

# DM in Kazakhstan

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# Republic of Kazakhstan, general information

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Area: 2,724,900 km<sup>2</sup> (9th)

Population: July 2014 - 17,948,816 (62nd)

Density 5.94/km<sup>2</sup> (227th)

Ethnic groups (2010[2])

63.6% Kazakh

23.3% Russians

2.9% Uzbek

2.0% Ukrainian

1.4% Uyghur

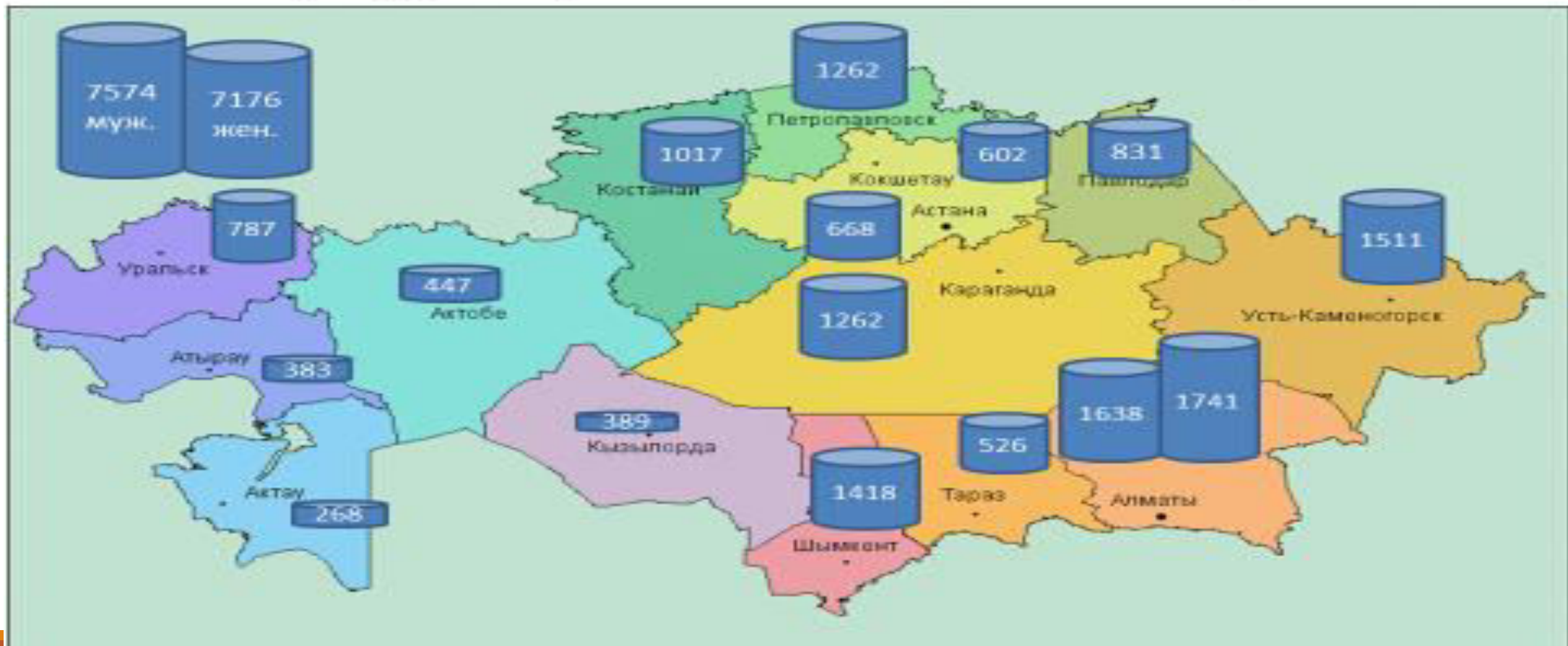
1.2% Tatar

1.1% German

4.5% others

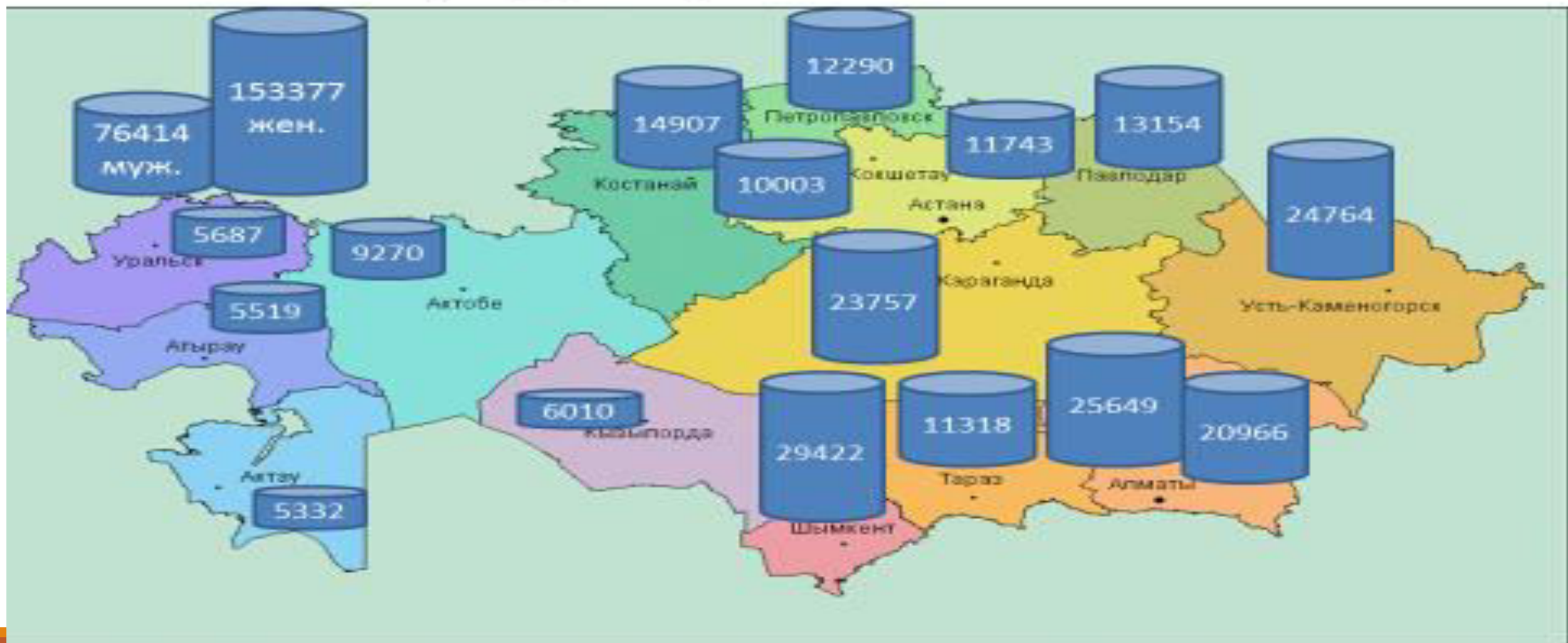
# DM, type 1, general information

Сахарный диабет, тип 1, 31.12.2013, Национальный Регистр СД, общее количество – 14750 пациентов.



