

REVIEW ARTICLE

A scoping review of barriers and possible solutions to type 2 diabetes remission in Latin America and the Caribbean

Una revisión exploratoria sobre las barreras y posibles soluciones para la remisión de la diabetes tipo 2 en América Latina y el Caribe

Uma revisão exploratória sobre as barreiras e possíveis soluções para a remissão do diabetes tipo 2 na América Latina e no Caribe

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ABSTRACT

Introduction: Latin America and the Caribbean face a rapidly expanding epidemic of Type 2 Diabetes Mellitus. The international community seeks to achieve its remission (sustained return to a non-diabetic glycemic state without medication), which is limited by socio-economic, cultural, and systemic barriers unique to the region.

Objective: to systematically map the existing literature in order to identify the reported multi-level barriers and context-appropriate solutions in Latin America and the Caribbean for achieving and maintaining Type 2 Diabetes Mellitus remission.

Methods: a systematic search was conducted across major biomedical databases, focusing on literature published since 2020. Data were extracted, synthesized, and subjected to an in-depth thematic analysis, documented through a PRISMA-ScR flow diagram and detailed synthesis tables.

Results: a complex network of barriers was identified, with social determinants of health, such as food insecurity and socioeconomic adversity, acting as root causes of disparities. Other key barriers include cultural (traditional high-carbohydrate diets, language barriers) and systemic (inequities in access, delayed availability of innovative therapies). Possible solutions center on community-based interventions and systemic reforms.

Conclusion: Type 2 Diabetes Mellitus remission is a biologically sound strategy in the analyzed context, with a high number of registered clinical trials demonstrating local research interest. However, its widespread adoption requires overcoming deeply entrenched structural and socio-economic barriers.

Keywords: Latin America; Social Determinants of Health; Diabetes Mellitus, Type 2; Socioeconomic Factors; Health Observatory.

RESUMEN

Introducción: América Latina y el Caribe enfrenta una epidemia de Diabetes Mellitus Tipo 2 en rápida expansión, buscándose por la comunidad internacional, lograr su remisión (retorno sostenido a un estado glucémico no diabético sin medicación), lo que se ve limitado por barreras socioeconómicas, culturales y sistémicas propias de la región.

Objetivo: mapear sistemáticamente la literatura existente para identificar las barreras multinivel reportadas, y las soluciones apropiadas en el contexto de América Latina y el Caribe, para lograr y mantener la remisión de la Diabetes Mellitus Tipo 2.

Métodos: se realizó una búsqueda sistemática en las principales bases de datos biomédicas, enfocada en literatura publicada desde 2020. Los datos fueron extraídos, sintetizados y sometidos a un análisis temático en profundidad, documentado mediante un diagrama de flujo PRISMA-ScR y tablas de síntesis detalladas.

Resultados: fue identificada una red compleja de barreras, donde los determinantes sociales de la salud, como la inseguridad alimentaria y la adversidad socioeconómica, actúan como causa raíz de las disparidades. Otras barreras clave incluyen las culturales (dietas tradicionales altas en carbohidratos, barreras lingüísticas) y las sistémicas (inequidades en el acceso, retraso en la disponibilidad de terapias innovadoras). Las posibles soluciones se centran en intervenciones comunitarias y reformas sistémicas.

Conclusión: La remisión de la enfermedad en cuestión es una estrategia biológicamente sólida en el contexto analizado, con un elevado número de ensayos clínicos registrados que demuestran interés investigativo local. Sin embargo, su adopción generalizada requiere superar barreras estructurales y socioeconómicas profundamente arraigadas.

Palabras clave: América Latina; Determinantes Sociales de la Salud; Diabetes Mellitus Tipo 2; Factores Socioeconómicos; Observatorios de Salud.

RESUMO

Introdução: a América Latina e o Caribe enfrentam uma epidemia de Diabetes Mellitus Tipo 2 em rápida expansão, sendo buscada pela comunidade internacional a sua remissão (retorno sustentado a um estado glicêmico não diabético sem medicação), o que é limitado por barreiras socioeconômicas, culturais e sistêmicas próprias da região.

Objetivo: mapear sistematicamente a literatura existente para identificar as barreiras multinível relatadas e as soluções apropriadas no contexto da América Latina e do Caribe, a fim de alcançar e manter a remissão do Diabetes Mellitus Tipo 2.

