Diabetes National Election
Agenda 2013 – 2015

Type 2 Diabetes
The 21st Century Pandemic
The size and costs of this pandemic are no longer in dispute: an estimated 275 Australians develop type 2 diabetes every day. By 2023, type 2 diabetes is projected to become the leading specific cause of disease burden for men and the second leading cause for women. The number of Australians diagnosed with diabetes is expected to grow to 3.5 million by 2033.

Estimates of the cost of type 2 diabetes to the health system range up to $6.57 billion a year, depending on how and when the estimates were derived. The complications of diabetes – which are largely avoidable – can increase the costs of managing the disease by as much as 12 times.

Diabetes is the fastest growing chronic disease worldwide, and in Australia where it is estimated to affect in excess of 1.5 million people. It is a progressive, unrelenting and challenging disease with serious complications which can reduce both quality of life and life expectancy.

The priorities for action are:

1. to implement population-based prevention strategies
2. to focus on key groups – those who are currently unaware that they have diabetes and those who are at high risk of developing the disease
3. to help ensure that individuals living with diabetes receive appropriate support to reduce their risk of complications and to manage this challenging disease
Diabetes Australia believes that the priority for type 2 diabetes prevention is the development and implementation of a national prevention strategy which addresses social determinants and behavioural risk factors by:

- Improving Australians’ understanding of the seriousness of diabetes and its complications, and how to reduce their risks of developing the disease, with the support of a national health literacy strategy to increase Australians’ capacity to obtain, interpret, and apply health-related information in everyday life and in health care settings.

- Ensuring that Australia’s national food policies prioritise and support public health objectives through policy and regulatory measures which contribute to better nutritional outcomes through measures including:
  - Mandatory ‘traffic light’-style nutrition labelling on food and beverage packaging and in food outlets
  - National policies on food reformulation which accelerate reductions in levels of saturated fats, salt and sugar in processed foods
  - Regulation of unhealthy food advertising and marketing, particularly for children
  - Participation of public health professionals in the development, implementation and evaluation of national food plans and policies.

- Encouraging and supporting increased physical activity for all Australians, and especially for those who are physically inactive and/or overweight, through an integrated, evidence-informed national approach.

- Utilising settings-based approaches to ensuring that healthy eating and healthy physical activity are provided and promoted in workplaces, schools, child care centres and child and adolescent care services, and that the new national schools’ curriculum includes education on healthy eating and the consequences of overweight and obesity.

Diabetes Australia believes immediate action is needed to improve detection – this will generate short and medium term gains for individuals and health services.

Diabetes Australia therefore calls on Governments to support the following initiatives:

- A national diabetes risk assessment program to include an annual risk assessment offered to all Australians over the age of 40, through their GP or workplace health program, and risk assessment for all hospital patients over the age of 40 without diagnosed diabetes.

- Nation-wide access to evidence-based diabetes prevention programs (lifestyle management and behaviour change) for high-risk Australian adults.

Diabetes Australia believes immediate action is needed to improve care in order to minimise complications.

Diabetes Australia therefore calls on the Australian and State and Territory Governments to support the following initiatives which will provide short-term and longer-term wins:

- Funding of all Nationally Accredited Diabetes Centres across the country in proportion to the number of people with diabetes they are expected to support, recognising their significant role in managing and reducing diabetes complications.

- Increasing the number of annual Medicare-funded allied health visits for patients with a diabetes care plan from 5 to 12.

- All Australians diagnosed with diabetes being provided with an annual comprehensive risk assessment conducted by their medical practitioner, practice nurse, or a Credentialed Diabetes Educator which identifies and documents the risks for major complications, monitors progress against a prevention plan, and pays particular regard to mental health and wellbeing, including risk of depression and treatment-related distress.

- Ensuring that all Australians newly-diagnosed with diabetes can access a self-management education program within 12 months of diagnosis and are automatically registered by their medical practitioner to the NDSS to ensure they receive self-management subsidy and support.
Diabetes is the fastest growing chronic disease worldwide, and in Australia where it is estimated to affect in excess of 1.5 million people. It is a progressive, unrelenting and challenging disease with serious complications which can reduce both quality of life and life expectancy. The size and costs of this pandemic are no longer in dispute: an estimated 275 Australians develop type 2 diabetes every day.\(^1\) By 2023 type 2 diabetes is projected to become the leading specific cause of disease burden for men and the second leading cause for women.\(^2\) The number of Australians diagnosed with diabetes is expected to grow to 3.5 million by 2033.

