

Younger newly-diagnosed patients with type 2 diabetes are hit hard by the disease

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The common view of type 2 diabetes as an old person's disease is becoming seriously outdated in step with the increasing number of persons under the age of 45 who develop the disease. New research from Aarhus University now shows that younger persons newly-diagnosed with type 2 diabetes have significantly poorer health and thus a high risk of delayed complications compared with type 2 diabetes patients who first contract the disease twenty years later in life.

Furthermore, the younger newly-diagnosed patients are met by a healthcare sector that is not prepared for the patient group. They have special needs for intensive treatment and support, which they do not receive sufficiently. This is according to the researchers behind the research study, PhD student Anne Bo and Professor Helle Terkildsen. The research study has just been published in the scientific journal *Diabetes/Metabolism Research and Reviews*.

The study is based on 5,115 persons who have received a diagnosis with type 2 diabetes within two years. 516 of these people are aged under 45. In the case of twenty per cent of the younger patients, researchers discovered early signs of damage to the kidneys, while seven per cent showed signs of eye problems. Seeing early signs of diabetes complications among young patients is very serious, says Anne Bo, master of science in public health science from Aarhus University. She is behind the research which forms part of her PhD project.

"When patients are already affected by type 2 diabetes at such a young

age, the damage can develop into blindness, kidney failure or life-threatening cardiovascular diseases, as they must live with the disease for decades. The study therefore provides vital knowledge about the group's risk factors, which means that the healthcare system can initiate better and more targeted prevention. We know from previous studies that persons with type 2 diabetes who receive proper treatment have a lower risk of death from heart disease. Consequently, early intervention is so important," says Anne Bo.

The study shows that the group of younger newly-diagnosed patients have a much poorer health situation compared to the older diabetic patients. The younger patients are more overweight, have poorer controlled blood sugar levels, higher cholesterol levels and almost the same presence of hypertension.

The condition of the younger persons with type 2 diabetes also appears to surprise the healthcare system, says Anne Bo.

"We can see from the study that the younger sufferers are generally receiving too little treatment. They receive far less preventive treatment with medicine such as antihypertensive medicine, lipid-lowering medicine and anticoagulants. In addition, they have stated that they exercise less and smoke more than the elderly patients. This points towards a need to rethink the way the healthcare sector organises type 2 diabetes treatment, and not least, how the younger type 2 [diabetes patients](#) are met by healthcare professionals," says Anne Bo.

She refers to the patients' own experiences which were recorded in connection with the study. There are examples of patients who have been diagnosed at a 15-minute consultation with their general practitioner. After that, they could go home and Google more information about living with diabetes, often finding some harsh descriptions.

"Receiving such a serious diagnosis is a big shock and it is very daunting to be sent home after only being told you should come back in three months for a check-up. Many patients feel a lot of guilt and shame about getting type 2 diabetes, which is related to lifestyle. They feel very alone when it comes to tackling a disease that is commonly associated with elderly people. Also, the general practitioner's communication is most often adapted to the elderly. This can also contribute to the explanation of the younger patients' proportionately poorer health," says Anne Bo.

Normally, type 2 diabetes is a disease that people get around the age of sixty, but earlier this year an overview from the Steno Diabetes Center Copenhagen showed that the international trend towards more and more younger people developing the disease also applies to Denmark.

However, the question of why the group of younger diabetic patients is growing is complex, says Helle Terkildsen Maindal, professor of health promotion at Aarhus University, research manager at the Steno Diabetes Center Copenhagen and last author of the research study.

"Obesity and inactivity help trigger diabetes in people who are perhaps hereditarily predisposed for it or have a higher genetically determined risk of diabetes. Consequently, eating habits and exercise play a big role in prevention," says Professor Helle Terkildsen Maindal. But she wishes to work towards ensuring that type 2 diabetes is not turned into an individual issue, even though people can do a lot to prevent the disease from becoming worse.

"It is a disease that is to a large extent contingent on the society we live in and its living conditions and habits. It is not ignorance or laziness that leads to fifty per cent of people aged 35-44 in Denmark being overweight and thus at risk of developing type 2 [diabetes](#). It is about societal structures, working conditions and things like our exercise and eating habits. On top of this, there is a healthcare system which is not

designed appropriately for this group. For example, we know that the age group finds it difficult to come to check-ups because they take place in the middle of working hours. Our next studies will deal with how we organise treatment and support services according to the needs of the target group. We can do this by involving the younger [patients](#) themselves and their practitioners in the development of the preventative measures and treatment we offer them," says Helle Terkildsen Maindal.

More information: A. Bo et al. Early onset type 2 diabetes: Age gradient in Clinical and Behavioural Risk Factors in 5115 Persons with Newly Diagnosed Type 2 Diabetes - Results from the DD2 study, *Diabetes/Metabolism Research and Reviews* (2017). [DOI: 10.1002/dmrr.2968](#)

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