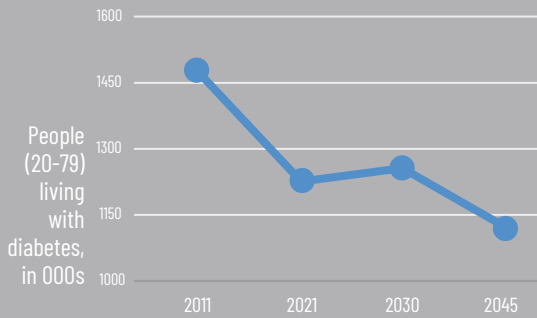




AN OVERVIEW OF DIABETES CARE

DIABETES PREVALENCE



Of which, undiagnosed
21.3% (255,400 people)

Children & adolescents with T1D (0-19y)
38,140

Diabetes prevalence



Diabetes-related deaths **24,213**

8.4%



Total expenditure **€781.9** (per person)

In Romania, diabetes care is provided by specialists in diabetes, nutrition and metabolic diseases. All types of insulin are available, free of charge. Other medicines and technologies are available at little or no cost for people living with Type 1 Diabetes (T1D). Two types of pumps and continuous glucose monitors (CGMs) are available free of charge for all children. CGMs and insulin pumps are also available free of charge for students and pregnant women and some adults with T1D, based on some specific criteria.

Care is generally good, although access to specialists is sometimes difficult in remote regions. More training of primary care physicians would also enhance their ability to optimally manage people living with Type 2 Diabetes (T2D). Reflecting the shortage of paediatricians specialised in diabetes, children tend to be managed by diabetologists, who then follow them throughout their life course. Screening for most diabetes-related complications is undertaken mainly by diabetes, nutrition and metabolic diseases specialists, with CVD screening undertaken by cardiologists.

Romania has a fully implemented National Diabetes Plan which tackles all aspects of diabetes management (medical assistance, medication, devices), but the country has no working diabetes registry. Since 2020, the Law of Prevention has been passed (mainly for diabetes), although the implementation frame is still being developed. However, the prevention law includes recommendations on increased physical activity in schools and some initiatives for children are already in place. Prevention, screening programmes and early interventions (lifestyle and metformin) for people living with prediabetes have been recently implemented at the primary health care level.

Diabetes education tends to be delivered by nurses working in diabetes clinics or hospital departments and trained through continuous medical education programmes. However, there is no structured self-management education programme, and diabetes nursing is not yet a recognised specialty. Nutritional counselling is available but hard to access because dietitians and nutritionists are not present in hospitals on a regular basis and private consultations are not reimbursed.

COVID-19 has spurred the development of e-health: virtual consultations are reimbursed, and this will continue to be the case in the future.

DIABETES PREVENTION & MANAGEMENT

● YES ● WITH VARIATIONS ● NO

HEALTHY LIVING POLICIES



Obesity/
overweight



Healthy
food & diet



Physical
activity



Smoking



Regulations for
healthy diets

PREVENTION OF COMPLICATIONS



Eye
screening



CVD



Kidney
disease



Diabetes
foot



Gestational
diabetes

EDUCATION



At or around the
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?

Yes, but it varies across the country

NATIONAL PLAN?

Stand alone
fully implemented

PREVENTION & MANAGEMENT GUIDELINES

National & international
guidelines

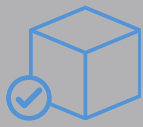
MONITORING FRAMEWORK?

Yes

GOVERNMENT ENGAGEMENT WITH PwD?

Yes

ACCESS TO CARE, TECHNOLOGIES, MEDICINES AND SUPPLIES




Is INSULIN available at the point of delivery?

- Always
- Most of the time
- Sometimes
- Not often
- Never




Is available INSULIN free of charge?