Diabetes is a chronic disorder in which blood glucose levels become too high because the body produces insufficient insulin or is unable to use insulin properly. Diabetes, in all its forms, imposes significant health, psycho-social and financial burdens. It impacts not only on individuals with the disease, but also on families, the healthcare system and the economy. While work continues to find a cure for diabetes, it is essential that greater efforts be directed to prevention and to reducing the effects and costs of the disease. This document focuses primarily on type 2 diabetes, for which preventive measures are especially important but includes Type 1 diabetes in the context of tertiary prevention of complications.

Type 2 diabetes is the most common form of diabetes, representing 85% of diabetes cases in Australia.\(^3\) While a range of factors contribute to the likelihood of developing type 2 diabetes, it is substantially preventable by controlling the risk factors which contribute to overweight and obesity. Type 2 diabetes mostly develops in adults after the age of 45. However, rising levels of overweight and obesity at younger ages mean that this disease is increasingly being diagnosed in younger adults and even in adolescents and children.

For every 5 Australians diagnosed with type 2 diabetes, there may be 4 with an undiagnosed case of the disease.\(^4\) In addition to those with the disease, an estimated 2 million Australians – nearly one in four Australian adults over the age of 25 – have ‘pre-diabetes’, defined as abnormally high blood glucose levels which are not yet high enough for a diagnosis of diabetes. Australians with pre-diabetes are at high risk of developing type 2 diabetes in the next 5 years.\(^5\) There is strong evidence, from international, randomised controlled trials, that type 2 diabetes can be prevented in many of these high-risk individuals through weight reduction and changes to diet and exercise.\(^6\)
The priorities for action are therefore

1. to implement population-based prevention strategies
2. to focus on key groups – those who are currently unaware that they have diabetes and those who are at high risk of developing the disease
3. to help ensure that individuals living with diabetes receive appropriate support to reduce their risk of complications and to manage this challenging disease

Costs of type 2 diabetes

Estimates of the cost of type 2 diabetes to the health system range up to $6.57 billion a year, depending on how and when the estimates were derived. The complications of diabetes – which are largely avoidable – can increase the costs of managing the disease by as much as 12 times.

Within the next 10 years, diabetes is expected to overtake cancer and cardio-vascular disease as the single greatest cause of burden of disease in Australia. Diabetes and cardio-vascular disease are closely linked with many common risk factors. Diabetes increases the risk of cardio-vascular disease, and cardio-vascular disease is the major cause of death for people with diabetes.

The costs of type 2 diabetes are not limited to the costs of the disease itself, but include the costs of associated diseases and conditions. As people get older, they are more likely to have diabetes as well as related diseases and conditions, particularly chronic kidney disease and cardio-vascular disease. Multiple diseases, or ‘co-morbidities’, have a substantial impact on the Australian health system. Managing co-morbidities involves the need for complex and co-ordinated health care, and co-morbidities are associated with greater use of health services, including more visits to GPs and specialists, longer consultation times, more hospital admissions and longer stays in hospital. Co-morbidities are most prevalent in people aged 65 - 74, although about 30 – 40 percent of Australians with co-morbidities are younger than age 65.

Unless more is done to prevent type 2 diabetes and its complications, the financial burden of treating this disease could quadruple by 2051. Some experts predict that government health expenditure for type 2 diabetes will increase by 500% - 600% between 2000 and 2030. If the rate of growth of type 2 diabetes can be reduced, and if the disease is better managed, then there will be substantial savings across a range of health areas, including heart disease and stroke, eye conditions, foot problems, and chronic kidney disease.

Health impacts

If not well managed, diabetes can have adverse effects on almost every organ of the body. People with diabetes experience increased rates of heart attacks, strokes, eye damage and blindness, end- stage renal disease, limb amputations and other complications. More than half of people diagnosed with diabetes in 2003 had a disability, including limited self-care and mobility.

Yet type 2 diabetes is largely preventable, with lifestyle changes reducing the risk of developing the disease by up to 60% in people at high risk.

