

ADSS

Alberta Diabetes Surveillance System



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 2007* is a compilation of facts and figures about diabetes and its complications over the past decade. Below are some of the key findings and policy options from the *Alberta Diabetes Atlas 2007*.

By the numbers....

- ▶ Approximately 1 in 20, or 130,000 adults were living with diabetes in Alberta in 2005, which is a doubling of the number ten years ago.
- ▶ There are over 1,000 new cases of diabetes identified in Alberta each month.
- ▶ People with diabetes are more than twice as likely to die each year, compared to people without diabetes.
- ▶ Northern Lights Health Region has the highest prevalence of diabetes in Alberta at 6.8%, while the provincial average is 5.3%. This region also has the highest diabetes incidence in Alberta.
- ▶ People with diabetes use 2 to 3 times as many health care resources as people without diabetes.

KEY FINDING

1. The prevalence and incidence of diabetes are increasing in Alberta, and especially among older adults.
2. 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. Some success has been achieved in reducing heart disease and strokes in recent years. The chance of developing these complications can be further reduced with more 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.
3. The majority of medical care for people with diabetes is from General Practitioners. Still, people with diabetes see medical specialists three times more often than people without diabetes.

POLICY OPTIONS

- 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.
- 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. These clinics could be coordinated by appropriately trained teams of allied health professionals including nurses, pharmacists and dietitians.
- 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.
- Enhance investments in strategies to improve quality of care by primary health care providers.
- Ensure that there are sufficient primary care providers in Alberta. Consider access to allied health professional primary health care providers in rural and non-metro health regions.
- 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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| 4. People with diabetes living in northern and non-metro health regions have lower rates of specialists care visits and higher use of hospital and emergency departments for acute and chronic complications of diabetes. | <ul style="list-style-type: none"> • Ensure an adequate supply of primary care providers and access to all diabetes services in all regions of Alberta. Consider access to allied health professional primary care providers in rural and non-metro health regions such as nurses, pharmacists and dieticians. • Regularly monitor the trends in the number of 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. |
| 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. | <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. • Research and health care interventions should focus on strategies to minimize complications and mortality in this population. |
| 6. Screening for diabetic eye disease is an important strategy in preventing blindness; despite strong evidence, the frequency of eye examinations by experienced professionals is lower than suggested by practice guidelines. | <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 northern and non-metro health regions. |
| 7. The prevalence of diabetes is twice as high in the First Nations population compared to the rest of the population in Alberta. | <ul style="list-style-type: none"> • Target culturally appropriate preventive and therapeutic interventions to First Nations people and communities, ensuring access to a full range of necessary services. • Work with First Nations peoples and communities to better understand the impact of diabetes and related conditions, and enhance ongoing surveillance programs in Aboriginal populations. |
| 8. 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. | <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, diabetes in children) and other comorbid conditions (e.g., foot disease, cancer). • 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 mortality amongst the First Nations population is lacking at present and should be made available through the administrative databases. |

Contact us for more information on the ADSS and the Alberta Diabetes Atlas 2007

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