12, the proportion of prisoners reporting diabetes or hyperglycemia was 899 per 10,000 prisoners, almost double the 2004 figure (483 per 10,000). It is important to ensure that this population has access to the same standard of care as people outside prisons, as access to services should be need-based. Diabetes is a public health problem associated with increased morbidity and mortality worldwide. According to the International Diabetes Federation (IDF) in 2017, approximately 425 million people worldwide had diabetes. This number is expected to increase to 629 million by 2045. Poor management of diabetes in prisons can lead to poor blood sugar control and increase the risk of complications. Aim: The aim of this review was to systematically evaluate all the available literature on diabetes care in custodial settings. Methods: An extensive literature search was conducted through electronic databases (PubMed, Scopus and CINAHL) with the terms 'custody', 'diabetes Mellitus', 'detention centers and 'chronic disease'. Articles published in English until September 2022, were included; no other criteria on publication dates were set. Results: Most of the studies mentioned a diabetes prevalence of approximately 10%, among other common chronic. Hypertension, obesity, smoking, sedentary lifestyle were the most common comorbidities associated with diabetes. Conclusion: Good glycemic control is fundamental to managing diabetes, and while many prisoners enter prison poorly, access to regular medication and meals, as well as exercise, offers the potential for improvement. Not being able to get help as quickly as in the past can be extremely stressful, and some prisoners may deliberately raise their blood sugar levels to avoid the risk of developing hypoglycemia, especially if they know they have had previous episodes of nocturnal hypoglycemia. Thus, appropriate training and resources are critical to providing quality care to incarcerated people with diabetes.

Keywords : custody, diabetes mellitus, detention centers, chronic disease

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