

## Diabetes

### Key Findings

*In 2009, 12% of Allen County adults had been diagnosed with diabetes. The average age of onset of diabetes was 50 years old. 65% of those with diabetes had taken a class on how to manage their diabetes.*

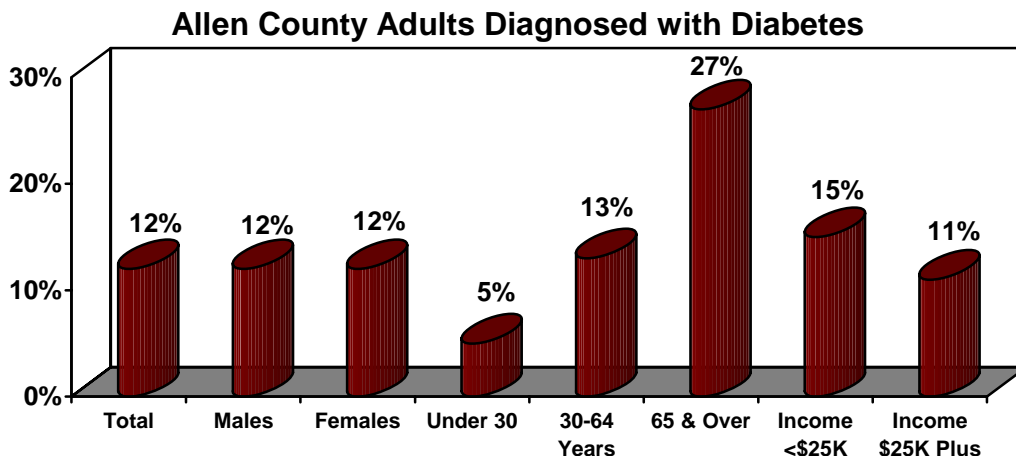
### Diabetes

- ◆ The 2009 assessment project has identified that 12% of Allen County adults had been diagnosed with diabetes, increasing to 15% of those with incomes less than \$25,000 and 27% of those over the age of 65. The 2008 BRFSS reports an Ohio prevalence of 11% and 9% for U.S.
- ◆ The average age of onset of diabetes was 50 years old. 16% of adults with diabetes were diagnosed between the ages of 20-39, 61% were diagnosed between the ages of 40 and 59, and 23% were diagnosed age 60 or over.
- ◆ Of those adults diagnosed with diabetes, 65% had taken a class on how to manage their diabetes themselves.
- ◆ Allen County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 60% had been diagnosed with high blood cholesterol (compared to 40% of those not diagnosed with diabetes)
  - 73% had been diagnosed with high blood pressure (compared to 27% of those not diagnosed with diabetes)
  - 55% were age 60 or older (compared to 45% ages 59 and under)
  - 83% were obese or overweight (compared to 17% of those not diagnosed with diabetes)

### Diabetes Complications

- ◆ Heart disease and stroke
- ◆ Kidney disease
- ◆ Glaucoma
- ◆ Cataracts
- ◆ Retinopathy
- ◆ Neuropathy
- ◆ Foot complications
- ◆ Skin complications
- ◆ Gastroparesis

(Source: American Diabetes Association, *All about Diabetes, Type 2 Diabetes, Complications*)



*Source: 2009 Allen County Health Risk and Community Needs Assessment*

### 2002 Allen County Comparisons

- ◆ 12.8% of Allen County residents were told they had diabetes.

*(Source: Allen County Assessment 2002)*

## Diabetes

### Adult Diabetes Screening Standards

Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Type 2 diabetes is the most common form of diabetes. In type 2 diabetes, either the body does not produce enough insulin or the cells ignore the insulin, most likely because the insulin is defective.

The American Diabetes Association maintains that community screening is not recommended since there is no sufficient evidence that community screening for type 2 diabetes is cost-effective, as well as the potential harm caused by lack of continuous care following diagnosis; therefore, screening should be based upon clinical judgment and patient preference. Health care provider type 2 diabetes **screening standards for adults** are as follows:

- ❖ Every three years for those age 45 and over, especially for those with a Body Mass Index (BMI) of 25 or greater;
- ❖ Testing can be done more frequently for those at younger ages who are overweight and have one or more of the risk factors listed in the box on page 1;
- ❖ Patients who experience one or more of the known symptoms for diabetes (e.g. frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, irritability, blurry vision, etc.);
- ❖ Patients who have a family history of type 2 diabetes;
- ❖ Patients who belong to certain race/ethnic groups (specifically, African American, American Indian, Pacific Islander, or Hispanic American/Latino);
- ❖ Patients who have signs of or conditions associated with insulin resistance (e.g., high blood pressure, abnormal cholesterol, polycystic ovary syndrome, etc.); and,
- ❖ As deemed necessary by the health care professional.

