

The National Health Program's effects on the prevalence of diabetes in men of working age who already have prediabetes.

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Abstract

Through the reduction of modifiable lifestyle-related risk factors, type two polygenic disorders will be averted or postponed during prediabetes. A variety of irregular management trials (RCTs) have demonstrated the potential of manner changes and other polygenic illness prevention strategies for prediabetes. However, there is little evidence to support population-based initiatives that link screening and prevention, especially those that target the entire population, like the national polygenic disease prevention programme.

The National Health Program, which began in 2008 in Japan for the purpose of preventing diabetes and coronary heart disease, is known as "Specific Health Check-ups and Specific Health Guidance." This curriculum includes academic guidance that focuses on the metabolic syndrome (MetS), screening health examinations, and screening health examinations for people under the age of 40.

Keywords : Prediabetes; Prevalence; Risk factors; Diabetes prevention; Lifestyle intervention

Introduction

Due to the Japanese government's extensive promotion of the MetS, this programme became so widespread that 96% of the population in Japan was aware of it.

Studies examining the National Health Program for more than a decade have systematically shown that this national programme has improved fatness. The MetS awareness approach and more than half of adults aged 40 to 74 years had check-ups. Contradictory conclusions, however, have been made regarding the clinical pregnancy of the small but significant decrease in fatness and polygenic disease hindrance [1]. Additionally, while most prior studies

evaluated the effect of academic guidance (the Specific Health Guidance) on polygenic disease indicators like hemoprotein, with either positive or negative findings, they did not examine whether the programme as a whole supported widespread awareness of the MetS or had an influence.

Discussion

The National Health Program mandates that insurance companies have their insured submit to health examinations at least once each year in order to ensure that all Japanese citizens are covered by the programme (in Japan, one and all belongs to an insurance association). The use of the Special Health Check-ups and also the Special Health steering in 2018 is estimated by the Japanese government to be 54 and Revolutionary Organization 17 November, respectively, with an estimated value of \$200 million (1 US dollar = a hundred and ten Japanese yen) for the National Health Program annually. Additionally, this programme is much praised by Japanese citizens.

Conclusion

In conclusion, we frequently find that the National Health Program avoided or postponed the onset of polygenic disease as fatness increased. The National Health Program in Japan will be expanded to underserved people and other people at increased risk of polygenic diseases, such as IGT, but not abdominal fatness. It may have an influence on working-age men. A population-level national screening and treatment programme for polygenic diseases has the potential to increase the polygenic illness epidemic globally.

References

1. Pan XR, Li GW, Hu YH, Wang JX, Yang WY, et al. (1997) Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance. Da Qing IGT Diabetes Study. *Diabetes Care* 20: 537-544.
2. Tuomilehto J, Lindström J, Eriksson JG, Valle TT, Hamalainen H, et al. (2001) Finnish Diabetes Prevention Study Group. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med* 344: 1343-1350.

3. Toshikazu S, Makoto W, Junko N, Tomono I, Masao O, et al. (2011) Zensharen Study for Prevention of Lifestyle Diseases Group. Lifestyle modification and prevention of type 2 diabetes in overweight Japanese with impaired fasting glucose levels: a randomized controlled trial. *Arch Intern Med* 171: 1352-1360.
4. Fagg J, Valabhji J (2019) How do we identify people at high risk of Type 2 diabetes and help prevent the condition from developing?. *Diabet Med* 36: 316- 325.
5. Patrick T, Lorenz H, Doreen R, Susann WB, Peter EHS (2019) What should governments be doing to prevent diabetes throughout the life course?. *Diabetologia* 62: 1842-1853.
6. Takahide K, Yuji F, Naohiro M, Ryo F, Hiroyuki M, et al. (2008) The Japanese national health screening and intervention program aimed at preventing worsening of the metabolic syndrome. *Int Heart J* 49: 193-203.
7. Kazuyo T, Akiko SH, Katsuyuki M, Yukiko I, Takashi F, et al. (2018) Rationale and descriptive analysis of specific health guidance: the nationwide lifestyle intervention program targeting metabolic syndrome in Japan. *J Atheroscler Thromb* 25: 308-322.
8. Shinya K, Toshihiko S, Shunya I, Mitsuhiko N, Takeo N (2010) Development of a database of health insurance claims: standardization of disease classifications and anonymous record linkage. *J Epidemiol* 20: 413-419.
9. Ellen M, Jacob B, Till B (2015) Regression discontinuity designs in epidemiology: causal inference without randomized trials. *Epidemiology* 25: 729-737.
10. Thomas RF (2015) Shattuck lecture: the future of public health. *N Engl J Med* 373: 1748-1754.