Because many people may not experience obvious symptoms, it may be many years before they learn that they have the disease. In fact, up to half of Australians with type 2 diabetes – as many as 680,000 people – may not be aware that they have the disease and may therefore not seek help until they have developed complications. So, importantly, early detection and diagnosis and proper care can reduce or delay the development of serious and costly complications.

The more than 1 million Australians currently diagnosed with the disease face daily self-management, blood glucose testing, and constant attention to nutrition and physical activity. For each person with diabetes, there is almost always a carer or family member who also lives with the daily reality of the disease. Given that people with diabetes rely on frequent interactions with a range of health professionals – general practitioners, diabetes specialists, diabetes educators, podiatrists, dietitians, psychologists, dentists, eye specialists, kidney specialists and a range of community care workers – having accessible, affordable and coordinated multidisciplinary care is crucial.
The National Diabetes Services Scheme (NDSS), an Australian Government initiative administered by Diabetes Australia, delivers subsidised diabetes self-management products, information and support services to approximately 1 million Australians diagnosed with diabetes. It is considered likely that an additional 20-30% of people diagnosed with diabetes are not registered on the NDSS.[21]

As with many chronic diseases, higher rates of type 2 diabetes are found in areas which are economically and socially disadvantaged.[22] Indigenous Australians are at least three times more likely to have type 2 diabetes than non-indigenous Australians, to develop it at an earlier age, and to experience higher rates of diabetes-related death and hospitalisation from diabetes complications.[23] (Issues concerning the impact of diabetes on Indigenous Australians will be addressed through a separate Diabetes Australia policy process in 2012.)

**Curbing the pandemic – what has been achieved**

Diabetes was adopted as a National Health Priority in 1997, and governments at all levels have supported programs to improve diabetes prevention, detection, management and monitoring. From 2000-2007, the National Health and Medical Research Council invested over $188.5 million in diabetes-related research; in 2010, the NHMRC directed more than $71 million to research on the causes, effects and complications of diabetes.[24] More than $13 million was invested by the Juvenile Diabetes Research Foundation and the Diabetes Australia Research Trust into diabetes research in 2011.[25]

Through a range of measures, including those directly attributable to COAG initiatives in 2006-07, Australia has made significant advances in our understanding of risk assessment and prevention for individuals at high risk of type 2 diabetes. For example:

- The development of the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) in 2007 for risk assessment and identification of people at high risk of developing type 2 diabetes.
- The development of clear, evidence-based national standards and guidelines for accrediting and funding lifestyle behaviour change programs which are being applied in large-scale diabetes prevention programs such as the Life! Program for the 50+ age group in Victoria and which were being applied nationally in Lifestyle Modification Programs (LMP) for people aged 40-49 years until being cut from DoHA's budget in November 2011.
- A new workforce of health professionals trained and certified in the complex task of supporting and assisting high-risk individuals to avoid type 2 diabetes through sustained behaviour change.
- Significant growth in health service organisations establishing diabetes prevention courses and making a commitment to prevention.
- The establishment of the Australian National Preventive Health Agency to strengthen Australia’s investment and infrastructure in preventive health, with a special focus on lifestyle risk factors for chronic disease.
- Australia endorsed the UN Declaration on the Prevention and Control of Non-communicable Diseases in September 2011, committing the Australian Government to strengthen health systems and to promote, establish or strengthen multi-sectoral national policies and plans for the prevention, control and treatment of non-communicable diseases.[26]

We now need to build on these efforts, especially in terms of coordinated and consistent policy support. The number of people with type 2 diabetes continues to rise dramatically and inexorably. Many Australians remain unaware that they have, or are at high risk of developing, the disease. Many people with the disease need more support in achieving their health goals: only around half of Australians diagnosed with diabetes are reaching their target levels for blood glucose.[27] Lack of success in meeting those targets means greater risk of complications and far greater health care costs.

**Whole-of-Government investment and action**

The challenges of the diabetes pandemic are not just clinical or matters for the health system, but involve a wide range of decisions with implications for disease prevention and health and wellbeing.

