New report shows workforce being hit hard by diabetic eye disease

- This year alone diabetic macular oedema (DME) is estimated to cost the country $2.07 billion in indirect economic costs," with a significant part due to reduced ability to work at full capacity and lost wellbeing caused by impaired vision.¹

- The impact is set to grow in coming years as the number of people living with diabetes is estimated to reach 2.45 million by 2030 and the prevalence of DME is estimated to rise by 42 per cent over the next 15 years.¹

- There needs to be coordinated national action to tackle the challenge now and reduce the likely future burden on the workforce, the Australian economy and the community.

Tuesday, 28 April 2015: The productivity of Australia’s workforce is being hit hard and may be even more so in the future by the impact of diabetic macular oedema (DME),¹ according to a new report supported by Macular Disease Foundation Australia and Diabetes Australia. The Deloitte Access Economics report investigates the projected increase¹ and economic impact of DME (including indirect costs only), a disabling eye disease² which may occur in anyone living with diabetes.²³

Lynne Pezzullo, report author and Lead Partner, Health Economics and Social Policy at Deloitte Access Economics, said the entire indirect financial and wellbeing costs associated with DME are set to amount to approximately $2.07 billion in 2015¹ – with a large part due to productivity losses (approximately $570 million).¹

“DME is one of the leading causes of blindness for working-age Australians and can prevent people from working at full capacity or, in the worst case, from working at all. In fact, 91 per cent of the estimated $624.30 million indirect costs of DME in 2015 is projected to be caused by lower workforce participation, absenteeism and an estimated 218 premature and preventable deaths associated with the condition because of poor vision.

“With an anticipated 42 per cent rise in DME prevalence by 2030, if effective prevention and treatment were not in place, and with ongoing demographic ageing, we can expect the effects of this condition on productivity losses to be felt even more strongly in the future,” Ms Pezzullo added.

The report identified that by 2030 the number of Australians living with diabetes is estimated to rise to 2.45 million.¹ Julie Heraghty, CEO of Macular Disease Foundation Australia, said the increasing numbers are of major concern, as every person with diabetes is at risk of vision impairment. “Many Australians with diabetes don’t recognise they are at risk of blindness or the importance of maintaining regular eye tests when their risk actually increases over time – even if they are managing their diabetes well. Of concern is that only half undergo the recommended two-yearly eye examination, (or more frequently for some people”) even though early detection and timely treatment can prevent vision loss.”
Prof Greg Johnson, CEO of Diabetes Australia, explained that much of this problem is preventable. “A large part of this adverse impact on people with diabetes, the community, productivity and wellbeing is preventable by a more coordinated, national approach to eye checks for people with diabetes. This report shows that if we could increase the number of people with diabetes having eye checks by 50 per cent, then approximately 4,500 additional people with DME could be identified and potentially receive earlier treatment to prevent disease progression and prevent serious vision loss,” said Prof Johnson.

The report outlines that early detection and treatment can also potentially reduce the economic burden of DME. It was estimated that administering anti-VEGF treatments, a recently approved treatment option, to two thirds of people diagnosed with vision impairment due to DME who are eligible to receive treatment, could save $353.13 million in non-healthcare costs associated with loss of vision and wellbeing in 2015.

Laser and vitrectomy treatments are also available but, due to the inconsistencies in the available literature on their cost effectiveness in diabetic retinopathy (DR) and DME, their impact on economic cost of DME was not examined in the report.

Ms Heraghty explained the report is particularly timely, given the recent opening of the public consultation on the Australian National Diabetes Strategy, which aims to identify approaches to reduce the impact of diabetes in the community.

“The emotional and social burden of DME carries with it enormous cost to government and the taxpayer. In line with the Government’s consideration of a new National Diabetes Strategy we need to take action on preventable blindness and vision loss now to minimise the future impact not just to the economy but also to people living with DME and their families.

“A coordinated national partnership approach between Government, patient organisations, clinicians, industry and the community is needed to support early diagnosis of DME and improve the entire continuum of care – from awareness and screening to treatment access and rehabilitation. We call on all parties concerned to join forces and reduce the impact of DME on Australians living with diabetes, the community and the country,” Ms Heraghty said.

