



# **GREECE**



# AN OVERVIEW OF DIABETES CARE

# People (20-79) living with 650 diabetes, in 000s 600

Of which, undiagnosed 36.3% (222.900 people)

Children & adolescents with T1D (0-19y) 3,100

Diabetes prevalence



Diabetes-related deaths 3,231,6

7,4%



Note: data based on the recent EMNO suggests a prevalence of diabetes in Greece of 11.9% for persons over the age of 18 years, corresponding to a total number of 1,100,400 adults living with diabetes, of whom 12.6% (138,650) were undiagnosed. The Greek healthcare system offers free high-quality care to people living with diabetes. Diabetology is a sub-specialisation of Internal Medicine and Paediatrics. Because of the structure of the health system and of the geographical specificities of Greece (many islands), most people living with T2D are seen by internists specialised in diabetes or by general practitioners, not by endocrinologists.

National guidelines produced by the Hellenic Diabetes Association are updated every year as per international guidelines. Based on these guidelines, doctors decide what therapy is best for PwD All insulins, diabetes medicines as well as cardiovascular medicines are fully reimbursed by the national insurance (National Organization for the Provision of Health Services [EOPYY]). As per recent studies, people living with diabetes in Greece have a well-managed diabetes, with a mean HbA1c close to 7%.

CGMs are fully reimbursed for people living with T1D. Diabetes associations are currently advocating for CGMs to be reimbursed for people with T2D on intensified insulin regimen. Pumps and consumables are also fully reimbursed for T1D, based on a proposal by one of the country's 23 diabetes centres and the approval of the EOPYY Supreme Health Council.

There is no formal education for specialist nurses in diabetes, although there are some nurses and "health visitors" who work in diabetes centres and have some informal knowledge of diabetes care. There is no formal curriculum yet for diabetes educators in general, but the Hellenic Diabetes Association is planning on creating one in collaboration with the Nurses' Association.

Regarding eHealth, prescriptions (for medicines and lab tests) are sent to the patients and are filled in the pharmacy or the labs electronically, as long as the patients have activated the "intangible prescription system", which is available for all. Remote consultations are done on an individual basis.

The main gaps in diabetes care include the lack of specialised diabetes training for nurses; the absence of a diabetes registry (although much diabetes-related information is captured in the national prescription database, covering more than 99% of individuals with a social security number); and the implementation of effective prevention programmes.

Source: IDF Diabetes Atlas 9th edition 2019

### **DIABETES PREVENTION & MANAGEMENT**



# HEALTHY LIVING POLICIES



Obesity/ overweight



Healthy food & diet



Physical activity



Smoking



Regulations for healthy diets





Eye screening



CVD



Kidney disease



Diabetes foot



Gestational diabetes

### **EDUCATION**



time of diagnosis



Throughout the life course



Integrated peer-to-peer support

Is there a programme to follow mothers with gestational diabetes after the birth of the baby?

NO

variations for T2D









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Notes:

Screening is scheduled by primary care physicians/specialists and is mostly covered by the public insurance system.

Education of HCPs is provided through seminars organized mostly by scientific organizations, like the Hellenic Diabetes Association and other relevant Associations.

A "National Plan for the Prevention and Treatment of Diabetes and its Complications" was produced by the Hellenic Diabetes Association (HDA) and the National Diabetes Center (NDC), under the auspices of the Hellenic Ministry of Health, in 2012, but was never implemented in practice.

Greece is using the guidelines issued annually by the Hellenic Diabetes Association (www.ede.gr). These guidelines cover primary prevention strategies, screening and diagnosis, healthcare pathways and management of all major forms of diabetes, diabetes-related complications, and structured education. There is no monitoring protocol in place, to assess the implementation of these guidelines.

# **ACCESS TO CARE, TECHNOLOGIES, MEDICINES AND SUPPLIES**



Is INSULIN available at the point of delivery?

AlwaysMost of the timeSometimesNot oftenNever

Is available INSULIN free of charge ?





Short-acting regular insulin
Rapid-acting (analogs)
Ultra-rapid-acting analogs
Intermediate acting
Long-acting



Adults



Short-acting regular insulir

Rapid-acting (analogs)

Ultra-rapid-acting analogs

Intermediate acting

Long-acting

APPS



Do apps get recommended by the health system/HCPs to manage/prevent diabetes?

YES

When they are recommended, are these apps fully reimbursed?

