

Economic burden of prediabetes up 74 percent over five years

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The economic burden of diabetes in America continues to climb, exceeding more than \$322 billion in excess medical costs and lost productivity in 2012, or more than \$1,000 for every American, according to a study being published in the December issue of *Diabetes Care* that also includes a state-by-state breakdown of the prevalence and costs associated with diabetes. Additionally, increased costs associated with prediabetes and undiagnosed diabetes highlight the growing importance of prevention and early intervention.

The study, which follows up on a similar report published in 2010 and expands upon data released last year, shows a 48 percent overall jump in direct and indirect costs associated with [diabetes](#) over just five years. The estimates include the financial impact from those diagnosed with diabetes (21 million people) as well as the undiagnosed (8.1 million people), those with [gestational diabetes](#) (approximately 222,000 people) and adults with [prediabetes](#) (86 million people), a condition in which [blood glucose levels](#) are elevated but not yet high enough for a diagnosis of diabetes. It breaks down into \$244 billion in excess medical costs (including physician's office and hospital visits, prescription drugs and costly health conditions, such as hypertension and renal complications) and \$78 billion in reduced productivity.

The researchers estimate that 27 percentage points of the 41 percent increase in [medical costs](#) stems from the growing number of people being diagnosed with diabetes in America, and that 14 percentage points of that rise comes from growth in the average cost per case of diabetes.

However, an editorial in the same issue called the study "alarming" in that it shows a dramatic rise in costs for those with prediabetes and [undiagnosed diabetes](#). Building on their work from 2007, the researchers found that over five years, the cost of prediabetes increased 74 percent (to \$44 billion) while the cost of undiagnosed diabetes rose a staggering 82 percent (to \$33 billion).

"These statistics underscore the importance of finding ways to reduce the burden of prediabetes and diabetes through better prevention and treatment," said lead investigator Timothy M. Dall, MS, Managing Director with IHS Life Sciences. "The [costs](#), in both financial and quality of life terms, are exceptionally high and in many cases could be preventable."

"The concern remains that these are conditions for which, as a medical community, we may not have a heightened awareness or have sufficient plans to address," the editorial writers noted.

The editorial writers - including *Diabetes Care* Editor William T. Cefalu, American Diabetes Association Managing Director of Medical Information Matthew P. Petersen, and the Association's Chief Scientific and Medical Officer Dr. Robert E. Ratner, MD—conclude this study bolsters the need for intervention during the prediabetes stage, noting that there are both clinical and financial reasons to identify people with prediabetes. Previous studies, notably the landmark Diabetes Prevention Program, have shown that making lifestyle changes that include losing weight, increasing physical activity and changing one's diet can greatly reduce the risk for type 2 diabetes.

"We believe that identifying prediabetes is worthwhile from both a clinical and a public health standpoint," they wrote. "The need to identify those with undiagnosed diabetes is even more pressing," they noted, because untreated diabetes can lead to numerous costly health

complications, such as heart and kidney disease, nerve damage and vision problems.

"The crisis is worsening," the editorial concludes. "The time to act is now. These data clearly should signal a call for action."

Provided by American Diabetes Association

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