

Health-care cost diabetics more than double that of those without the disease, study finds

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Each person living with diabetes requires care that costs the Canadian health-care system an average of \$16,000 over eight years, compared to \$6,000 in average health-care costs for people who don't live with diabetes, a new study has found.

The study is the most comprehensive Canadian analysis of [health-care](#) costs related to [diabetes](#) to date, with a sample size of almost three million people.

Researchers at the University of Toronto's Dalla Lana School of Public Health, using data from the Institute for Clinical Evaluative Sciences (ICES), found that the average per-person health care spending for diabetes cases is more than twice that of non-diabetes controls and results in billions of dollars of health care related costs annually. Over the eight-year study, females living with diabetes cost the system \$9,731 more than a non-diabetic female and males cost \$10,315 more. Roughly \$4,000 of these costs related to diabetes were incurred in the first year after diagnosis.

"Diabetes is one of the greatest [public health](#) and health system challenges of the 21st century because it's among the most costly health conditions to manage," said Laura Rosella, lead author, assistant professor at the Dalla Lana School of Public Health, adjunct scientist at ICES and scientist at Public Health Ontario. Rosella noted Canadian cost estimates directly attributable to diabetes were limited before this study.

The study, "Impact of diabetes on [health care costs](#) in a population-based cohort: a cost analysis," was published in Diabetic Medicine and funded by the Canadian Institutes of Health Research. It captured health-care costs of almost three million people from 2004-2012 using patient-specific health administrative data, including hospitalizations, emergency visits, surgery, dialysis, clinic visits, prescription medications, laboratory, rehabilitation and home care and medical devices.

Researchers estimated annual attributable per-person costs – dollars spent directly as a result of diabetes-related care – as the difference in health-care costs between diabetes cases and matched non-diabetes controls.

"We found that the older you are, the substantially higher the cost, and, even after adjusting for other complicated medical conditions and socioeconomic status, attributable diabetes costs are mostly due to hospitalizations, physician visits, prescription medications and medical devices," said Rosella.

"For the 3.4 million Canadians living with diabetes, it decreases quality and length of life, and is a leading cause of kidney failure, lower limb amputation and blindness among adults," says Dr. Jan Hux, chief science officer at the Canadian Diabetes Association. "Looking beyond the impact on individuals, this study documents the heavy and potentially unsustainable burden the condition poses to the health care system."

Rosella, among many other researchers, predicts that [diabetes prevalence](#) will increase as a result of a population aging, rising obesity, sedentary lifestyles and decreased mortality rates among people with diabetes.

"It is critical to comprehensively estimate health-care costs specifically due to diabetes in order to appropriately allocate health resources and more importantly to determine the economic benefit of diabetes

prevention strategies, that is, the [health](#)-care [costs](#) that could be averted if diabetes prevention efforts were to be scaled up," said Rosella.

More information: "Impact of diabetes on healthcare costs in a population-based cohort: a cost analysis" *Diabetic Medicine*.

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