

Number of diabetes cases in South East region growing faster than the population

Kingston-area health providers are reviewing ease of access to treatment

Belleville, July 12 2007 – Since 1996, the number of individuals with diabetes increased faster than the population growth in the South East region, according to a report on diabetes in Ontario. Between 1996 and 2006, the population aged 20 and over grew by approximately 8%, while the number of individuals diagnosed with diabetes jumped by 72%.

The report, *Diabetes in Ontario*, is issued today by the Institute of Clinical Evaluative Sciences (ICES) in Toronto. “The data in the ICES report will be flags for many of our health care providers in the South East region,” says Paul Huras, CEO of the South East Local Health Integration Network.

Diabetes mellitus – commonly called diabetes – impairs blood circulation. Both Type I and Type II diabetes can cause heart disease, eye problems, foot ulcers, and kidney damage, which is why it is a leading cause of heart problems, blindness, foot or leg amputation, and kidney failure requiring dialysis.

For the South East region, “the increase in reported cases may mean that more individuals and physicians are testing for Type II diabetes than was the case ten years ago. Also, we have the largest percentage of older people of any region in Ontario, and since Type II diabetes is associated with aging, this may be a factor,” says Huras. In addition, an over-all increase in diabetes may reflect lifestyle issues among adults, he adds, because obesity is a contributor to Type II diabetes.

Huras adds that to put the regional picture into context, it is important to note that the rate of new diabetic cases has levelled off in recent years. Currently it is *below* the rate of new cases elsewhere in the province. The ICES report also highlights an increased likelihood for diabetes with lower income levels, although this is less of a factor in the South East region than in the rest of the province. In addition:

- For the 65+ population in the South East region, at least 15 out of 100 women and 19 out of 100 men had diabetes in 2004
- For the same period, in the 50-64 age group, 9 out of every 100 women and 12 out of every 100 men had diabetes
- The death rate for people with diabetes has been decreasing steadily across the province
- However, in 2004 the South East region had higher- than-average death rates for people with diabetes in both sexes
- We *can not* draw the conclusion that diabetes is the main cause of death in all cases

Early treatment makes a difference

Preventing Type II diabetes by maintaining a good weight and staying active is ideal (see backgrounder, below). For those who are diagnosed with the illness, early treatment and consistent self-care means that more people can manage their disease effectively. “We have some fantastic health professionals who are looking hard at how to improve access to diabetes education and treatment for our most-at risk residents,” Huras says.

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Once a person has Type II diabetes, it can be controlled through careful attention to exercise and food choices, and sometimes, medication. That is why diabetes treatment involves education of the individual as a key ingredient. “Ultimately, diabetes treatment is a combination of self-management *and* good clinical care. One of the best impacts that the health system can have is to make sure that people have access to the information, tools, and care they need to best manage their condition,” Huras says.

North Kingston Community Health Centre

Looking at barriers to access of education and treatment is vitally important, he adds. Just six months ago, some local family health providers and the North Kingston Community Health Centre saw a need to bring local family health professionals and hospital treatment programs together, to see if there are any gaps in access to treatment.

“Lifestyle is affected by income, so people who are already living at a disadvantage are at a worse disadvantage with diabetes,” says Dorothyanne Brown, Director of Primary Health Care at North Kingston Community Health Centre. “The cost of lancets and testing strips can start at approximately \$100 a month. As the disease progresses and more medications are required, costs can exceed \$900 per month,” which are not always covered by government or insurance programs. Meanwhile, some jobs don’t allow time off, so some individuals may not be able to attend the information programs that they need, she says.

Hospital and community treatment programs do not always inform each other about their services, she adds. “We think that we can improve access to care just by communicating better among the service providers. We want to avoid duplication and make sure that together our programs are reaching the people who need them most.”

Diabetes educators and health professionals from Kingston and Brockville -- with more communities to come -- are now meeting to consider the diabetes-treatment mosaic in the region, says Brown. “Our family health and hospital programs are reviewing where the services are adequate or where there are gaps or overlaps.” As a result, the North Kingston Community Health Centre is already expanding its hours to improve access.

This kind of informal networking shows that real improvements can be gained in our health care system within current budgets, adds Huras. “We applaud the family health care providers and Kingston Community Health Centre on their initiative. It’s a great example of how we can improve access to care.”

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NB: The South East Local Health Integration Network extends from Brighton east along Lake Ontario to Cardinal (east of Prescott), up to Perth and Smith Falls, and north-west to Bancroft.

See the ICES document on-line at www.ices.on.ca

**For interviews or more information on diabetes in the South East region:
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Facts & Stats on Diabetes

South East Local Health Integration Network

1. Just-released statistics on diabetes in the South East region*

- In 1995/96, the population aged 20 and over in the South East region was 338,745: Of these, 17,663 were diagnosed with diabetes
- In 2004/2005, the over-20 population had grown to 367,128 – an increase of 8%
 - Of these, the ICES report identified approximately 30,300 receiving treatment for diabetes – an increase of 72%

2. Current facts about diabetes**

- Diabetes is also called “diabetes mellitus”
- Until the discovery of insulin treatment by Canadians Fred Banting, Charles Best, and James MacLeod in the early 1920s, Type I diabetes was almost always fatal
- Today diabetes remains a leading contributor of cardiovascular disease, blindness, kidney failure requiring dialysis, and foot or leg amputation
- More than 2 million Canadians today are thought to have diabetes
- Type 1 diabetes (also called “juvenile diabetes” or “insulin-dependent diabetes”) occurs when the pancreas fails, usually in childhood
 - Currently we do not know how to prevent Type I diabetes
 - Approximately 10% of Canadians with diabetes have Type I
 - Treatment almost always includes insulin injections, plus consistent, frequent self-monitoring (with blood glucose monitors) of blood sugar level in order to balance food and exercise with insulin levels
- Type II diabetes (also called “adult onset” or “insulin-resistant”) results when cells throughout the body are unable to absorb insulin from the blood, or the insulin produced is not effective
 - Approximately 90% of Canadians with diabetes have Type II
 - Potentially, Type II diabetes could affect 1 in 3 people in North America
 - It is associated with obesity
 - For this reason, it is considered to be largely preventable through food choices, activity levels, and maintaining a healthy weight
 - It tends to start in adulthood
 - However, more younger adults and even teen-agers have been diagnosed with Type II in the past decade – triggering widespread concern about the health effects of rising obesity rates
 - Some populations are particularly at risk, e.g., those of aboriginal, Asian, South Asian, or African descent
 - If started early, careful treatment and lifestyle changes can sometimes reverse the effects of Type II diabetes
- There is as yet no cure for either Type I or Type II diabetes

Credits: * Institute of Clinical Evaluative Sciences, at www.ICES.on.ca (*Diabetes in Ontario*)

** Canadian Diabetes Association, www.diabetes.ca