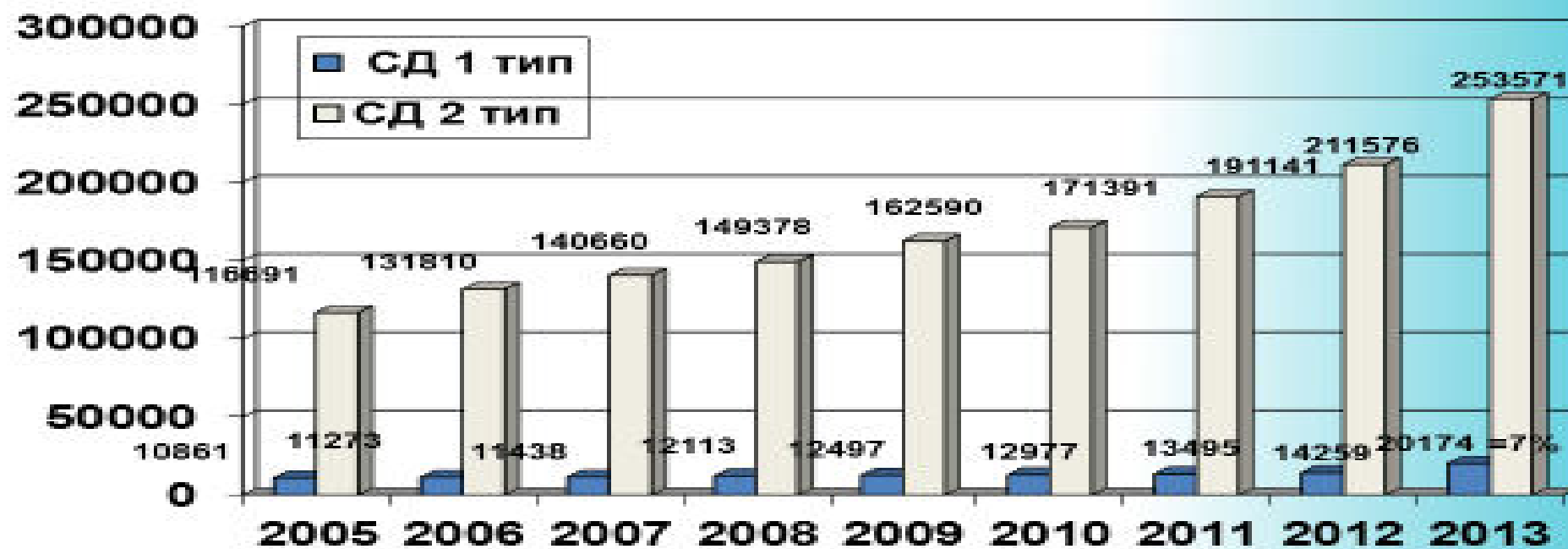
# DM, type 2, general information

Сахарный диабет, тип 2, 31.12.2013, Национальный Регистр СД, общее количество – 229791



