

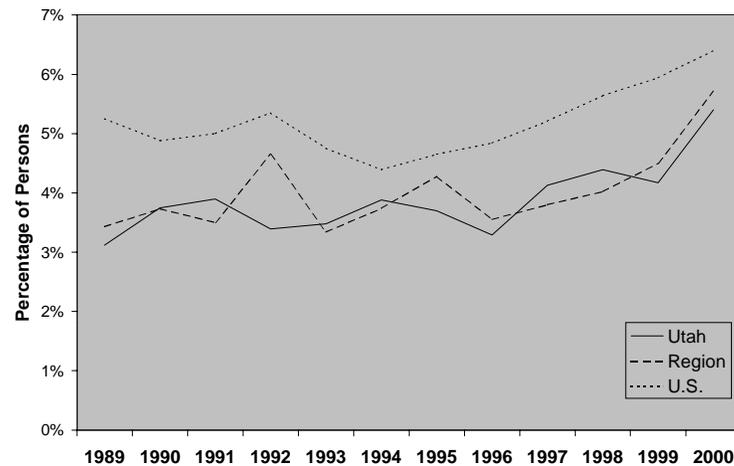
Diabetes is the 6th leading cause of death in Utah, but that ranking understates its impact on morbidity and mortality. People with diabetes are at substantially increased risk of heart disease, stroke, kidney failure, blindness, and lower extremity amputation. This Health Status Update examines recent trends in prevalence of diabetes and in complications reported in the Utahns with Diabetes Surveys conducted in 1987, 1991, and 1997.

Prevalence of Diabetes

- Prevalence of diabetes among Utah adults increased from 3.7% in 1990 to 5.4% in 2000, but remained somewhat lower than the U.S. rate of 6.1% (see Figure 1).
- Prevalence of diabetes among Utah adults increases dramatically with increasing age, from 0.8% at ages 18-34 years to 11.6% at age 65 or over (BRFSS 1996-1999, data not shown).

Diabetes Prevalence

Figure 1. Percentage of persons who reported being told by a doctor that they have diabetes, adults age 18+, Utah and U.S., 1989-2000



* The Region includes Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming. Not all states participated in the BRFSS until 1994. Source: Behavioral Risk Factor Surveillance System (BRFSS)

Complications of Diabetes

Heart Disease:

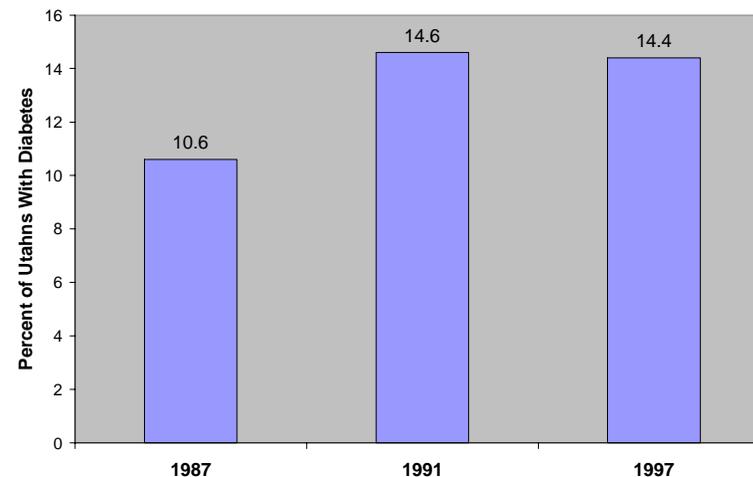
- The risk of death from heart disease is 2-4 times higher among people with diabetes than people without diabetes.
- 9-15% of Utahns with diabetes surveyed in 1987-1997 reported having had a heart attack; there was not a clear trend over time.
- In 2000, there were 4,546 diabetes-related hospital discharges for cardiovascular disease in Utah, with an average hospital charge of \$16,000.

Diabetic retinopathy:

- Diabetes is the leading cause of newly occurring blindness among adults.
- The percentage of Utahns with diabetes who reported retinopathy increased somewhat from 10.6% in 1987 to 14.4%

Diabetic Retinopathy

Figure 2. Percentage of Utahns with diabetes who reported retinopathy, Utah, 1987-1997.



Source: Utahns with Diabetes Survey, 1987, 1991, 1997

in 1997 (see Figure 2).

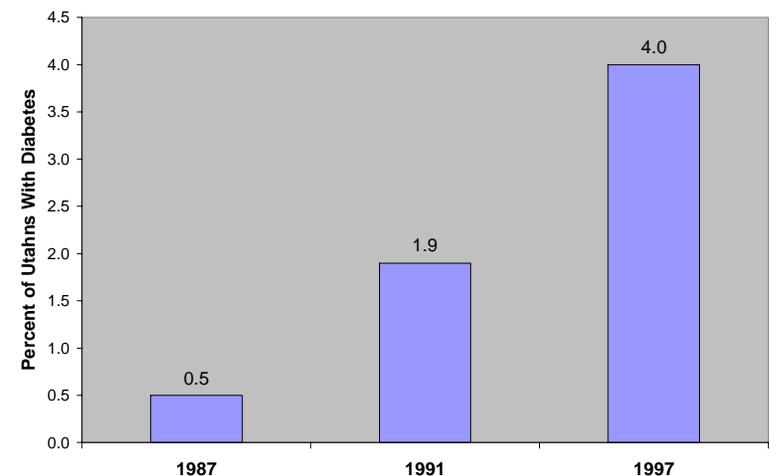
- In 2000, there were 1,117 hospital discharges for diabetes-related ophthalmic complications, with an average hospital charge of \$16,100 (note: many diabetes-related ophthalmic procedures and treatments are provided in outpatient settings).

Lower-extremity amputations:

- Diabetes is the leading cause of non-traumatic lower extremity amputation (LEA).
- The percentage of Utahns with diabetes who reported having had a LEA increased from 0.5% in 1987 to 4% in 1997 (see Figure 3).
- In 2000, there were 248 hospitalizations for LEA in Utah hospitals, with an average hospital charge of \$23,554.

Lower Extremity Amputations

Figure 3. Percentage of Utahns with diabetes who reported having had a lower extremity amputation, Utah, 1987-1997.



Source: Utahns with Diabetes Survey, 1987, 1991, 1997

End-Stage Renal Disease:

- Diabetes is the leading cause of end-state renal disease (ESRD), causing about 40% of new cases.
- As of 2000, 406 Utahns are on dialysis for diabetes-related ESRD.
- About 2% of Utahns with diabetes reported being on dialysis or having had a renal transplant in the Utahns with Diabetes Survey. There was no clear trend over this time period.
- In 2000, there were 1,688 hospital discharges for diabetes-related renal problems in Utah, with an average hospital charge of \$16,800.

Major improvements in diabetes care have occurred in the past decade, most notably the recognition of the benefits of tightly controlling blood glucose levels. In addition, there have been improved medications, better insurance coverage of diabetes care, simpler criteria, and a lower threshold of blood glucose levels for diagnosing diabetes. Nevertheless, serious complications of diabetes continue to occur, resulting in death, disability and substantial health care costs. The increasing prevalence of diabetes makes it even more important that the improvements in the care that is possible be translated into improvements in the care provided.

The Utahns with Diabetes Survey is a telephone survey of persons who reported having diabetes on the Utah Health Status Survey. It was conducted in 1987 (218 respondents), 1991 (287 respondents), and 1997 (239 respondents). Questions are asked about health care services received, access to care, self management, and complications of diabetes. The Survey will be conducted again in 2002.

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