



Dr Niti Pall, Chair
International Diabetes Federation Europe Region

Prevalence of diabetes in the European Union



○ <5% ○ 5<6% ○ 6<7% ○ 7<8% ○ ≥8%



31.6 million (one in ten) adults live with diabetes in the EU. This number is forecast to increase to 33.2 million by 2030.



One in three PwD is undiagnosed.



Diabetes reduces life expectancy by up to 10 years.






One in seven live births are affected by hyperglycaemia in pregnancy. Children born to women with HIP are at very high risk of obesity, early onset T2D & CVD.




The Europe Region has the highest number of children and adolescents with type 1 diabetes.

Diabetes and diabetes-related complications are devastating from a personal point of view

Diabetes-related complications

-  Diabetes is the leading cause of blindness and of lower limb amputation.
-  PwD are two to three times more likely to have CVD.
-  Diabetes is the leading cause of kidney disease. Approximately 1 in 3 adults with diabetes has CKD

Diabetes affects the mind just as much as it does the body

-  Diabetes requires lifelong, 24/7, self-management by the person living with the condition.
- Depression is two to three times more common in PwD than the general population.

Diabetes has a huge impact on health systems



Europe has the world's second highest health expenditure per PwD.



PwD account for the third largest number of potentially avoidable hospital bed days spent in Europe among chronic diseases.



Diabetes-related health expenditure in the EU was € 104bn in 2021.

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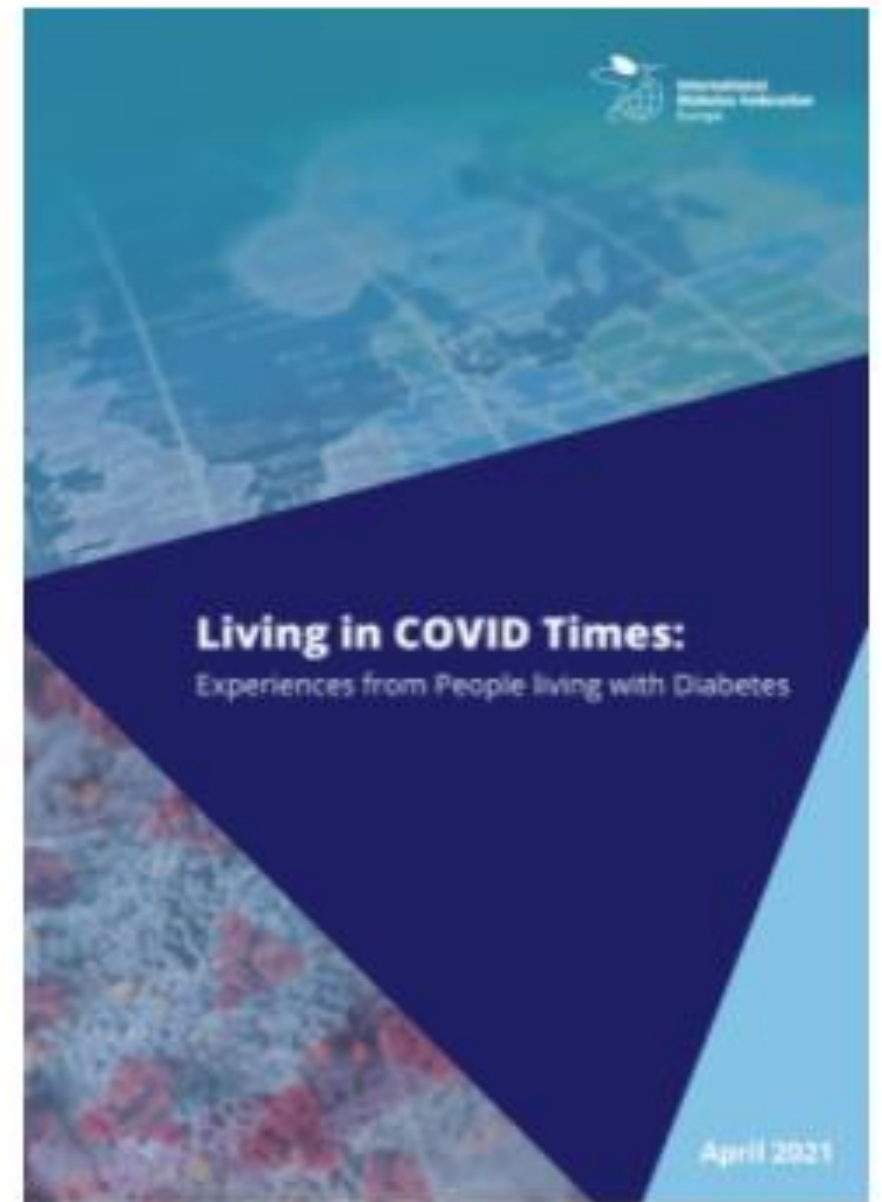
About 75% of diabetes-related expenditure is due to potentially preventable complications of the disease.