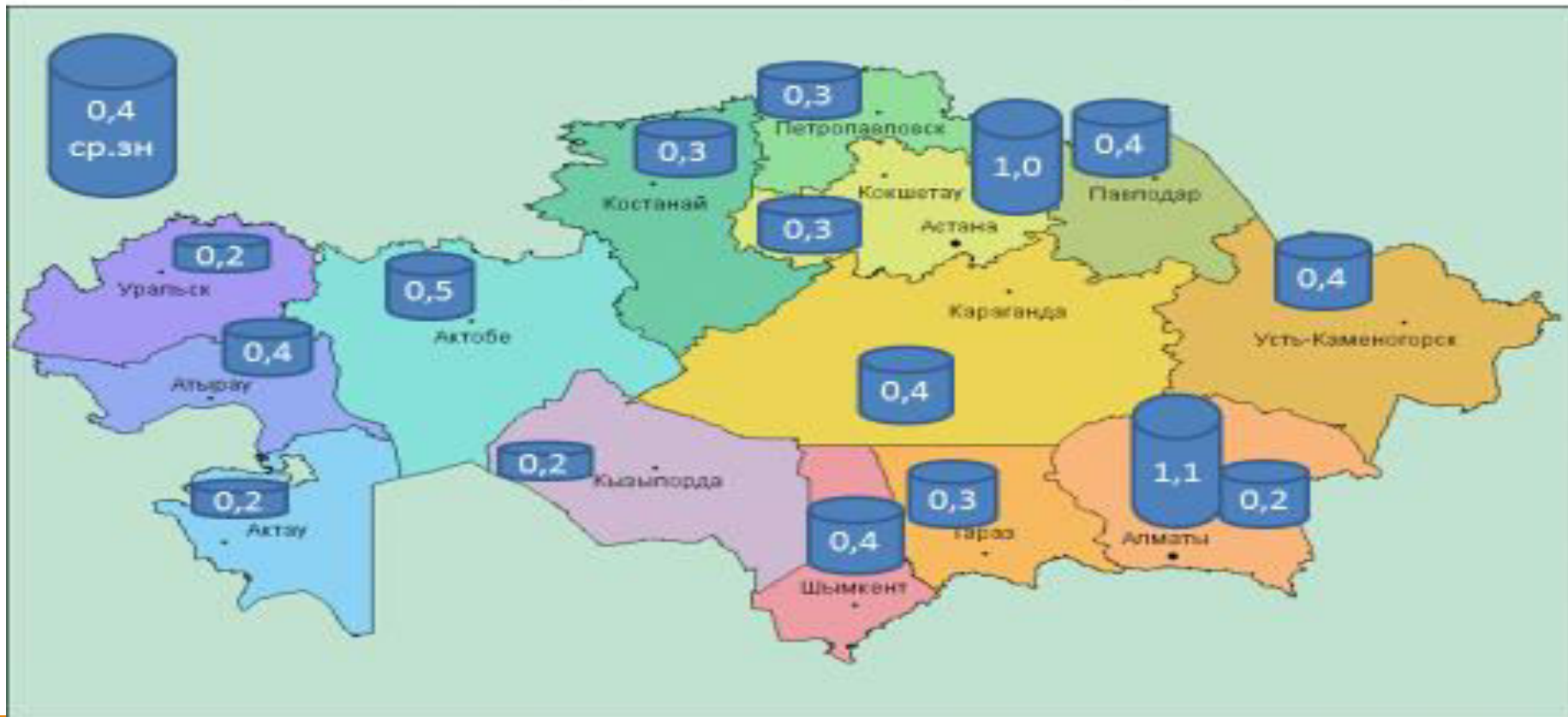
# Epidemiology of DM in Kazakhstan

**Количество больных сахарным диабетом 1 и 2 типа в Республике Казахстан**



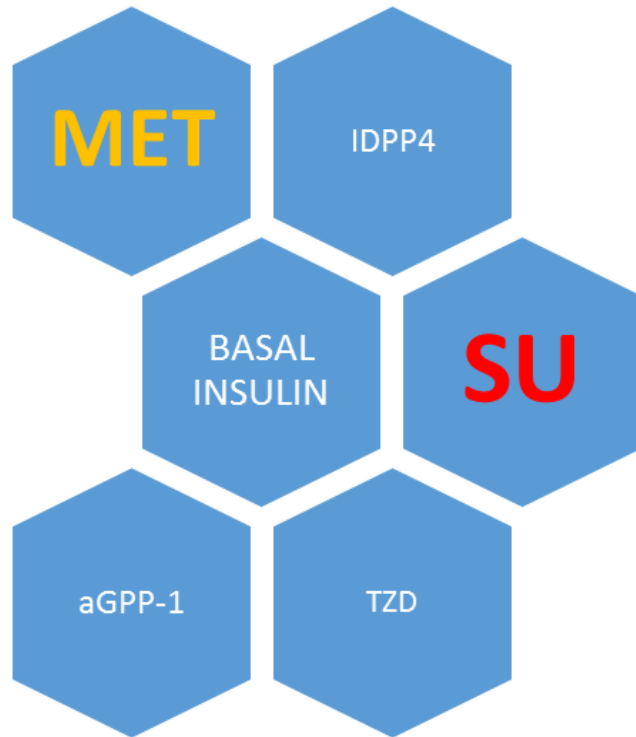
# Endocrinological service, MD on 10000 population, 2014

Количество специалистов-эндокринологов в разрезе областей РК, на 10 тыс. населения, 2014 г.



# DM, type 2, information of treatment.

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The 1<sup>st</sup> National Standard of Treatment of DM in Kazakhstan was confirmed in 2014, October.

DPP-4i was included in Standard.

aGPP-1 was included in Standard.

SU and Metformin are still “first-line tactic”

Insulin compliance is growing up.

TZD group is almost absent, but included in Standard.

# TZD group, present situation “almost dead”

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**Rosiglitazone**, was presented in Kazakhstan in 2003. But, after 2008, PERISCOPE study, Kazakh Scientific Research Institute of Cardiology and Internal Diseases recommended to not use Rosiglitazone in patients with DM type 2 and cardiovascular diseases. After this recommendation Rosiglitazone is not using now.

**Pioglitazone**, was presented in Kazakhstan in 2004. First “negative” factor – high price, but around 25% of patients used this drug as routine treatment. After European Conclusion (2011, France and Germany) about high risk of bladder cancer, Ministry of Health recommend to stop use Pioglitazone in patient with DM, type 2. Also, at that time, some generics from Asian countries demonstrated low efficiency in clinical practice.

**At present time – no any results of National Clinical Trials of this group.**



# DPP-4 Inhibitors, present situation “just born”

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Group was presented in 2008.

2009-2011 no any activities, group was unknown for clinicians, some group's of researchers make small description and laboratory tests.

2011 – 2013 **Sitagliptin** was recommended for clinical use by Kazakh Scientific Research Institute of Cardiology and Internal Diseases.

2014 DPP-4i was included to The National Standard of Treatment of DM.

DPP-4i group, registered:

- Sitagliptin
- Sitagliptin+metformin
- Vildagliptin
- Vildagliptin+metformin
- Saxagliptin
- Linagliptin

**At present time – no any results of National Clinical Trials of this group.**

# Conclusion:

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1. Intensive increasing of number of patients in Kazakhstan is actual problem.
2. Annual revision of National Standard is necessary.
3. Enlargement of indication for use DPP-4i in routine practice is actual goal
4. Rehabilitation of T2D group is also important problem.
5. International collaboration is very promising way to develop Kazakh Diabetology System.

# Thank You for attention!

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