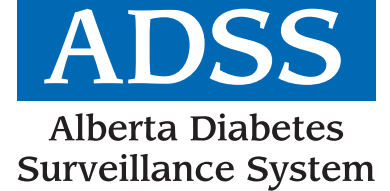


Diabetes in Alberta

The Alberta Diabetes Surveillance System provides an overall picture of the burden of diabetes in the province and a system to monitor trends of diabetes and its complications over time. The *Alberta Diabetes Atlas 2009* is a compilation of facts and figures about diabetes and its complications over the past 12 years, from 1995 to 2007. Below are some of the key findings and policy options from the *Alberta Diabetes Atlas 2009*.



By the numbers....

- Approximately 1 in 20, or 164,000 Albertans were living with diabetes in 2007, which is a doubling of the number 12 years ago.
- Diabetes is most prevalent in older adults, with approximately 1 in 5 Albertans aged 70 to 79 living with diabetes.
- There were over 1,300 new cases of diabetes identified in Alberta each month in 2007.
- People with diabetes are more than twice as likely to die each year, compared to people without diabetes.
- After accounting for age of the population, Edmonton and North zones had the highest prevalence of diabetes in Alberta.
- Total costs (physician, hospital and emergency department costs) for people with diabetes was 3 to 4 times higher than costs for people without diabetes.



KEY FINDING

POLICY OPTIONS

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| 1. The prevalence and incidence of diabetes are increasing in Alberta, and especially among older adults who are at risk of type 2 diabetes. | <ul style="list-style-type: none">• Enhance investment in diabetes prevention efforts across all ages.• Institute an intensive public education program aimed at lifestyle modification to decrease the risk factors for developing diabetes, most importantly obesity and physical inactivity. |
| 2. The incidence of diabetes is also growing amongst children and adolescents in Alberta. The incidence rates are increasing in all ages, with the fastest growing rates for the youngest children. These trends suggest we are seeing increasing rates of both type 1 and type 2 diabetes. | <ul style="list-style-type: none">• Ensure adequate service and support for children and families living with type 1 diabetes.• Strengthen efforts to improve health and health behaviours of children and adolescents to reduce overweight and obesity, and therefore prevent further increases in type 2 diabetes.• Ensure equal access to diabetes education and support services through all areas of the province. |
| 3. People with diabetes have a markedly increased chance of having a heart attack or stroke, requiring dialysis, going blind or having a lower limb amputation, compared to people without diabetes. The chance of developing these complications can be reduced with aggressive control of risk factors, such as blood pressure, cholesterol and blood sugar. Still, reports from Alberta and other provinces suggest sub-optimal use of evidence-based therapies to reduce these risks. | <ul style="list-style-type: none">• Actively disseminate evidence-based guidelines about optimal medication use in people with diabetes, especially to general practitioners.• Establish risk factor modification clinics throughout the province, aimed at people with diabetes. Appropriately trained teams of allied health professionals, including nurses, pharmacists and dieticians, could coordinate these services.• Regularly monitor the trends in the number and rates of complications over time, and use this information to plan services for the future.• Consider financial barriers to individuals for the use of evidence-based medications aimed at improving risk, given that people with diabetes are often on many of these medications at the same time. |
| 4. The majority of medical care for people with diabetes is from general practitioners. Still, people with diabetes see medical specialists 3 times more often than people without diabetes. | <ul style="list-style-type: none">• Enhance investments in strategies to improve quality of care by primary health care providers.• Ensure that there are sufficient primary care providers in Alberta.• Enhance access to allied health professional primary care providers, particularly in rural and non-metro health zones.• Regularly monitor the trends of the number and type of complications of diabetes, and use this information to plan for access to specialized services in the future, such as dialysis and specialized cardiac procedures. |

KEY FINDING

POLICY OPTIONS

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| <p>5. Mental illness, including depression and psychoses, is much more common in people with diabetes, and has been increasing in prevalence over the past decade.</p> | <ul style="list-style-type: none"> • Enhance screening for complications in both populations: screening for diabetes in people with mental illness and for mental illness in people with diabetes. • Enhanced screening will likely result in a greater number of people with depressive diagnoses. We therefore need to also enhance access to allied mental health care, and particularly in the primary care environment. • Implement and evaluate a pay-for-performance framework for improving outcomes in patients with diabetes and depression. |
| <p>6. People with diabetes living in non-metro health zones have lower rates of specialist care visits and higher use of hospital and emergency departments for acute and chronic complications of diabetes.</p> | <ul style="list-style-type: none"> • Ensure an adequate supply of primary care providers and access to all diabetes services in all areas of Alberta. • Consider access to allied health professional primary care providers in rural and non-metro health zones, such as nurses, pharmacists and dietitians. • Regularly monitor the trends in the number and type of complications of diabetes, and use this information to plan for access to specialized services in the future, such as dialysis and specialized cardiac procedures. |
| <p>7. Screening for diabetic eye disease is an important strategy in preventing blindness. Despite this strong evidence, the frequency of eye examinations by experienced professionals is lower than suggested by practice guidelines.</p> | <ul style="list-style-type: none"> • Increase awareness of the need for regular eye examinations by actively disseminating the guidelines to both patients and providers. • Enhance surveillance to include care provided by all eye care professionals. • Consider increased use of teleophthalmology to enhance access for required eye examinations in non-metro health zones, with particular attention to the North zone. |
| <p>8. The prevalence of diabetes is twice as high in the Status Aboriginal population compared to the rest of the population in Alberta.</p> | <ul style="list-style-type: none"> • Target culturally appropriate preventive and therapeutic interventions to Status Aboriginal people and communities, ensuring access to a full range of necessary services. • Work with Status Aboriginal peoples and communities to better understand the impact of diabetes and related conditions, and enhance ongoing surveillance programs in Status Aboriginal populations. • Work with Métis Nations in Alberta to develop a strategy to include this segment of the Aboriginal population in the ADSS and surveillance of other health conditions. |
| <p>9. While the ADSS provides important new information about diabetes and related conditions, there are several limitations in our full understanding of the care and outcomes for people with diabetes in Alberta.</p> | <ul style="list-style-type: none"> • Surveillance should be expanded to include information about risk factors, such as smoking, obesity, physical inactivity, high blood pressure and high cholesterol, and should be linked with information on use of health services and long-term outcomes. • Surveillance should be expanded to include other special populations (e.g. diabetes in pregnancy) and other comorbid conditions (e.g. cancer, infectious diseases). • The number and location of diabetes clinics and information about workload and outcomes associated with these clinics needs to be collected and shared on a regular basis. • Reliable information on socioeconomic status and lifestyle behaviours is lacking at present and should be made available through the linkages of administrative data with other sources, including clinical and patient-reported outcomes data. |

Contact us for more information on the ADSS and the *Alberta Diabetes Atlas 2009*

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