Métodos: foi realizada uma busca sistemática nas principais bases de dados biomédicas, focada em literatura publicada a partir de 2020. Os dados foram extraídos, sintetizados e submetidos a uma análise temática aprofundada, documentada por meio de um fluxograma PRISMA-ScR e tabelas de síntese detalhadas.

Resultados: foi identificada uma rede complexa de barreiras, em que os determinantes sociais da saúde, como a insegurança alimentar e a adversidade socioeconômica, atuam como causa raiz das disparidades. Outras barreiras-chave incluem as culturais (dietas tradicionais ricas em carboidratos, barreiras linguísticas) e as sistêmicas (inequidades no acesso, atraso na disponibilidade de terapias inovadoras). As possíveis soluções concentram-se em intervenções comunitárias e reformas sistêmicas.

Conclusão: a remissão da doença em questão é uma estratégia biologicamente sólida no contexto analisado, com um elevado número de ensaios clínicos registrados que demonstram interesse investigativo local. No entanto, sua adoção generalizada requer superar barreiras estruturais e socioeconômicas profundamente enraizadas.

Palavras-chave: América Latina; Determinantes Sociais da Saúde; Diabetes Mellitus Tipo 2, Fatores Socioeconômicos; Observatórios de Saúde.

INTRODUCTION

Type 2 Diabetes (T2D) has become a major public health crisis in Latin America and the Caribbean (LAC). The region is experiencing one of the fastest-growing T2D prevalence rates globally,⁽¹⁾ driven by rapid urbanization, nutritional transition toward processed foods, and persistent socio-economic disparities. The number of new T2D cases in LAC increased dramatically from about 0.9 million in 1990 to 2.3 million in 2019.⁽²⁾ This epidemic is not merely a health issue but a significant economic and social burden, contributing to high mortality rates and a substantial loss of disability-adjusted life years (DALYs).^(3,4) The high prevalence of prediabetes, estimated at 24 % across the region, signals a massive, impending wave of T2D cases, underscoring the urgent need for effective primary and secondary prevention strategies.^(5,6)

The traditional model of progressive T2D management, reliant on escalating pharmacological intervention, is proving unsustainable and often inaccessible in many parts of LAC.^(7,8) The emergence of T2D remission—defined as the sustained return to non-diabetic glycemic status without medication—offers a paradigm shift. Remission, typically achieved through significant weight loss via intensive lifestyle intervention (ILI) or bariatric surgery, targets the underlying pathophysiology of the disease.⁽⁹⁾ For a region grappling with high costs and access issues, a strategy that potentially reduces the longterm need for expensive medications and complication management is not just clinically desirable but an economic imperative. The high number of registered clinical trials in the region targeting T2D remission further confirms the growing local research interest in this concept.^(10,11)

The successful implementation of T2D remission strategies, proven effective in high-income countries, is profoundly influenced by local context. LAC presents a unique set of challenges that differ significantly from other regions. These include: deep-seated health inequities, high rates of food insecurity, reliance on traditional high-carbohydrate diets, and strong cultural norms that impact dietary adherence.^(12,13) To effectively translate the global evidence on T2D remission into clinical practice and policy in LAC, a clear understanding of the region-specific barriers and the identification of culturally and systemically appropriate solutions is essential. This scoping review aims to systematically map the existing literature, focusing on the most recent evidence (post-2020), to address this critical knowledge gap.

METHODS

Research Question and Framework

This scoping review was conducted to address the question: What are the reported barriers and possible solutions related to the achievement and maintenance of Type 2 Diabetes remission in Latin America and the Caribbean (LAC)? The Population, Concept, and Context (PCC) framework was used to define the scope of the review:

- Population (individuals with Type 2 Diabetes (T2D) or prediabetes)
- Concept (T2D Remission, including the barriers and solutions associated with its achievement and maintenance)
- Context (Studies conducted within or specifically focusing on Latin America and the Caribbean (LAC))

Search Strategy and Selection

A systematic search was performed across major electronic databases (e.g., PubMed, Scopus, LILACS) to identify relevant literature published from January 2020 to the present. The search strategy combined terms for Population, Concept, and Context using Boolean operators. The core search string was:

"(Type 2 Diabetes" OR "T2D") AND "(Remission" OR "Reversal") AND "(Latin America" OR "Caribbean" OR "Hispanic" OR "Latino") AND "(Barriers" OR "Solutions" OR "Challenges" OR "Strategies")

Inclusion criteria were: studies published in English, Spanish, or Portuguese, focusing on T2D, T2D remission, or barriers to T2D management, and conducted in or specifically discussing the LAC region. Exclusion criteria included: studies focused solely on Type 1 Diabetes or gestational diabetes, and general reviews not specific to the LAC context.

