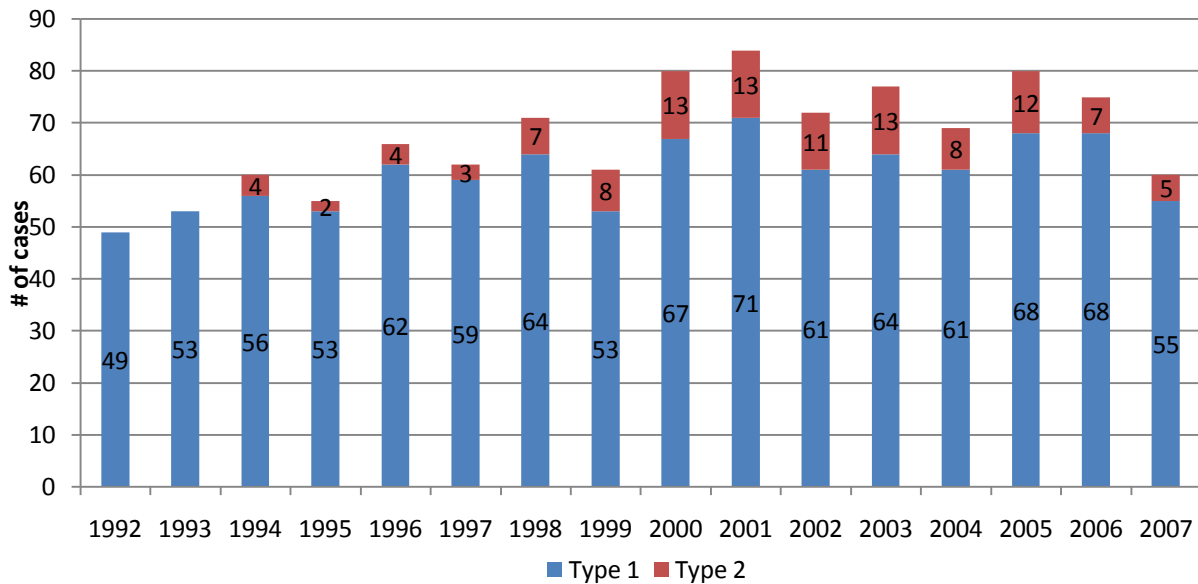


Nova Scotia Incident Cases of Diabetes Mellitus (Type 1 and 2) for Ages < 19

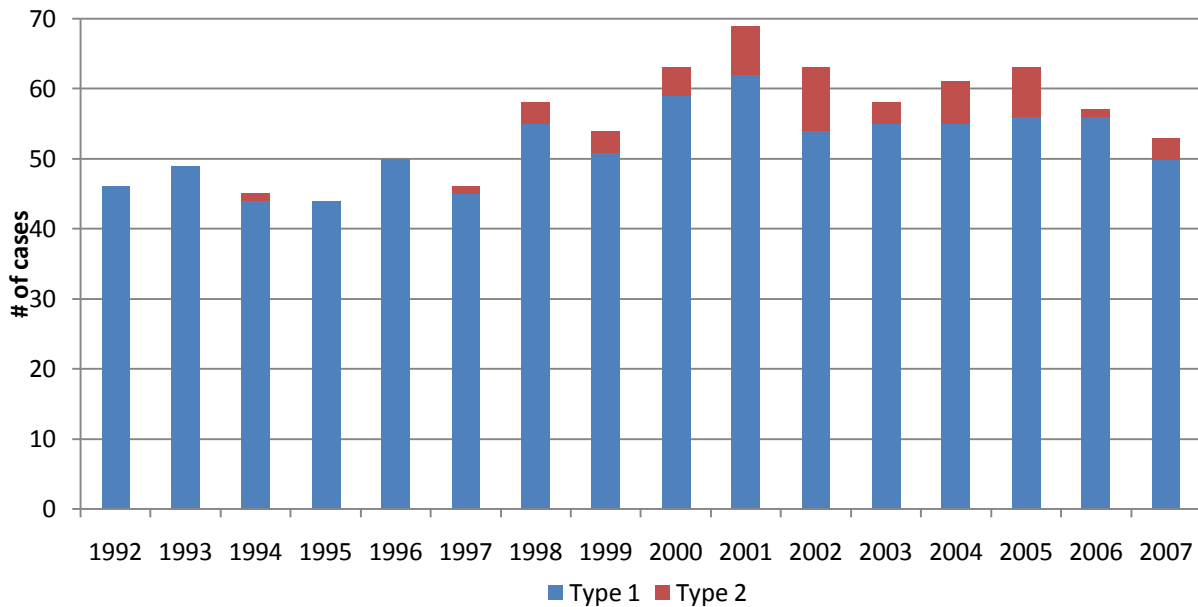


Type 1 DM: Absolute deficiency of insulin secretion as a result of pancreatic b-cell destruction; prone to ketoacidosis. Usual onset is under age 35 years. Management includes insulin and nutrition therapy.

Type 2 DM: Resistance to insulin and/or inadequate compensatory insulin secretory response. Usual onset is over age 35 years. Management includes nutrition therapy only; and/or oral antihyperglycemic agents/insulin.

- The incident cases for type 1 DM showed a slow but steady increase from 1992 (mean of the first 8 years, 56 cases) through to 2006 (mean of the last 7 years, 65 cases). A reduction in incident cases was noted in 2007.
- Type 2 DM, as usually diagnosed in adults, now accounts for approximately 12% (average of the last five years) of new cases in this < age 19 age group. Type 2 DM was virtually unreported in Nova Scotia in the early 1990s. This data highlights, with concern, the growth in type 2 DM in this age population.

Nova Scotia Incident Cases of Diabetes Mellitus (Type 1 and 2) for Ages < 15



Type 1 DM: Absolute deficiency of insulin secretion as a result of pancreatic b-cell destruction; prone to ketoacidosis. Usual onset is under age 35 years. Management includes insulin and nutrition therapy.

Type 2 DM: Resistance to insulin and/or inadequate compensatory insulin secretory response. Usual onset is over age 35 years. Management includes nutrition therapy only; and/or oral antihyperglycemic agents/insulin.

- The incident cases for type 1 DM showed a stable trend through to 1999 (mean 48 cases). From 2000 to 2006, there has been a slow but steady increase in the number of type 1 cases (mean 56 cases). A reduction in incident cases was noted in 2007.
- Type 2 DM now accounts for approximately 7% (average last 5 years) of new cases in this < age 15 age group. Type 2 DM was virtually unreported in the early 1990s.