Health policies and epidemiology of diabetes among dialysed patients in France

Sir,

In a recent editorial in Nephrology Dialysis Transplantation [1] E. Friedman commenting on the paper by Chantrel et al. [2] was wondering how to explain the difference between the very high incidence of diabetes in patients entering dialysis programmes in Alsace, a French province bordering Germany (40%) with the rather moderate incidence in the rest of mainland France (13.02%) [3]. He suggests two alternative explanations for this difference, neither of which, in our opinion, is correct.

Dr Friedman first suggested that criteria for accepting diabetic patients vary from city to city, and that bias against accepting diabetic patients for uraemia therapy continues in France today. Obviously, we cannot claim that every general practitioner, cardiologist or diabetologist refers every single one of his (her) uraemic patients to a nephrologist. We can say however, that for the last two decades a strong educational emphasis has been placed on this topic nationwide, and that the number of patients who die of uraemia is thought to be low. In contrast we can affirm that nephrologists very rarely refuse to treat a patient even when elderly and with comorbid conditions. Even given the need to economize on dialysis therapy there has never been any direct or indirect pressure from the French health authorities to limit the access of patients to uraemia therapy.

Alternatively Dr Friedman suggests that French epidemiology of renal failure secondary to diabetes is ‘extraordinary’. Part of the explanation can be found in the papers quoted by Chantrel et al. [2]. Two UREMIDIAB epidemiological studies were conducted in France in 1989 [4] and 1995 [3]. They show that the mean prevalence increased from 6.9% [1987] to 13.02% [1995] of the dialysed patients. Both have also shown a previously unsuspected North-East–South-West gradient, with a much higher prevalence along the German and Belgian borders than along the Spanish borders. The same gradient was found for the incidence in 1995. Alsace had the highest numbers in our nation, both as regards incidence and prevalence. These results are obvious from the maps included in these different articles. They are in keeping with results from the different neighbouring European countries [5–7]. In Belgium, the incidence of diabetes among patients admitted for dialysis reaches 19% [8] and 19.6% in 1998 [9]. These figures may also be compared with those of the European cardiology MONICA project. The prevalence and mortality of coronary diseases are higher in Strasbourg and Lille than in Toulouse [10]. The reasons for such gradients are presently speculative. But the facts are striking.

Finally, Dr Friedman tried to compare Strasbourg data for 1998 data with Tassin data for 1983; this is unrealistic given the innumerable changes which occurred between these two time periods.

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8. Collart F, on behalf of the Registry of the Groupement des néphrologues francophones de Belgique (personal communication)
9. Schurgers M, on behalf of the Registry of the Nederlandstalige Belgische Vereniging voor Nefrologe VZW (personal communication)
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