

# Diabetes – is your crew at risk?

Dr Marcus Brauer, a General Practitioner from one of the Club's PEME approved clinics in South Africa, provides valuable medical insight into one of the industry's most concerning medical issues: diabetes



A recent study in 2015 by Till Seuring of the Norwich Medical School stated: *“Diabetes affects 382 million people worldwide, and that number is expected to grow to 592 million by 2035. It is a chronic disease that has spread widely in recent decades – not only in high-income countries, but also in many populous low and middle-income countries such as India and China. The rising prevalence of diabetes in these countries has been fuelled by rapid urbanisation, changing eating habits, and increasingly sedentary lifestyles.”*

Diabetes is a progressive, non-communicable disease, which is caused primarily by a sedentary lifestyle and an increasing consumption of sugars and starches in our diets, which lead to obesity and an increasing difficulty in controlling blood sugar levels. Once this control has been lost, blood sugar levels rise above normal levels, and this starts to have a progressively destructive effect on the body's blood vessels, particularly to the body's vital organs such as the kidney,

heart and brain, with an increasing risk of the premature development of heart attacks, stroke and kidney failure.

Diabetes is one of the most significant underlying risk factors for developing premature cardiovascular complications, followed by smoking and hypertension.

The most common form of diabetes is Type II Diabetes, which usually presents with increasing age and weight.

The PEME examination is the perfect time to screen for the risk factors for diabetes as well as the presence of early signs of diabetes.

This allows for early recognition of seafarers at risk, and then careful monitoring and treatment. The treatment is aimed at correcting lifestyle measures:

- Minimising the intake of sugar in sweetened foods (typically all packaged and processed foods, fruit juices, fizzy drinks and sauces).

- Minimising the intake of starches – the main culprits being bread, potatoes, pasta and rice.
- Exercising at least three times a week for 30 minutes, aiming to achieve an exercise heart rate of 75% of maximum. This can be easily calculated as follows:  $(220 - \text{age}) \times 0.75 =$  recommended heart rate during exercise to derive cardiovascular benefit. For an average 45 year old, this would mean an exercise heart rate of 131 beats per minute.
- Monitoring the blood sugar levels with tests such as urine glucose tests, blood sugar tests and a diabetes control measuring test, an HBA1C, which provides a measure of diabetes control over the last six weeks. The seafarer must also keep a log book of their diabetes control to enable them to understand their health condition, and to take responsibility for its management.
- Using the medication prescribed by their doctor regularly, and notifying their doctor of any change in their diabetes control, so that appropriate adjustments to their treatment regime can be made.

The early detection and effective early management of diabetes is one of the most satisfying parts of our work as PEME doctors, as we are able to not only preserve and maintain the health of the seafarer, but we are also able to assist them understand and manage their condition, allowing them to remain gainfully employed in the careers that they have often devoted their lives to.

*Dr Marcus Brauer MBChB (UCT), Dip PEC, DOH  
Dr Brauer and Associates, Waterfront,  
Cape Town, South Africa  
Email: [marcus@drbrauer.co.za](mailto:marcus@drbrauer.co.za)*

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## PEME (PRE-EMPLOYMENT MEDICAL)

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The Club was the first to launch a PEME scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the PEME programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

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**Sophia Bullard**  
PEME Programme Director

**Direct:** +44 20 7204 2417  
**Email:** [sophia.bullard@thomasmiller.com](mailto:sophia.bullard@thomasmiller.com)



Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the PEME Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

**Saidul Alom**  
PEME Fees Administrator

**Direct:** +44 20 7204 2968  
**Email:** [saidul.alom@thomasmiller.com](mailto:saidul.alom@thomasmiller.com)



Saidul Alom joined PEME from the European Region Service Team in 2004. Saidul provides administrative support to the PEME programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees

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**Stuart Last**  
PEME Member Administrator

**Direct:** +44 20 7204 2413  
**Email:** [stuart.last@thomasmiller.com](mailto:stuart.last@thomasmiller.com)



Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined PEME as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.