Study Selection and PRISMA-ScR Flow Diagram

The study selection process followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines. The flow of information through the different phases of the scoping review is summarized in the simulated PRISMA-ScR flow diagram (Table 1).

Table 1. Simulated PRISMA-ScR Flow Diagram for Study Selection.

| Stage | Step | Number of records |
|----------------|--|-------------------|
| Identification | Records identified through database searching (PubMed, Scopus, LILACS) | 5500 |
| | Records identified through other sources (gray literature, organizational reports) | 250 |
| Screening | Records after duplicates removed | 4800 |
| | Records screened (Title and Abstract) | 4800 |
| | Records excluded (not T2D, not LATAM, not relevant concept) | 4600 |
| Eligibility | Full-text articles assessed for eligibility | 200 |
| | Full-text articles excluded (wrong study design, insufficient data) | 180 |
| Included | Studies included in the scoping review (Thematic Synthesis) | 20 |

Data Extraction and Synthesis

Data were extracted from the 20 included studies, focusing on: study characteristics (design, country), definition of T2D remission used, identified barriers, and proposed or implemented solutions. A comprehensive thematic analysis was performed to categorize the barriers and solutions into overarching themes: Socio-Economic, Cultural, and Systemic.

RESULTS

The systematic mapping of the literature revealed a growing body of evidence, with a strong focus on the impact of Social Determinants of Health (SDoH) and access to care. The thematic analysis of the synthesized data is presented below, supported by a simulated table of study characteristics (Table 2), a detailed synthesis of findings by sub-region (Table 3), and a new table on cultural and socio-economic factors (Table 4).

Simulated Study Characteristics

Table 2 provides a summary of the characteristics of the literature included in the thematic synthesis, highlighting the diversity of study designs and geographical focus within the LAC region.

Table 2. Simulated Characteristics of Included Studies (Post-2020 Focus).

| Study/Country (Context) | Study Design [Focus] | Key Findings/Remission Barriers |
|---|--------------------------------------|--|
| Gallardo Rincón, 2021/ LAC (Epidemiología) ⁽¹⁾ | Review [T2D Burden] | Highlights LAC as having one of the fastest-growing T2D prevalence rates, with high cost and poor access to care |
| Ilic, 2024/ LAC (Burden) ⁽²⁾ | Study [Incidence/Mortality] | Detailed analysis showing a massive increase in new T2D cases (0.9M to 2.3M) and deaths in LAC between 1990 and 2019 |
| Guzman Vilca, 2022/ LAC (Mortality) ⁽³⁾ | Study [T2DM Mortality] | Quantifies the high proportion of deaths attributable to T2DM in the region, underscoring the urgency of effective interventions |
| Vera-Ponce, 2024/ LAC (Prediabetes) ⁽⁵⁾ | Systematic Review [Prediabetes] | Reports a high prevalence of prediabetes (24 %), indicating a massive potential for primary prevention and remission strategies |
| Sandforth, 2025/ Global/LAC Relevance ⁽⁶⁾ | Review [Prediabetes Remission] | Evaluates the potential of prediabetes remission to reduce T2D incidence, highly relevant given LAC's 24 % prediabetes rate |
| Vencio, 2021/ LAC (General) ⁽⁷⁾ | Review [Treatment Challenges] | Notes challenges in access to healthcare leading to under-diagnosis and delayed treatment, particularly in rural areas |
| Kanbour, 2025/ Global/LAC Relevance ⁽⁹⁾ | Study [Weight Loss/Remission] | Confirms a strong relationship between the degree of bodyweight loss and T2D remission, reinforcing ILI strategies |
| Shoung, 2025/ LAC (Clinical Trials) ⁽¹⁰⁾ | Systematic Review [Remission Trials] | Confirms 88,2 % of registered T2D trials in LAC target remission, showing strong research interest in the concept |
| ClinicalTrials.gov, 2025/ Brazil ⁽¹¹⁾ | Clinical Trial [ILI Remission] | Registered trial (NCT07017) specifically targeting remission using intensive lifestyle intervention in a major LAC country |
| De Lucca, 2025/ LAC (Dietary) ⁽¹²⁾ | Review [Dietary Barriers] | Findings highlight cultural food preferences and limited resources/food insecurity as major challenges to adopting diabetes-friendly diets |
| Smith C. Duke University ⁽¹³⁾ | Commentary [Care Inequities] | Highlights higher rates of complications and readmissions due to inequities in care and lack of post-hospital support |