Preventing type 2 diabetes and its complications requires investment and concerted action across a range of sectors by all levels of government. A ‘health in all policies approach’ such as that successfully adopted in South Australia involves considering how policies in all sectors affect risk factors for diabetes and other non-communicable diseases, and ensuring that all policies promote, or at least do not harm, health.[28]
In addition to the obvious areas of public health and primary health care, many areas of government – including housing, transport, environment, employment, agriculture, trade, industry, taxation, urban planning, sport and recreation, and particularly education and early childhood development – are responsible for policies and programs which shape and influence people’s everyday environments and their propensity to overweight and obesity.

The challenges of tackling type 2 diabetes are considerable, but the benefits of success will be significant. Because type 2 diabetes shares key risk factors with a number of other chronic diseases, and because of the risk of other diseases increases where type 2 diabetes remains undiagnosed or unmanaged, preventing or reducing the growth in type 2 diabetes will also reduce the burden of related chronic conditions such as cardiovascular disease and kidney disease.

In short, there is a serious, substantial and continuing role and benefit for governments in turning the tide of the diabetes pandemic. Social, economic, and political factors have all contributed to the rise in obesity. Collaboration and action within government and between government and other sectors are now urgently required.

The manifest failure of current strategies to mitigate the health risks associated with overweight and obesity means that new policy approaches are critical. Prevention strategies addressing multiple determinants of health must be implemented if there are to be fundamental changes in the social norms that influence individual and collective behaviours. Governments, especially in partnership with community and professional organisations, also play a key role in implementing strategies to help ensure the early detection of diabetes and pre-diabetes for individuals at high risk.

Several key initiatives have particular value in generating across-the-board benefits by contributing to effective prevention, detection, risk-reduction and disease management. For example, measures must be designed and implemented to improve health literacy and to increase awareness of diabetes and the seriousness of its consequences. This will help ensure that more people understand what diabetes is, how to prevent it and how to manage it, as well as how to navigate the health care system. Similarly, by addressing obesity, measures which focus on physical activity and nutrition will deliver benefits for preventing the development and progression of type 2 diabetes, along with other related chronic diseases.

### Action is needed now in order to:

1. **prevent and reduce the risk of type 2 diabetes**
2. **improve detection and early intervention for pre-diabetes and existing diabetes**
3. **prevent progression and complications of both type 1 and type 2 diabetes**

### What do Governments need to do?

Preventing and minimising the impact of diabetes will result in short-term and on-going cost savings in the health system, increased workforce participation and productivity and better health outcomes and quality of life for Australians.

Reducing the burden of type 2 diabetes will involve partnerships between governments, the private sector and the community sector. Diabetes Australia believes that priorities for governments are to:

1. **Implement a coordinated, comprehensive, sustainable and adequately resourced primary prevention program focusing on populations, communities and individuals (including those at high risk).**
2. **Support systematic, national risk assessment aimed at the early identification of those with type 2 diabetes and those who are most likely to develop the disease so that individualised prevention and treatment can be provided.**
3. **Establish and fund a sustainable program for optimal, individualised diabetes management for both type one and type 2 diabetes.**

Each of these priorities is described in more detail in the following pages.
Overweight and obesity are key contributors to the growing burden of disease from type 2 diabetes.\textsuperscript{[31]} The relationship can also be expressed the other way: diabetes accounts for 63% of the burden of disease attributable to overweight and obesity.\textsuperscript{[32]}

Up to 60% of type 2 diabetes is preventable or can be delayed by weight loss, healthy diet and adequately increased physical activity. Effective strategies to address overweight and obesity which focus both on communities and individuals are therefore the key to diabetes prevention.

A life-course approach to prevention initiatives should be developed and implemented. Such an approach begins with recognition of the links between poor quality maternal nutrition and both low and high infant birth weight and the risks of diabetes and cardiovascular disease later in life.

Primary prevention also relies on environments which make it easier for individuals to attain and maintain good health, including environments for study, work, recreation, travel, dining, shopping and socialising. The ways in which these environments present, promote or limit choices have important consequences for health.

A variety of important prevention initiatives are under way, but much more is required to maximise the benefits of these initiatives, and, in particular, to more effectively address the factors which promote obesity and type 2 diabetes. In the words of the International Diabetes Federation, tackling the underlying determinants of type 2 diabetes requires ‘modifying environments to make them less obesogenic.’\textsuperscript{[33]}

Diabetes Australia believes that the priority for type 2 diabetes prevention is the development and implementation of a national prevention strategy which addresses social determinants and behavioural risk factors by:

- Improving Australians’ understanding of the seriousness of diabetes and its complications, and how to reduce their risks of developing the disease, with the support of a national health literacy strategy to increase Australians’ capacity to obtain, interpret, and apply health-related information in everyday life and in health care settings.