Cost-effectiveness of prevention has been clearly demonstrated:

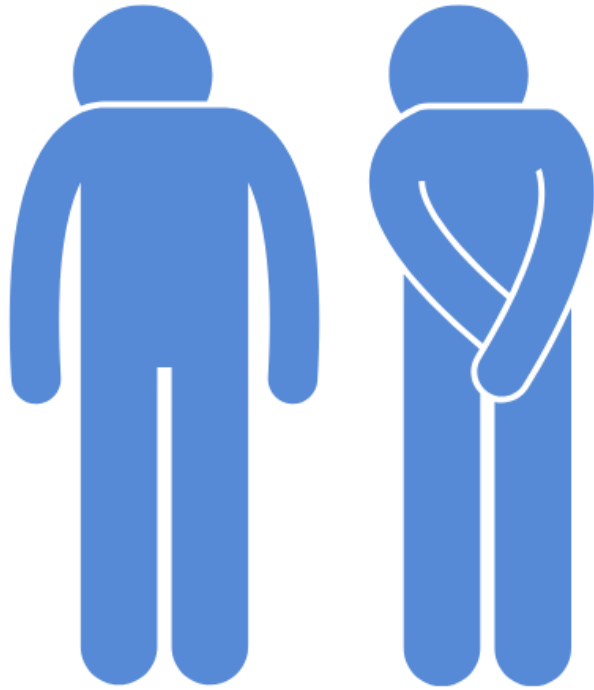
- Freed up health system resources through lower diabetes incidence and fewer or less severe complications.
- Broader access to health through cost savings and the ability to reach previously underserved communities such as people in rural areas.

Living with diabetes in COVID times

- PwD are at heightened risk of developing a serious and more deadly form of the disease.
- COVID-19 has disrupted access to care, essential complications screening, and diagnosis, potentially leading to severe complications over the longer term.
- The burden associated with the lockdown measures imposed in many countries has constrained people's ability to exercise and/or eat healthily and caused psychological distress.



Stigma imposes silence and shame where there should be support and hope



- There remains a general lack of awareness about diabetes among the public, some health professionals and many policy makers.
- T2D is often wrongly thought of as a self-inflicted condition, assuming that personal behavioural choices are the primary determinants of developing diabetes.
- Stigma hinders prevention campaigns, creates barriers at nearly every step of the way and engenders discrimination beyond the health system – at school, in the workplace, and in many other daily activities.
- The fear of judgment and discrimination can discourage individuals from undergoing screening, delay diagnosis and negatively affect diabetes management.



Increased risk of complications and worse health outcomes

Diabetes represents a significant burden for individuals (financial, emotional and psychological), society at large and health systems

BUT

With the right policies, management and risk-reduction programmes, care and uninterrupted access to the appropriate treatments, tools and technologies, PwD can lead long, healthy and fulfilling lives.



THANK YOU!

www.mepinterestgroupdiabetes.eu

MMD@idf-europe.org