### Youth Diabetes Screening Standards

Since the incidence of type 2 diabetes for children and adolescents has been on the increase, it is important that health care providers also follow the standards for screening youth. The American Diabetes Association has a set of standards that have been developed for youth screening. The **standards for screening children and adolescents** are similar to those for adults and are as follows:

- ❖ Only children at high risk for developing or the presence of type 2 diabetes;
- ❖ Overweight youth defined as >85 percentile for BMI or 120% of ideal for weight;
- ❖ Youth experiencing any of the two known symptoms for diabetes (e.g. frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, irritability, blurry vision, etc.); and
- ❖ Every two years starting at age ten or at the onset of puberty for those experiencing symptoms or are overweight.

For more information about diabetes, please visit the American Diabetes Association's website at [www.diabetes.org](http://www.diabetes.org).

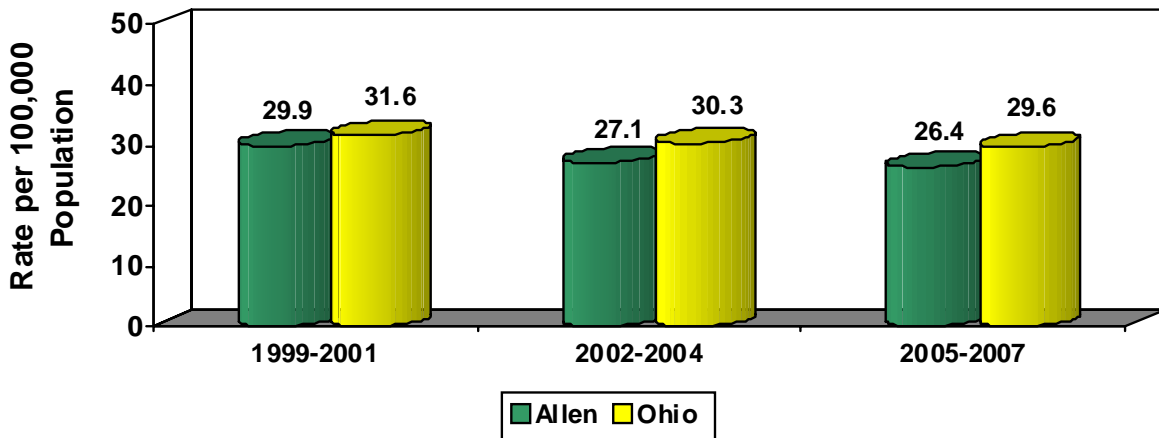
(Source: American Diabetes Association, Diabetes Care, Screening for Type 2 Diabetes, 2005)

# Diabetes

The following graphs demonstrate age-adjusted deaths from diabetes for Allen County and Ohio residents with comparison to the Healthy People 2010 target objective.

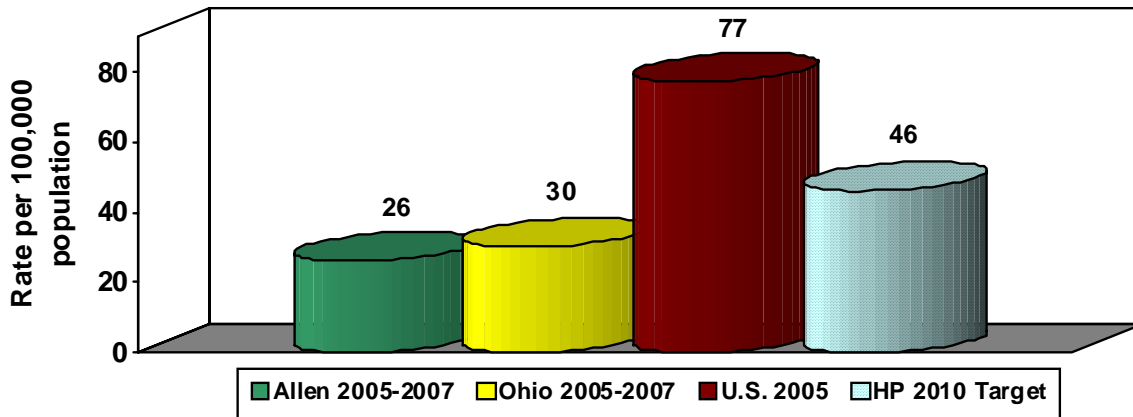
- ◆ Allen County’s age-adjusted diabetes mortality rates decreased from 1999-2001 to 2005-2007.
- ◆ The 2005-2007 rates for Allen County are lower than for Ohio.

**Diabetes Age-Adjusted Mortality Rates**



*(Source: ODH Information Warehouse)*

**Healthy People 2010 Objectives and Age-adjusted Mortality Rates for Diabetes\***



*\*Age-adjusted rates/100,000 population, 2000 standard*

*(Source: ODH Information Warehouse and Healthy People 2010, CDC)*