- Ensuring that Australia’s national food policies prioritise and support public health objectives through policy and regulatory measures which contribute to better nutritional outcomes through measures including:
  - Mandatory ‘traffic light’-style nutrition labelling on food and beverage packaging and in food outlets
  - National policies on food reformulation which accelerate reductions in levels of saturated fats, salt and sugar in processed foods
  - Regulation of unhealthy food advertising and marketing, particularly for children
  - Participation of public health professionals in the development, implementation and evaluation of national food plans and policies.

- Encouraging and supporting increased physical activity for all Australians, and especially for those who are physically inactive and/or overweight, through an integrated, evidence-informed national approach.

- Utilising settings-based approaches to ensuring that healthy eating and healthy physical activity are provided and promoted in workplaces, schools, child care centres and child and adolescent care services, and that the new national schools curriculum includes education on healthy eating and the consequences of overweight and obesity.
Diabetes Australia calls on federal and state and territory governments to jointly commit to planning, funding and delivering the following initiatives:

### Improving detection and early intervention for pre-diabetes and undiagnosed diabetes

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**Up to half of Australians with type 2 diabetes are not aware that they have the disease. Detecting existing diabetes and identifying those at high risk is crucial. Early detection will make it easier to ensure the greatest coverage of early intervention strategies. This is a critical step in ensuring access to appropriate management and care to prevent diabetes or delay the onset of complications.**

The Australian Diabetes Risk Assessment Tool (AUSDRISK) is a short and simple questionnaire designed to identify people at high risk of developing type 2 diabetes. By assessing risk factors such as age, waist measurement, family history and cardiovascular history, the AUSDRISK questionnaire can identify individuals who are at high risk. These individuals can then be advised to see a health professional to have their blood glucose levels tested to find out if they have diabetes or pre-diabetes.

Systematic use of AUSDRISK linked to well-resourced social marketing campaigns, call centres and response lines, and settings-based risk assessments (workplaces and community settings) will make it easier to identify people who are at high risk of developing type 2 diabetes. These approaches will also allow earlier identification of those with existing, undiagnosed type 2 diabetes who can then be directed to appropriate diabetes management programs.

Diabetes Australia believes that the priority for detection and early intervention of type 2 diabetes is the development and implementation of a national risk assessment program aimed at the early identification of those with type 2 diabetes and those who are most likely to develop the disease.

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**Diabetes Australia therefore calls on Governments to support the following initiatives:**

- A national diabetes risk assessment program to include an annual risk assessment offered to all Australians over the age of 40, through their GP or workplace health program, and risk assessment for all hospital patients over the age of 40 without diagnosed diabetes.

- Nation-wide access to evidence-based diabetes prevention programs (lifestyle management and behaviour change) for high-risk Australian adults.

**Diabetes Australia recommends two additional measures to provide important support for these detection and early intervention initiatives:**

- Social marketing to increase awareness of the serious health consequences of diabetes and to promote of use of the AUSDRISK questionnaire in community settings and workplace programs.

- Telephone response lines and services (similar to QUITlines) through which people concerned about their risk of type 2 diabetes can receive assistance to complete a risk assessment and access prevention or treatment programs.
Complications are the major driver of costs in diabetes care. When diabetes is left undiagnosed or unchecked for too long, or when it is not well managed, it can cause complications which can eventually be disabling and even fatal.

Diabetes complications and associated disorders include greatly increased risk of heart attack and stroke\(^3^6\) in addition to increased risks of persistent infections; destructive periodontal disease; eye damage including cataracts, glaucoma and blindness; sleep deprivation\(^3^7\) and obstructive sleep apnoea\(^3^8\); kidney disease; limb amputation; erectile dysfunction in men\(^3^9\); dementia; certain cancers and mental health problems. Cardiovascular disease and kidney failure together account for the majority of diabetes-related deaths. Diabetes also contributes to pregnancy-related complications both before and after birth, for the mother and baby.

