

Diabetics in the US, 6 other countries ineffectively treated for diabetes and related risk factors

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Millions of people worldwide may be at risk of early death from diabetes and related cardiovascular illnesses because of poor diagnosis and ineffective treatment, a new study by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington shows. The study examines diabetes diagnosis, treatment, and management in Colombia, England, Iran, Mexico, Scotland, Thailand, and the United States.

In the [United States](#) alone, nearly 90% of adult diabetics – more than 16 million adults aged 35 and older – have [blood sugar](#), blood pressure, and cholesterol that are not treated effectively, meaning they do not meet widely accepted targets for healthy levels of blood sugar, blood pressure, and cholesterol. In Mexico, 99% of adult diabetics are not meeting those targets. The study, "Management of [diabetes](#) and associated cardiovascular risk factors in seven countries: a comparison of data from national health examination surveys," is published in the *Bulletin of the World Health Organization's* March edition.

"Too many people are not being properly diagnosed with diabetes and related cardiovascular risk factors. Those who are diagnosed aren't being effectively treated," said Dr. Stephen Lim, one of the study's co-authors and an Associate Professor of Global Health at IHME. "This is a huge missed opportunity to lower the burden of disease in both rich and poor countries."

The researchers found that up to 62% of diabetic men in Thailand are undiagnosed or untreated for diabetes. This translates to more than 663,000 people in that country. Within countries, the diagnosis rates were higher for women than men, with the largest difference seen in Colombia, where 15% more women than men with diabetes are diagnosed. Of those diabetics who are diagnosed, most are not being treated for other cardiovascular risks that could be just as dangerous to their health as uncontrolled blood sugar. The percentage of diabetics in the seven countries studied who are reaching International Diabetes Federation treatment goals for blood glucose, blood pressure, and serum cholesterol is very low, ranging from 1% to 12%. In Scotland, researchers had difficulty finding women with diabetes who had met the targets for managing these risks.

In an attempt to determine the cause of the low rates of diagnosis and effective treatment, researchers examined a range of factors and found that there were no inequalities in diagnosis and treatment of diabetes related to socioeconomic status.

"We were very surprised to see that wealth did not have a big impact on diagnosis and treatment," said Dr. Emmanuela Gakidou, the paper's lead author and an Associate Professor of Global Health at IHME. "And in the three countries where we had health insurance data, we thought it was noteworthy that health insurance actually played a much bigger role than wealth, especially in the US."

In the US, people who had insurance were twice as likely to be diagnosed and effectively treated for diabetes as those who did not have insurance.

The researchers said the findings underscore the need for countries to tackle the growing problem of noncommunicable diseases (NCDs), in part by gathering better data.

"We don't have enough data from actual physical exams to accurately document the trend in most countries," said Dr. Rafael Lozano, a co-author on the paper and a Professor of Global Health at IHME. "We looked at surveys from nearly 200 countries and only could find data on blood glucose, cholesterol, or [blood pressure](#) in seven. We hope that in the build-up to the UN Summit on NCDs this September, countries will make a commitment to more surveys that take blood samples from a representative percentage of the population."

Provided by Institute for Health Metrics and Evaluation

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