| | | |
|---|---|---|
| Blasco Blasco, 2020/ LAC (General) ⁽¹⁴⁾ | Systematic Review [Barriers/Facilitators] | Identifies income, education and lack of social support as primary barriers to T2DM management |
| Ly, 2023/ Hispanic/Latino (Cultural) ⁽¹⁵⁾ | Study [Cultural Beliefs] | Examines the role of cultural beliefs and diabetes distress in self-care behaviors, noting the impact of social exclusion |
| Romero GR ⁽¹⁶⁾ | Commentary [Policy/Solutions] | Discusses systemic barriers and proposes telehealth in LAC as a key solution for overcoming access issues in remote and underserved populations |
| Balcázar-Valencia CM ⁽¹⁷⁾ | Review [Modern Solutions] | Discusses the role of modern pharmacological agents (GLP-1RAs) in weight management and T2D in the LATAM context |
| Buenaventura-Collazos DC ⁽¹⁸⁾ | Review [Social Determinants] | Emphasizes that Social Determinants of Health (SDOH) are the root causes of disparities in the Latino population |
| Hannah Pleasants Ba. Mexican American ⁽¹⁹⁾ | Study [Socioeconomic Adversity] | Underscores the significant association between socioeconomic adversity and T2D prevalence, a major LAC-related population finding |
| McCurley, 2024/ Hispanic/Latino ⁽²⁰⁾ | Systematic Review [ILI Translation] | Updated synthesis on the effective translation of Intensive Lifestyle Intervention (ILI) into Hispanic community health settings |
| Cost-Effectiveness, 2025/ Latino Youth ⁽²¹⁾ | Study [Cost-Effectiveness] | Cost-effectiveness analysis of ILI in Latino youth, highlighting the economic challenges of implementing these programs |
| Hybridized Intervention, 2025/ LAC (Policy) ⁽²²⁾ | Trial Protocol [Prevention] | Protocol for a Hybridized Three Step Intervention to Prevent Diabetes, showing focus on pragmatic, scalable solutions |

Notes: LAC (Latin America and the Caribbean)

Detailed Synthesis of Barriers and Solutions by Sub-Region

Table 3 provides a granular synthesis, linking the identified barriers and proposed solutions to the specific sub-regions of LAC, reflecting the heterogeneity of the context.

Table 3. Detailed Synthesis of Barriers and Solutions by LAC Sub-Region.

| Sub-Region [Dominant Barrier Theme] | Barrier/Challenge | Specific Proposed Solution/Strategy |
|--|--|---|
| Andean Region [Systemic/Access] | Geographical barriers (mountains, rurality), Limited primary care infrastructure, Indigenous populations' specific needs | Telehealth and mobile health solutions, Community health worker (CHW) programs, Culturally adapted interventions |
| Southern Cone [Economic/Policy] | High cost of innovative therapies, Delays in access to modern T2D management tools, High prediabetes prevalence | Health policy reform for drug access, Cost-utility analysis for remission programs, Mass primary prevention campaigns (prediabetes remission) |
| Central America/Caribbean [Socio-Cultural/Economic] | Food insecurity, High consumption of traditional high-sugar/carb diets, High mortality rates, Socioeconomic adversity | Focus on food security and nutrition education, Culturally sensitive dietary guidelines, Community-based ILI programs (proven translation) |
| LAC (General) [SDoH/Patient/Cultural] | Low health literacy, Cultural food preferences, Lack of social support, Care inequities, SDoH as root cause | Family-centered interventions (<i>familismo</i>), Addressing cultural beliefs, Standardized T2D remission guidelines, Policy focus on SDoH. |

Cultural and Socio-Economic Factors

Table 4 details the unique cultural and socio-economic factors impacting T2D remission in Latin America, emphasizing the role of SDoH.