Cardio-vascular disease is 2.5 times more prevalent among people with diabetes than in the general population.\(^4^0\) Strokes are 5 times more likely and heart attacks are 10 times more likely in people with diabetes than in people without the disease.\(^4^1\) Based on a man aged 60 years, the average costs to the health system of treating cardio-vascular conditions and events in the first year they occur were estimated to be $11,660 - $15,530 in 2008.\(^4^2\)

Diabetes – predominantly type 2 diabetes -- is responsible for 42\% of all new cases of chronic kidney disease.\(^4^3\) During the period 2000 - 2007, cases of end-stage kidney disease attributed to diabetes increased by two-thirds in people aged 55 years and over.\(^4^4\) The average cost of renal failure in its first year for a 60 year old man with diabetes was estimated to be $28,661 in 2008.\(^4^5\) The annual cost of providing dialysis to one person is $49,000 at home and $79,000 in hospital.\(^4^6\)

Eye problems including glaucoma, cataract and blindness are significantly more common in people with diabetes,\(^4^7\) and diabetes is the leading cause of visual impairment and blindness in people of working age.\(^4^8\)

Diabetes is also the most common cause of non-traumatic lower limb amputations, which are a consequence of foot ulcers and infections associated with nerve damage and poor circulation.\(^4^9\) The average cost to the health system for the first year of treating chronic leg ulcer in a person with diabetes was estimated to be $15,413 in 2008, and the average cost of an amputation was $20,416.\(^5^0\)

More than half of Australians with diabetes also have some form of disability, including functional limitations on self-care, mobility and communication.\(^5^1\)

Australians with diabetes are at increased risk of poor mental health, with 41.6\% of adult Australians with diabetes reporting medium, high or very high levels of psychological distress.\(^5^2\) More severe complications of diabetes are also associated with more intense symptoms of anxiety.\(^5^3\) Diabetes, in particular type 2 diabetes, has also been associated with an increased risk of dementia.\(^5^4\)

Diabetes complications are the leading cause of avoidable hospitalisations, representing about one in three avoidable hospital admissions\(^5^5\). For avoidable admissions associated with chronic conditions, the proportion linked to complications of diabetes is more than 50 per cent.\(^5^6\) (Refer to chart on page 11) Reducing preventable hospitalisations would therefore provide substantial and immediate benefits to Australia’s health system.
Optimal, individualised management supported by self-management education, well-coordinated multi-disciplinary care and well-organised and well-resourced health systems can significantly reduce the burden of complications from diabetes. Improved health literacy, which is essential for prevention, is also crucial for people living with diabetes and managing their condition on a daily basis.

Diabetes Australia believes that the priority for preventing the progression and complications of type 1 and type 2 diabetes is a sustainable program for optimal self-management of diabetes with support from health care and allied health care professionals, as appropriate.

A large proportion of the complex care for people with diabetes is delivered by Diabetes Centres which are usually attached to major hospitals. Multidisciplinary Diabetes Centres provide ambulatory care and often psychological services, usually staffed by specialised credentialed diabetes educators, dietitians, podiatrists, diabetes specialist doctors, and increasing numbers of Nurse Practitioners. Occasions of service are increasing (by 11% from 2007-2009) due to the growth in the overall number of people with diabetes as well as the demand for specialised services such as insulin pump initiation, paediatric diabetes services, diabetes in pregnancy care, high risk foot care, and transition diabetes.

Diabetes Centres are one of the few health service initiatives which have been proven to be cost-effective and prevent hospital admissions. Twenty years ago, most hospitals had entire wards dedicated to diabetes patients. Due to the success of Diabetes Centres, it is now rare to see patients admitted to hospital primarily for management of diabetes. Ironically, this success has reduced the visibility of Diabetes Services in acute care hospitals and has contributed to their consequent neglect.

Other major cost drivers for diabetes complications are the lack of adequate podiatry services\(^{[57]}\), lack of regular reviews and risk assessments and inadequate take-up of National Diabetes Services Scheme (NDSS) support.

