

The Latin American Diabetes Association 2025 congress

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The XIX Congress of the Latin American Diabetes Association was held in Cusco, Peru, from November 19 to November 21, 2025. After a six-year hiatus, since the previous congress in Dominican Republic, researchers, clinicians, and diabetes educators, mostly from Latin America, had the opportunity to attend the largest Latin American scientific event on diabetes. Here is a summary of some of the most exciting talks.

Dr. Guillermo Umpierrez (Georgia, USA) emphasized the need for the widespread use of continuous glucose monitoring systems (CGMS) in hospitals in light of the growing evidence that CGMS help prevent hypoglycaemic events in patients with type 1 diabetes. However, CGMS are not ideal for type 2 diabetes because they are too costly. Dr. Rafael Violante (Tamaulipas, Mexico) discussed the new guidelines proposed by the [Lancet Commission](#) for the diagnosis of preclinical and clinical obesity. He pointed out that the emerging concepts of metabolically healthy or unhealthy obesity are not relevant for the diagnosis of preclinical or clinical obesity. For instance, clinical obesity does not necessarily mean metabolic unhealthy obesity. It is also unclear the significance of the presence of emotional alterations to define preclinical or clinical obesity. Dr. Emma Chávez (Mexico City, Mexico), argued that the [Edmonton obesity staging system](#) provides a more holistic approach to classify obesity as it includes physical, psychological symptoms, and functional limitations.

Dr. Jaakko Tuomilehto (Helsinki, Finland) highlighted the importance of diabetes prevention through a healthy lifestyle. He discussed several seminal studies that showed the clinical effectiveness of intensive lifestyle intervention on diabetes remission in 30–40% of [UK participants](#) after a two-year programme. Another study in [Finnish participants](#) showed a reduction of diabetes risk by nearly 60% after lifestyle intervention. Weight loss, reduced central obesity, healthy diet, and physical activity were the primary factors associated with diabetes remission.

Dr. Antonio Pérez (Barcelona, Spain) discussed metabolic dysfunction-associated steatohepatitis (MASH) and liver disease. Liver fat is associated with double the risk of type 2 diabetes, whereas liver fibrosis is associated with five times increased risk of type 2 diabetes. Another remark was that pioglitazone and dual GLP1 (glucagon-like peptide 1)/GIP (glucose-dependent insulinotropic polypeptide) receptor agonists have beneficial effects on fatty liver disease, including

advanced stages, whereas SGLT2 (Sodium-Glucose Cotransporter 2) inhibitors improve mild fatty liver disease but their effectiveness on advanced stages is still unclear.

Dr. Rafael Gabriel (Madrid, Spain) discussed the importance of measuring blood glucose 1 h post oral glucose tolerance test as it appears to be a better predictor of diabetes than fasting blood glucose or glucose measured 2 h after glucose challenge. Dr. Jesus Rocca (Lima, Peru), Dr. Miguel Pinto (Lima, Peru) and Dr. Yulino Castillo (Santo Domingo, Dominican Republic) presented an overview of the early cardiorenal and microvascular complications of prediabetes. The joint message was that prediabetes should be treated with lifestyle and, depending on the early clinical findings, drug treatment may also be required to prevent further complications.

Dr. Abdias Hurtado (Lima, Peru) stressed the importance of early diagnosis of renal disease. Microalbuminuria—a strong predictor of end-stage kidney disease—is already present in 40% of individuals with type 2 diabetes, 25% in those with hypertension, and 8% in the general population. Dr. Jorge Rico (Barranquilla, Colombia) indicated that, to prevent further complications, an adequate management of kidney disease should include lifestyle and treatment with novel drugs such as SGLT2 inhibitors, RAAS (Renin-Angiotensin-Aldosterone System) inhibitors, and GLP1 receptor agonists.

Another important topic was diabetes education. Ms. Ana Fernanda Sánchez (Ecuador), a clinical psychologist and former vice president of the International Diabetes Federation, showed evidence that diabetes education improves diabetes outcomes: a reduction in glycated haemoglobin and improvement of adherence to treatment. She called for regional standardization of diabetes education.

Dr. Luis Castaño (Madrid, Spain) presented an overview about early detection of type 1 diabetes. Anti-CD3 monoclonal antibodies show promising results in delaying the onset of type 1 diabetes. Another remark was the importance of testing for autoantibodies against insulin, GAD (Glutamic Acid Decarboxylase), IA2 (Insulinoma-Associated Antigen 2) and ZNT8 (Zinc Transporter 8) for early detection of type 1 diabetes, as these biomarkers can be detected even before the onset of hyperglycaemia. This is consistent with the four stages of type 1 diabetes. Screening for autoantibodies at early stages appears to reduce ketoacidosis



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and may lead to better management. Dr. Castaño suggested prioritizing the screening among first-degree relatives of individuals with type 1 diabetes. Current pilot studies are testing the clinical utility of screening the entire population at early stages of life.

Dr. Chih Hao Chen Ku (San Jose, Costa Rica) gave an overview of the latest pharmacological alternatives for obesity treatment. **Mazdutide** is a once-weekly injectable dual agonist for the glucagon and GLP1 receptors, and it is already approved in China. **Retatrutide** is a triple agonist acting on the GLP1, GIP, and glucagon receptors. Dr. Andrés Jaramillo (Bogota, Colombia) discussed two novel long-acting insulin analogues for the treatment of type 2 diabetes, **efsitora** and **icodec**, which are administered once weekly. These new drugs were associated with moderate to severe hypoglycaemic events in individual with type 1 diabetes.

Dra. Silvia Lapertosa (Corrientes, Argentina) presented an overview on the diagnosis of gestational diabetes. Approximately 14% of all pregnancies are complicated by gestational diabetes, and a major issue in the field is the lack of consensus on the diagnostic criteria. Preliminary studies have shown that lowering the threshold for diagnosis, leading to overdiagnosis, does not improve clinical outcomes. Dr. Segundo Seclén (Lima, Peru) pointed out the need for guidelines for the management of type 2 diabetes and cardio-renal-metabolic diseases in the region. Currently, a commission of the Latin American Diabetes Association is working on this task, taking into consideration the needs and resources available in Latin America for the treatment of type 2 diabetes.

Dr. Guillermo Umpierrez (Georgia, USA) compared the benefits of using SGLT2 inhibitors and dual agonists of the GLP1/GIP receptors for the treatment of type 2 diabetes. He stated that the election of these drugs should be based on the clinical assessment of the patient. SGLT2 inhibitors reduce major adverse cardiovascular events by 14%, similar to GLP1 receptor agonists. However, SGLT2 are superior to GLP1 receptor agonists for improving heart failure. SGLT2 inhibitors should also be the preferred option for reduction of renal events, he emphasized. However, semaglutide and GLP1 receptor agonists are superior to SGLT2 inhibitors for the treatment of fatty liver because of their effect on weight loss. Although both types of drugs have similar effects on cardiovascular mortality, SGLT2 inhibitors are less expensive than GLP1 receptor agonists. Another important remark was that two thirds of patients treated with tirzepatide, a dual agonist of the GLP1/GIP receptors, regain body weight; 60% abandon treatment after one year; and 80% abandon treatment after two years. Nevertheless, he emphasized that a healthy lifestyle is key for the treatment of type 2 diabetes.

Contributors

I conceptualized this manuscript, I wrote the original and final draft, and I made the decision to submit it. I am responsible for the content of this manuscript.

Declaration of interests

OOW works as a senior editor for The Lancet Regional Health—Americas.

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