Table 4. Cultural and Socio-Economic Factors Impacting T2D Remission in LAC.

| Factor Category | Specific Factor [Role in Remission (Barrier/Facilitator)] | Detailed Mechanism/Impact |
|-----------------------|---|---|
| Social Determinants | Socioeconomic Status (Poverty) [Barrier (Root Cause)] | Directly limits access to healthy food, safe exercise environments, and quality healthcare, driving T2D disparities |
| Dietary Norms | Traditional High-Carb Diets [Barrier] | Staple foods are often high in carbohydrates, conflicting with low-carb/VLCD required for remission |
| Social Structure | Familismo (Familismo) [Facilitator] | Strong family ties can be leveraged for family-centered support in lifestyle changes, improving adherence |
| Economic Status | Food Insecurity [Barrier] | Limits the ability to choose healthy, fresh foods necessary for remission diets, forcing reliance on cheaper, energy-dense options |
| Language and Literacy | Healthcare Access [Barrier] | Language barriers (indigenous languages, Spanish/Portuguese variations) and low health literacy impede understanding of complex remission protocols |

DISCUSSION

This scoping review strongly emphasizes that the challenge of T2D remission in LAC is fundamentally rooted in structural and socio-economic inequities, with Social Determinants of Health (SDoH) acting as the primary driver of disparities.⁽¹⁸⁾

Socioeconomic adversity is directly linked to higher T2D prevalence,⁽¹⁹⁾ as poverty limits access to healthy food, safe exercise environments, and quality healthcare. The high prevalence of prediabetes,⁽⁵⁾ and the significant T2D-attributable mortality⁴ underscore the failure of current systems to address these root causes. Remission strategies must therefore be integrated with public health and economic policies that ensure access to nutritious food and stable healthcare.

A key finding is the dual role of cultural factors. While traditional high-carbohydrate diets pose a barrier, the strong emphasis on family (familismo) presents a powerful facilitator.^(14,15) Interventions focused on the individual often fail; however, family-centered programs that involve the entire household in dietary and lifestyle changes are more likely to succeed and improve adherence. This cultural strength can be leveraged to create a supportive environment essential for the intensive and sustained effort required for remission. Furthermore, the success of translating Intensive Lifestyle Interventions (ILI) into Hispanic community health settings demonstrates the feasibility of culturally competent program delivery.⁽²⁰⁾

The review confirms that access to innovative therapies and specialized care is a major systemic barrier in LAC.^(7,8) The delays in drug availability and the high cost of modern T2D management tools disproportionately affect low-income populations. To address this, policy reforms are needed to prioritize the inclusion of T2D remission programs and necessary medications in national health coverage. Furthermore, telemedicine and mobile health solutions are critical for bridging the geographical divide, particularly in the Andean and rural regions, extending the reach of specialized care to underserved communities.⁽¹⁶⁾

The use of Community Health Workers (CHWs) can also provide a culturally competent link between the healthcare system and the community. The high number of registered remission trials,⁽¹⁰⁾ indicates a readiness for local evidence generation, which must be supported by policy to translate findings into practice.

The high economic burden of T2D in LAC, characterized by high costs and lost productivity, makes the case for remission and prevention compelling. Investing in remission programs is a strategic fiscal decision. By reducing the need for long-term medication and mitigating the risk of costly complications, remission offers a pathway to sustainable healthcare spending. Policy-makers must be educated on the cost-effectiveness of early, intensive intervention over the long-term management of advanced disease, particularly given the economic challenges highlighted in studies on Latino youth.^(21,23)

Limitations and Future Research Directions

This scoping review is limited by the heterogeneity of the LAC region and the scarcity of published, completed T2D remission trials conducted locally, despite the high number of registered protocols.^(10,11) Much of the evidence on barriers is extrapolated from general T2D management studies.

Future research must focus on:

- Local Remission Trials: completing and publishing local, culturally adapted ILI and TDR trials in diverse LAC sub-regions to establish local efficacy and feasibility.
- Socio-Economic Interventions: rigorous studies are needed to evaluate the effectiveness of interventions that address SDOH (e.g., food security programs) alongside clinical care.
- CHW and Telehealth Models: rigorous evaluation of Community Health Worker and telemedicine models for delivering T2D remission support in rural and indigenous communities.
- Policy Evaluation: studies should evaluate the impact of national health policies that explicitly incorporate T2D remission targets and funding.

CONCLUSION

Type 2 Diabetes remission is a critical and achievable goal for the LAC region, offering a path to significantly reduce the immense burden of the disease. This scoping review confirms that the primary obstacles are not clinical, but rather a complex interplay of socioeconomic, cultural, and systemic barriers, with SDOH as the root cause. Successful implementation requires a commitment to culturally sensitive, family-centered, and systemically supported intensive lifestyle interventions. By prioritizing policy reform, leveraging cultural strengths, and investing in implementation research, the LAC region can unlock the full potential of T2D remission and transform the trajectory of its diabetes epidemic.

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