Diabetes Australia therefore calls on the Australian and State and Territory Governments to support the following initiatives which will provide short-term and longer-term wins:

- Funding of all Nationally Accredited Diabetes Centres across the country in proportion to the number of people with diabetes they are expected to support, recognising their significant role in managing and reducing diabetes complications
- Increasing the number of annual Medicare-funded allied health visits for patients with a diabetes care plan from 5 to 12
- All Australians diagnosed with diabetes being provided with an annual comprehensive risk assessment conducted by their medical practitioner, practice nurse, or a Credentialed Diabetes Educator which identifies and documents the risks for major complications, monitors progress against a prevention plan, and pays particular regard to mental health and wellbeing, including risk of depression and treatment-related distress
- Ensuring that all Australians newly-diagnosed with diabetes can access a self-management education program within 12 months of diagnosis and are automatically registered by their medical practitioner to the NDSS to ensure they receive self-management subsidy and support

### Potentially preventable hospitalisations for chronic conditions, 2007–08

<table>
<thead>
<tr>
<th>Condition</th>
<th>Potentially Preventable Hospitalisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angina</td>
<td>8.4%</td>
</tr>
<tr>
<td>Asthma</td>
<td>8.2%</td>
</tr>
<tr>
<td>COPD*</td>
<td>13.4%</td>
</tr>
<tr>
<td>Congestive cardiac failure</td>
<td>10%</td>
</tr>
<tr>
<td>Diabetes complications</td>
<td>5.9%</td>
</tr>
<tr>
<td>Iron deficiency anaemia</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Diabetes is a chronic disease that occurs when the body is unable to either sufficiently produce or properly use insulin. Insulin, which is a hormone produced by the pancreas, enables the body to absorb sugar from the bloodstream and use it as energy. If left uncontrolled, diabetes results in consistently high blood sugar levels, a condition known as hyperglycemia. Over time, hyperglycemia can damage blood vessels, nerves, and organs such as the kidneys, eyes and heart, resulting in serious complications and, ultimately, death.

Of the 3 main forms of diabetes – type 1, type 2 and gestational diabetes – type 2 is the most common form of diabetes in Australia, representing 85-90% of cases. This disease is most common in overweight adults older than 45, although it is becoming more prevalent in young adults, adolescents and even children. Primary risk factors in addition to age are obesity and physical inactivity, family history of type 2 diabetes, or a personal history of gestational diabetes.

The chances of developing type 2 diabetes can be reduced by maintaining healthy weight, following a healthy eating plan, and engaging in adequate physical activity.

The symptoms of type 2 diabetes develop gradually, so a person may have type the disease for many years before symptoms become apparent. Symptoms may include fatigue, frequent urination, increased thirst and hunger, weight loss, blurred vision, and slow healing of wounds or sores. Some people have no symptoms.

Pre-diabetes’, also known as ‘impaired fasting glucose’ or ‘impaired glucose tolerance’, is a condition where the blood glucose level is higher than normal but not high enough for a diagnosis of diabetes. People with pre-diabetes are at increased risk of developing type 2 diabetes and are also at increased risk of cardiovascular disease. People with pre-diabetes can significantly reduce their risk of developing type 2 diabetes through weight loss and increased physical activity.

Early detection is a priority because appropriate management can slow the progression of the disease and prevent complications. Management may consist of changes to diet, along with increased exercise and weight loss, but glucose-lowering drugs and insulin may also be required. Serious complications can result from type 2 diabetes, especially where it is untreated or is not adequately controlled.

Diabetes Australia is the national peak body for diabetes in Australia, representing a federation of consumer, health professional and research organisations. Diabetes Australia works with its member organisations and with governments, other non-government organisations, health professionals and health service providers to reduce the impact of diabetes on individuals and the community.

Diabetes Australia provides support for people with diabetes; raises awareness about the seriousness of diabetes; promotes prevention and early detection; advocates for improved care, support and management of diabetes; and supports research into the prevention, management and search for a cure for all types of diabetes.

Diabetes Australia established a national research program in 1987. The Diabetes Australia Research Trust (DART) has, over the past 6 years alone, invested $17 million in 286 merit-based diabetes research projects across Australia. Diabetes Australia also administers the National Diabetes Services Scheme, an initiative of the Australia Government providing subsidised self-management products and services to around 1 million Australians. Diabetes Australia has arrangements with the eight state/territory diabetes organisations to act as Agents for the NDSS in their respective states/territories and with the Australian Diabetes Society and Australian Diabetes Educators Association to provide clinical and scientific advice.

Diabetes Australia is the Australian member organisation of the 220-member International Diabetes Federation (IDF).


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