

The Impact of the Epidemic United States Diabetes Fact Sheet

The Diabetes Epidemic

- Approximately 24 million people, or 8 percent of the population in the United States, have diabetes¹. In adults as of 2007, 90 to 95 percent of people with diabetes had type 2 diabetes.²
- There are approximately 1.6 million new cases of diabetes diagnosed each year in people age 20 and older, and about 57 million people have pre-diabetes.¹

The Ravages of the Disease

- **Heart Disease and Stroke.** Heart disease and stroke account for 65 percent of diabetes-related deaths. Approximately 73 percent of adults with diabetes have high blood pressure, and they are two to four times more likely than people without diabetes to suffer strokes.³
- **Blindness.** As of 2007, diabetes was the leading cause of new cases of blindness among adults 20 to 74 years old. Diabetic retinopathy, a condition that affects the small blood vessels of the retina and can lead to vision loss and potentially blindness, causes 12,000 to 24,000 new cases of blindness each year.²
- **Kidney Failure.** Diabetes is the leading cause of kidney failure, accounting for 44 percent of new cases in 2005. Also in 2005, 46,739 people with diabetes began treatment for end-stage renal disease, and in 2002, 178,689 people with end-stage renal disease due to diabetes received dialysis or a kidney transplant.³
- **Nervous System Disease and Amputations.** About 60 to 70 percent of people with diabetes have mild to severe forms of nervous system damage, which can lead to severe limb damage. People with diabetes have a rate of amputation 10 times higher than people without diabetes, and more than 60 percent of non-accident related lower-limb amputations in the United States occur among people with diabetes. In 2004, about 71,000 non-traumatic lower-limb amputations were performed in people with diabetes.³
- **Erectile Dysfunction.** Diabetes is one of the leading causes of erectile dysfunction. Between 35 and 50 percent of men with diabetes in 2003 experienced erectile dysfunction, which is often more difficult to treat than the erectile dysfunction found in the non-diabetic population.⁴ Diabetes also increases the risk of sexual dysfunction in women.³
- **Depression.** People with diabetes are twice as likely to experience depression as those without diabetes.⁵
- **Death.** Diabetes is the fifth leading cause of death by disease in the United States.⁶ The risk for death among people with diabetes is about twice that of people without diabetes.²

Economic Impact

In the United States, the total cost of diabetes in 2007, including medical costs and lost productivity, was estimated at \$174 billion.⁷

Burden on Health Care System

- In 2007, medical expenditures totaled \$116 billion and comprised \$27 billion for diabetes care, \$58 billion for chronic diabetes-related complications, and \$31 billion for excess general medical costs.⁷
- The 2007 per capita annual costs of health care for people with diabetes was \$11,744 a year, of which \$6,649 (57 percent) is attributed to diabetes.⁷
- People with diagnosed diabetes, on average, have medical expenditures that are approximately 2.3 times higher than those without diabetes.⁷
- One out of every five health care dollars is spent caring for someone with diagnosed diabetes, while one in 10 health care dollars is attributed to diabetes.⁷

Cost to Employers

- Indirect costs resulting from increased absenteeism, reduced productivity, disease-related unemployment disability, and loss of productive capacity due to early mortality totaled \$58 billion. This is an increase of \$42 billion since 2002.⁷
- In 2007, diabetes accounted for 15 million work days absent, 120 million work days with reduced performance, 6 million reduced productivity days for those not in the workforce, and an additional 107 million work days lost due to unemployment disability attributed to diabetes.⁷
- Diabetes caused 445,000 cases of unemployment disability in 2007.⁷

Need for New Treatments

Failure to Reach Treatment Targets

- To avoid the devastating complications caused by diabetes, the American Diabetes Association (ADA) recommends patients maintain an HbA_{1C} (A1C) of less than 7 percent (A1C is a measure of average blood glucose levels over a three-month period).⁸ However, despite many new treatment options that have become available during the past several years, the ADA-recommended A1C target remains elusive for many people with diabetes.
- In a study published in 2004, less than half of Americans who had been diagnosed with and were being treated for diabetes were achieving the A1C target.⁹

- Approximately 37 percent of all patients with type 2 diabetes in the United States in 2004 who had received treatment for diabetes had A1C levels that exceed 8 percent, and 20 percent exceed 9 percent.⁹
- In a study done in type 2 diabetes patients in 2000, with every 1 percent decrease in A1C levels, a person's risk for diabetes complications decreased by 37 percent.¹⁰
- As of 2007, reduction in body weight among adult diabetic patients is also associated with significant healthcare savings, amounting to \$213 per year for a reduction of 1 percent body weight.¹¹

References

1. American Diabetes Association. Total Prevalence of Diabetes & Pre-diabetes. Available at: <http://www.diabetes.org/diabetes-statistics/prevalence.jsp>. Accessed July 29, 2009.
2. Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2007. Rev ed. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.
3. American Diabetes Association. Complications of Diabetes in the United States. Available at: <http://www.diabetes.org/diabetes-statistics/complications.jsp>. Accessed July 29, 2009.
4. *Erectile Dysfunction*. US National Institute of Diabetes & Digestive & Kidney Diseases, National Institute of Health; 2002. NIH Publication No. 04-3923. December 2003.
5. Anderson RJ, Freedland KE, Clouse RE, Lustman PJ. The Prevalence of Comorbid Depression in Adults With Diabetes: a meta-analysis. *Diabetes Care* 2001; 24: 1069-1078.
6. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. 10 Leading Causes of Death. Available at: <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>. Accessed August 5, 2009.
7. American Diabetes Association. Direct and indirect costs of diabetes in the United States. Available at: <http://www.diabetes.org/diabetes-statistics/cost-of-diabetes-in-us.jsp>. Accessed July 29, 2009.
8. American Diabetes Association. Standards of Medical Care in Diabetes -2008. *Diabetes Care* 2008; 31:S12-S54.
9. Saydah SH, Fradkin J, Cowie CC. Poor Control of Risk Factors for Vascular Disease Among Adults With Previously Diagnosed Diabetes. *JAMA* 2004; 291:3: 335-342.
10. Stratton IM, Adler AI, Neil HAW, Matthews DR, Manley SE, Cull CA, Hadden D, Turner RC, Holman RR. Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study. *BMJ* 2000; 321: 405-412.

11. Yu AP, Wu EQ, Birnbaum HG, et al. Short-term economic impact of body weight change among patients with type 2 diabetes treated with antidiabetic agents: analysis using claims, laboratory, and medical record data. *Curr Med Res Opin.* 2007;23(9):2157-2169.

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