
Diabetes in Nova Scotia 2008



**1 in 5 over the
age of 70 has
diabetes...**

The Nova Scotia Diabetes Statistics Report, 2008 provides an overview of the burden of diabetes in Nova Scotia to March 31, 2006. This report provides information on the adult population (age 20+) in Nova Scotia and includes figures related to prevalence (the total number of adults with a diagnosis of diabetes in Nova Scotia), incidence (newly diagnosed cases per year), mortality, morbidity (complications), and health services utilization (hospitalizations and visits to general practitioners and specialists). Five-year time trends are included as well as benchmarking data that allows for the comparison of each District Health Authority (DHA) to the province as a whole.

In Nova Scotia...

- Approximately 8.7% (1 in 11), or 67,000 adults are living with a diagnosis of diabetes.
- Prevalence has increased in Nova Scotia by 20% over the past five years.
- The prevalence of diabetes increases with increasing age, and as a result 1 in 5 adults over the age of 70 have diabetes.
- Over 5,800 new cases of diabetes are diagnosed each year (~ 500 new cases per month).
- The incidence rate has remained stable over the last 5 years, in contrast to the increase in prevalence.
- The crude prevalence rate varies across DHAs from 7.2% to 10.8%, with the highest rates in Cape Breton, South West, and South Shore DHAs.
- Adults with diabetes, as compared to those without diabetes, are:
 - 3 times more likely to have cardiovascular disease, 6 to 7 times more likely to have nephropathy (kidney disease) and retinopathy (eye disease), and 11 times more likely to have a lower extremity amputation.
- People with diabetes are at higher risk of certain serious conditions and this difference in risk is particularly pronounced among those aged 20 to 49 years. In this age group, people are 25 to 35 times more likely to have nephropathy and retinopathy, as compared to those without diabetes.
- People with diabetes are 2 times more likely to be hospitalized, and are more likely to have slightly longer lengths of stay, than people without diabetes.

Key Findings

1. The prevalence of diabetes in Nova Scotia is increasing, especially among the middle and older age adults while the incidence of diabetes is stable across all age groups

Provincial Directions

The good news is that people with diabetes are living longer with their disease. This increased longevity reflects better management/treatment approaches. Living longer with diabetes has implications for both the individual and the health system. The longer the duration of diabetes, the greater the risk of comorbidities in later years.

Direction

- Enhance health promotion and prevention efforts to reduce incidence rates.
- Provide community-based lifestyle programming for at-risk individuals and families.
- Provide programs, services, and supports for people with diabetes aimed at self-care and living well with diabetes.

Key Findings

Provincial Directions

2. People with diabetes have a much greater risk of having a heart attack; stroke or hypertension; requiring dialysis; experiencing significant vision loss; or having a lower extremity amputation than people without diabetes.

The complications of diabetes are devastating. The longer one lives with diabetes, the greater the chance of developing complications.

Direction

- In partnership, increase awareness activities focused on understanding the seriousness of diabetes and its complications.
- Promote routine annual screening for the development and progression of complications.
- Enhance management approaches to achieve metabolic and lifestyle targets including blood pressure and lipid management programs, stress management/reduction, and smoking cessation.
- Provide programming and services to better meet the needs of individuals living with multiple complications (complex individuals).
- Implement case management approaches for more complex cases.
- Streamline referrals to specialty/subspecialty teams, such as foot care specialists.

3. Young adults with diabetes are far more likely to be diagnosed with certain serious conditions, such as kidney failure, than those without diabetes.

The majority of individuals in this population have type 1 diabetes and most likely were diagnosed before age 20.

Direction

- Implement programs, services, and supports to target adolescents and young adults with diabetes.
- Promote adequate preparation for the transition from pediatric to adult diabetes care and services.

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