- For all PwD
- For all T1D only
- For children only
- Other



Children

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



Adults

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



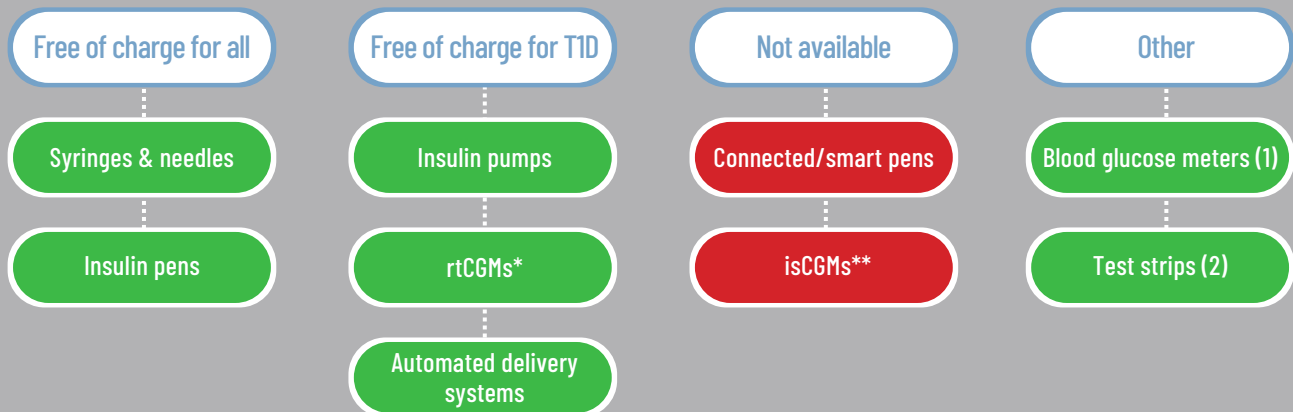
- Short-acting regular insulin
- Rapid-acting (analogues)
- Ultra-rapid-acting analogues
- Intermediate acting
- Long-acting

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



(1) For those on insulin therapy (Both T1 and T2 diabetes).
 (2) For those on insulin therapy (Both T1 and T2 diabetes).
 For children = 400 strips / 3 months. For adults = 100 strips / 3 months.

ARE SUPPLIES TECHNOLOGIES AVAILABLE AT THE POINT OF DELIVERY?

- Always
- Most of the time
- Sometimes
- Not often
- Never

*real-time continuous glucose monitors.

**intermittently scanned continuous glucose monitors.

PSYCHOLOGICAL SUPPORT

PSYCHOLOGICAL SUPPORT PROVIDED AS PART OF DIABETES CARE?

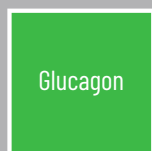
Psychological support is available but hard to access because of a lack of psychologists specialised in supporting people living with diabetes, and because consultations are not reimbursed. It is possible to refer people living with diabetes to specialised psychologists but the waiting list is long and there is more availability in private practices.



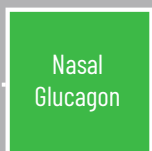
Available but hard to access

AVAILABLE AT THE POINT OF DELIVERY? ● YES ● MOST OF THE TIME ● SOMETIMES ● NOT OFTEN ● NO

GLUCAGON - METFORMIN/SULFONYLUREAS



For PwD on insulin treatment



FREE OF CHARGE?

- For all PwD
- For all T1D only
- For children only
- Other



FREE OF CHARGE?

- For adults only
- For children only
- Other



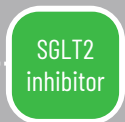
OTHER DIABETES MEDICINES



Free of charge



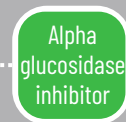
Free of charge



Free of charge

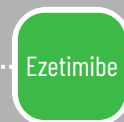
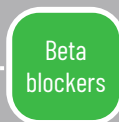
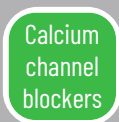


Free of charge



Free of charge

CARDIOVASCULAR MEDICINES



Free of charge

Some CVD medicines like statins and anticoagulants are free of charge in the nine months following an acute event, and otherwise reimbursed at 60%, except for PCSK9 Inhibitors which are free of charge for people at high/very high cardiovascular risk who cannot achieve the LDL target with statins +/- ezetimibe.

HEALTH SYSTEMS



● YES ● NO

- Are diabetes specialist nurses (DSNs) available?
- Do nurses play a role in diabetes prevention?
- Is there a special academic training required to become a specialist diabetes nurse?
- Are nurses allowed to prescribe medicines?

Do nurses play a role in the diabetes management of?

- Adults & children with T1D
- People with T2D
- Women with GDM

HOW WIDESPREAD IS THE USE OF E-HEALTH?

AVAILABLE FOR ALL PEOPLE LIVING WITH DIABETES? ● YES ● NO

AVAILABLE AT THE SAME COST AS TRADITIONAL OPTIONS? ▲ YES ■ NO

Online appointment management



Video consultations



Telephone consultations



SMS & EMAIL consultations



Electronic prescriptions



Telehealthcare & Remote monitoring



ELECTRONIC HEALTH RECORDS?

● YES ● NO



WORKING DIABETES REGISTER?

NO

