Middle East and North Africa

Participant characteristics

A total of 641 people with type 2 diabetes from IDF’s Middle East and North African Region took part in the survey, split almost equally between men and women. Just over a fifth (140 respondents; 22%) were aged over 60 and one in five (20%) were under 40 years old. In total, almost a third had tertiary level education and just under half (44%) had only received primary school education.

Roughly equal proportions of respondents had lived with T2D for fewer than three years (28%); three to six years (26%); and more than nine years (28%). Fewer than a fifth (115 respondents; 18%) had lived with T2D for six to nine years. Those respondents who were older had also frequently lived with diabetes for longer.

Knowledge of CVD and risk factors

More than half of participants correctly recognised heart attack and angina as CVD events (64% and 58% respectively). Over a third also identified heart failure (39%) and peripheral arterial disease (35%). One in three recognised stroke (33%) and atherosclerosis (33%). Fewer than a quarter knew that aortic aneurysm (24%) and brain haemorrhage (18%) were CVD events (Figure 21).

![Figure 21: Knowledge of CVD – MENA](image)

The majority of respondents recognised smoking (68%), high blood pressure (67%), high cholesterol (62%) and overweight or obesity (62%) as risk factors for CVD. Half also correctly recognised uncontrolled blood sugar levels (50%) and depression (49%). More than a third identified a range of other CVD risk factors, namely: living with T2D for more than five years (45%); physical inactivity (42%); diet containing high amounts of saturated and trans fats (40%); family history of CVD (36%); being aged over 65 (37%); high levels of stress (35%); and excessive alcohol consumption (35%) (Figure 22).
One in three (33%) participants reported being at no or low risk of CVD. Almost half (45%) considered themselves as being somewhat at risk or having a moderate risk, while a fifth (22%) categorised themselves as being at high risk. Those in the high-risk category had learned about CVD earlier and had had more CVD events than those who considered their CVD risk to be low.

One in six respondents reported having had a heart attack (18%). One in ten said they had experienced a stroke (11%) and/or heart failure (10%) (Figure 23). Commonly cited CVD risk factors included: poorly controlled blood sugar levels; smoking; high cholesterol; living with T2D for more than five years; diet containing high amounts of saturated and trans fats; physical inactivity; depression; family history of CVD; and high levels of stress. Those who were older also experienced more CVD risk factors.

Almost a third (30%) of the participants had never discussed, or could not recall discussing, CVD risk with a health professional. Around a fifth (18%) had had the conversation very late on, for instance when they had already been diagnosed with CVD, when they had already lived with T2D for several years; or several years after their CVD diagnosis. However, almost half (45%) had discussed the risk of CVD either before their T2D diagnosis; at the time of their diagnosis; or soon after T2D diagnosis.
More than one in six respondents (17%) had either never discussed CVD with a health professional or could not recall their last discussion with a health professional about it. Almost a sixth (16%) had had a conversation about CVD several years previously. More than a third (39%) had discussed CVD risk factors with a health professional less than a year prior to being surveyed.

Regarding CVD risk perceptions, 464 participants (72%) considered healthy diet and physical exercise to play an important role in lowering CVD risk. More than half (53%) thought that CVD was only a risk for those who were overweight or obese, and over a third (39%) felt that they were too young to worry about CVD. A large number of respondents (416; 65%) did not think that diabetes would increase their CVD risk if it was managed correctly. As many as 405 participants (63%) indicated a need for more information on diabetes self-management.

### Information about CVD

Three-quarters of participants reported that they relied on a health professional for CVD-related information. More than half (52%) said that they valued CVD information from diabetes clinics. Older respondents tended to prefer information from health professionals. About a third relied on CVD information from family or friends (35%) and/or TV or radio (32%). A smaller proportion accessed information from digital sources (24%), local patient organisations (21%) and/or caregivers (21%) (Figure 24).

![Figure 24: CVD information sources on which the participants rely – MENA](image)

Participants were typically most satisfied with the quality of CVD information they received from a health professional. The standard of information in daily magazines, advertisements and (surprisingly) scientific journals was rated poorest.