About ‘The Economic Impact of Diabetic Macular Oedema in Australia’ Report
The Deloitte Access Economics report ‘The Economic Impact of Diabetic Macular Oedema in Australia’ was commissioned and funded by Bayer Australia Ltd. The report is supported by Macular Disease Foundation Australia and Diabetes Australia.

- ENDS -

Media release issued on behalf of Bayer Australia Ltd by SenateSHJ

* This refers to a 50% increase in screening rates and additional cases detected in 2015.
Notes to the Editor

*All figures referenced to the Deloitte Access Economics “The Economic Impact of Diabetic Macular Oedema in Australia” are estimates only and are based on modelling of indirect costs conducted by Deloitte Access Economics.

**The report does not address the direct costs of hospitalisation and other treatments.

***People with diabetes without DR or other risk factors are recommended for screening every two years. High risk groups, including people with non-proliferative DR or risk factors such as longer duration of diabetes, poor glycaemic, blood pressure or blood lipid control, may require screening more frequently. Aboriginal Australians and Torres Strait Islanders with diabetes should be screened annually. Please refer to the report for full screening recommendations.

****A media fact sheet and a report infographic are available for additional information.

For a full copy of the report, please visit: www.deloitteaccesseconomics.com.au

For further information please contact:

Hayley Dowling
SenateSHJ
02 9256 9707
0404 852 884

Nina Schwarz
SenateSHJ
02 9256 9700
0477 226 448

References


About Diabetic Macular Oedema (DME)

Diabetes can lead to damage of the small blood vessels in the retina at the back of the eye. The vessels become weaker and may leak fluid, leading to diabetic retinopathy (DR). DME, a manifestation of DR, occurs when the leakage affects the macula, the part of the eye responsible for central vision that allows us to read and recognise faces. Symptoms of DME can include blurred vision, the appearance of blind or dark spots, colours appearing washed-out, distorted lines and, if left untreated, severe vision loss and blindness.
**About Macular Disease Foundation Australia**

Macular Disease Foundation Australia is a national charity that provides information, guidance and support for those living with macular disease. The Foundation is committed to reducing the incidence and impact of macular disease in Australia through education, awareness, research, support services and representation. For further information please phone the free call number 1800 111 709 or visit [www.mdfoundation.com.au](http://www.mdfoundation.com.au).

**About Diabetes Australia**

Diabetes Australia is the national body for people affected by all types of diabetes and those at risk. Diabetes Australia works in partnership with consumers, health professionals and researchers to reduce the impact of diabetes. For more information please visit [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au) or phone 1300 136 588.


Deloitte Access Economics is Australia’s pre-eminent economics advisory practice and a member of Deloitte’s global economics group. Our highly qualified and experienced team are leaders in policy, regulatory and strategic advisory services. Our work is widely recognised for its analytical excellence, innovation, independence and credibility. Our success reflects our highly skilled team and depth of business, policy and academic experience. We work with our clients to provide high quality analysis and practical advice that will enable our clients to succeed in their changing business environments. Deloitte Access Economics’ **Health Economics and Social Policy** team has a national presence in Australia and provides a range of specialist services across the health, aged care, disability and social policy sectors. As well as specialist health economic services, we provide primary research and analysis; evaluation; policy inputs; and statistical and econometric modelling. Our clients include government departments; non-profit organisations; pharmaceutical and medical devices companies; funders of programs and services for health, aged, disability and other care; and other services providers in Australia, New Zealand, Asia, Europe, North and South America.


Bayer is an international, research-based company specialising in health care, nutrition and high-tech materials. It has operated in Australia since 1925 and has a long term commitment to the health of all Australians, the agricultural industry and the welfare of animals, large and small. Bayer Australia Ltd currently employs over 1,100 people across the country and is dedicated to servicing the needs of rural Australia and the local community. Bayer is deeply committed to research and development and has a strong tradition of innovation with over 5,000 products and services. The company’s focus on people, partnerships and innovation underpins all aspects of its operations, consistent with its mission, “Bayer: Science For A Better Life”.

---

Bayer Australia Ltd.

ABN 22 000 138 714

875 Pacific Highway, Pymble, NSW, 2073