# POWER OF KNOWLEDGE: IMPROVING CARE OF PATIENTS WITH ADULT-ONSET DIABETES

## DEFINITION

**Diabetes** is a chronic disease that occurs when the pancreas is no longer able to make **insulin**, or when the body cannot make good use of the insulin it produces.

**90%** of all cases

**Adult-onset diabetes =** **TYPE 2 DIABETES**

People with **TYPE 2 DIABETES** can often initially manage their condition through **exercise and diet**.

However, over time most people will require **oral drugs and or insulin**.

**2× RISK**

The overall risk of dying among people with diabetes is at least double the risk of their peers without diabetes.

Also significantly **higher risk of developing depression** and other psychological problems compared with the general population.

## BURDEN

### AFFECTED ADULTS IN EUROPE

**60 Millions**

about **10.3%** + **9.6%** aged 25 years and over

**50%** of people with diabetes die of cardiovascular disease (primarily heart disease and stroke)

**10-20%** of people with diabetes die of kidney failure

**10%** approximately develop severe visual impairment after 15 years of diabetes

**€145 Billion**

**Direct economic costs** spent on treating and managing diabetes and its related complications in 2017.

**Indirect economic costs:** Diabetes can reduce a household's income, which can lead to poverty, poor educational performance and, in the wider economy, can have a negative effect on GDP.

## THE VALUE OF SCREENING AND EARLY DIAGNOSIS

- **DIABETES SCREENING** is the process of identifying those individuals who are at sufficiently high risk to warrant further investigation or direct action.

- **TYPE 2 DIABETES** can be diagnosed at an early stage through relatively inexpensive blood testing. However, 50% of people with diabetes may be undiagnosed.

- **EARLY DETECTION** can improve the outlook for people with type 2 diabetes, since timely control decreases the risk of complications.

- Screening to identify type 2 diabetes followed by **EARLY TREATMENT** could result in substantial health benefit by reducing risk of cardiovascular disease or death within a 5-year follow-up period when compared to patients having no screening.

## POLICY RECOMMENDATIONS

- **FORMULATE NATIONAL POLICIES** concerning screening for type 2 diabetes and prioritise diabetes as a major health, social and economic concern.

- **DEVELOP AN EU STRATEGY** for diabetes prevention, screening and control.

- **PROVIDE MORE EVIDENCE** on the effects of early detection of type 2 diabetes through screening.

- Given the dynamic nature of this topic, **POLICIES** for screening for type 2 diabetes **MUST BE REVIEWED** from time to time as new evidence accumulates.