NO

### SUPPLIES/TECHNOLOGIES

Free of charge for all

Syringes & needles

Free for T1D only

Not reimbursed

Connected/smart pens

Always
 Most of the time
 Sometimes
 Not often

ARE SUPPLIES TECHNOLOGIES AVAILABLE AT THE POINT OF DELIVERY?

Insulin pens

CGMs\*

Blood glucose meters

Flash glucose monitors

Test strips

**Insulin pumps** 

\* Continuous glucose monitors

### PSYCHOLOGICAL SUPPORT

PSYCHOLOGICAL SUPPORT PROVIDED AS PART OF DIABETES CARE?

Available but hard to access

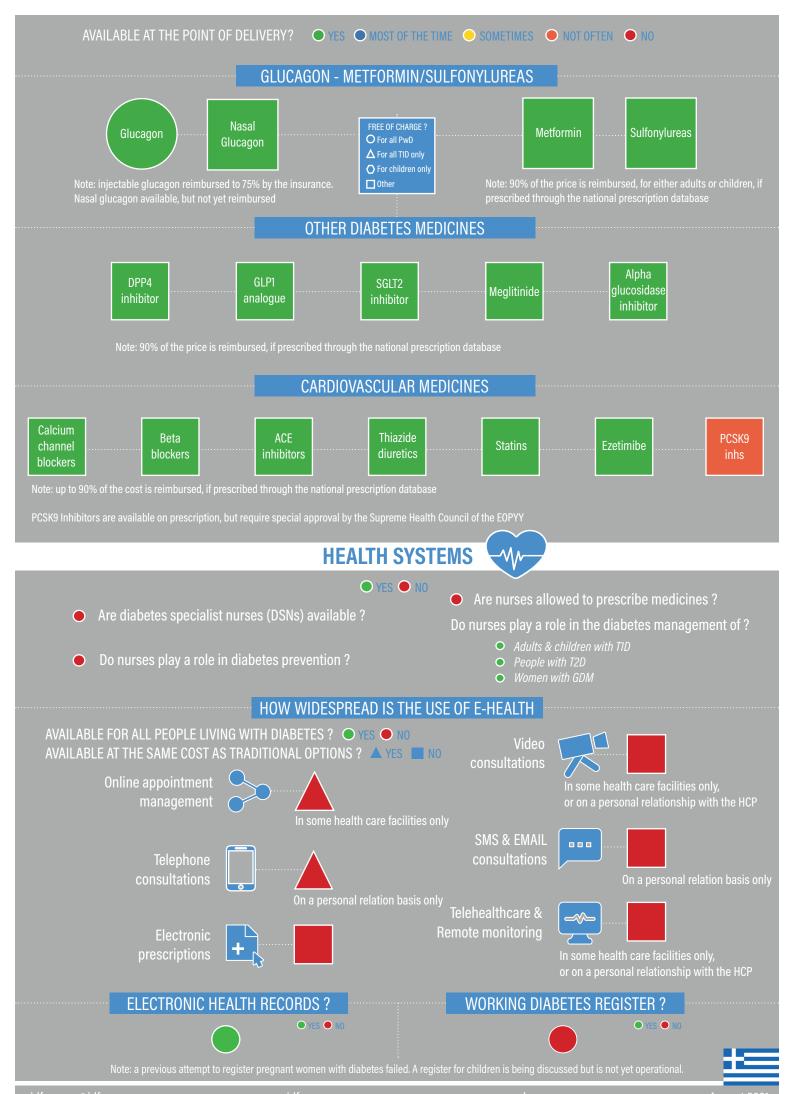
Note: there is no formal psychological support provi-



Note: the number of test strips, lancets and needles available for free varies by type of diabetes and treatment received. T1D – 200 strips, lancets and needles per month; 50 blood ketone strips per year; for T2D on insulin, 100 strips and lancets and 60 needles per month; for PwD with diabetes receiving antidiabetic tablets or other injectable non-insulin treatment, up to 50 blood glucose test strips per two months, up to 50 lancets biweekly and up to 60 insulin needles per month for PwD having glucagon like peptide 1 (GLP1) in built in needle in the pre-filled syringe; for GDM, 150 strips, lancets and needles, per month; for PwD on lifestyle programmes (up to 50 strips and lancets per quarter); for PwD who use a continuous insulin infusion pump, a glucose monitoring or recording system is administered according to a justified medical opinion, glucose recording supplies connected or not connected to the pump in an amount of up to five per month, up to 200 strips and 200 lancets per month, 100 needles for insulin administration with pen per semester (in case of pump blockage or overdose) and up to 50 blood ketone test strips per year.



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