

Commentary to: costs of diabetes and its complications in Poland

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To the Editor

We read with interest the paper by Lesniowska et al. [1] who discuss the costs and complications of diabetes in Poland. Significantly, diabetes mellitus (DM) is mentioned to be one of the most important issues in public health care all over the world. Moreover, DM is highlighted as being very costly, resulting in complications, morbidity, a reduction in the quality of life of diabetic patients, and consequently their mortality [1].

The strong point of this study is presenting a holistic and comprehensive approach as up-to-down (part-to-whole) attitude about the disease cost in which the direct and indirect costs of DM and its complications are analyzed. For example, one of the highest direct and indirect costs associated with DM complications is related to cardiovascular disease [1].

Two studies, one by our colleagues, on the costs of type II diabetes in Iran, indicated that DM imposes a major economic burden on the health care system and decreases production. With development in diagnostic and therapeutic facilities along with increase in survival of diabetic

patients, the prevalence of diabetes complications has increased accordingly. Moreover, because the complications of diabetes affects most of one's lifetime, it can be associated with wide socio-economic consequences. It is clear that diagnosis and control of DM and its acute and chronic complications generate considerable costs by patients and their community health system. Moreover, reduced income and performance due to disability and decreased efficiency, and early death due to diabetes impose heavy costs to the community and health care systems [2, 3].

Results of the present investigation can also be used as a criterion for future studies of efficiency of diabetes management and dedicating health resources in financial department of health care systems.

Considering the limited resources to meet the community health and therapeutic needs, it seems necessary to have detailed planning to use these financial resources. Development of information about costs of disease and its complications and analysis of costs enables decision-makers to make an appropriate comparison among different applications of resources and use it as an instrument to follow the performance, efficiency evaluation, prioritization, and cost prediction [2].

The most important issue in this article is that a kind of part-to-whole approach has been used to investigate cost of disease in methodology section. Despite its simplicity, this approach assumes that all patients had the same diagnosis and severity of disease, received the same treatment, and the cost estimated in this method is not sensitive to diagnostic and therapeutic differences of patients.

Solutions to reduce the costs:

1. Conducting different and more extensive studies for close examination and detailed estimation of effects

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and socio-economic costs of the diabetes as well as performing more economic evaluation studies such as cost analysis of disease, efficiency cost analysis, and utility costs for different diagnostic and therapeutic interventions of diabetes for optimal use of existing financial resources.

2. Because of considerable costs imposed to the health care system and community economy by DM, paying more attention to disease prevention and dedication of more financial resources to disease control at initial stages, are the most important solutions of controlling economic costs of diabetes in the countries.

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