Diabetes: a global threat

Diabetes is now one of the most common non-communicable diseases globally and is emerging fast as one of the most serious health problems of our time. It is a global epidemic with devastating humanitarian, social and economic consequences. The disease claims as many lives per year as HIV/AIDS and places a severe burden on healthcare systems and economies everywhere, with the heaviest burden falling on low- and middle-income countries. Yet awareness of the global scale of the diabetes threat remains pitifully low.

Diabetes prevalence
It is estimated that 246 million people worldwide will live with the disease in 2007, representing 5.9% of the adult population (20-79 age group). The number is expected to reach some 380 million by 2025, representing 7.1% of the adult population.

The Western Pacific Region with 67 million and the European Region with 53 million will have the highest number of people with diabetes in 2007. However, in terms of prevalence, it is the Eastern Mediterranean and Middle East Region which has the highest rate (9.2%) followed by the North American Region (8.4%).

By 2025 the diabetes prevalence of the South and Central America Region is expected to be nearly as high (9.3%) as that of the North American Region (9.7%). The Western Pacific Region will continue to have the highest number of people with diabetes, with some 100 million, representing an almost 50% increase from 2007.

Impaired Glucose Tolerance
People with impaired glucose tolerance (IGT) have a significant risk of developing type 2 diabetes, which would add to the devastating social and economic consequences of the diabetes epidemic. It is estimated that approximately 308 million, or 7.5% in the age group 20-79, will have IGT in 2007. More than 80% of these people will live in developing countries. By 2025 the number of people with IGT is projected to increase to 418 million, or 8.1% of the adult population.

The Western Pacific Region is expected to have the greatest number of people with IGT in 2007 with some 112 million, although the European Region has the highest prevalence rate with 9.1% of the adult population affected by IGT. By 2025, the greatest increase in the number of people with IGT will be in Africa and the Eastern Mediterranean and Middle East Region.

Diabetes in developing countries
In many developing countries, the burden of diabetes care threatens to undermine the benefits of improving standards of living, education and economic growth. It is estimated that almost 80% of the 246 million people with diabetes today live in developing countries. Within the next 20 years, the largest increases will take place in
the regions dominated by developing economies, if preventive measures are not taken today. These countries will have to bear the brunt of the diabetes burden, but policy decision makers are often not aware of the public health challenge at their door. Yet, seven out of the ten countries with the highest number of people with diabetes, are already in the developing world.

Each year, some 3.8 million adults die from diabetes-related causes. The burden is particularly harsh in low- and middle-income countries, where many children with type 1 diabetes die because they lack access to life-saving insulin.

**Diabetes in younger age groups**
In the past, type 2 diabetes was often thought of as a disease of the elderly, however the world is witnessing a rising trend of diabetes developing in younger age groups, during their economically most productive years.

Whereas the largest number of people with diabetes will be in the 60-79 age group in Europe in 2007, in other regions such as South and Central America, South-East Asia and the Western Pacific the largest number of people with diabetes will be in the 40-59 age group. The 40-59 year age group currently has the greatest number of persons with diabetes with some 113 million, representing 46% of the total number. This will place an additional burden on health budgets and on society as a whole, particularly as the risks of complications increase over time.

**Type 1 diabetes in the young**
The incidence of type 1 diabetes in the young is increasing in many countries in the world. The overall annual increase is estimated at around 3%. Some 70,000 children worldwide are expected to develop type 1 diabetes annually.

Of the estimated total of approximately 440,000 cases of type 1 diabetes in childhood, more than 25% come from the South-East Asian Region, and more than 20% from the European Region. Finland, Sweden and Norway are the top countries with the highest incidence rates for type 1 diabetes in children.

**Type 2 diabetes in the young**
Type 2 diabetes in children and adolescents is also on the increase and affects children in both developed and developing countries. While not enough studies have been carried out in this area, it is now becoming recognized that type 2 diabetes in children is becoming a global public health issue with potentially serious health outcomes.

The risk of type 2 diabetes in children is clearly linked to an increasing prevalence of obesity, which in turn is associated with changing dietary and lifestyle patterns. The change to a “westernized” lifestyle is occurring in both developed and developing countries, where it is most prevalent in urban areas.
Studies have shown that youth with type 2 diabetes will run the risk of developing micro- and macrovascular complications at a relatively early age. This will place a significant burden on health budgets as well as society as a whole.

The economic impact of diabetes
Global health expenditures to treat and prevent diabetes and its complications amount to hundreds of billions of dollars every year. World treatment costs are growing more quickly than world population. However, the larger costs of diabetes arise from premature death and disability caused by its preventable complications, including heart, kidney, eye and foot disease.

More than 80% of expenditure for medical care for diabetes are made in the world’s economically richest countries. However, in the world’s poorest countries where 80% of people with diabetes will soon live, not enough is spent to provide even the least expensive lifesaving diabetes drugs.

(more information on economics will be distributed on Tuesday, 7 December)

References:
"At a glance".

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total world population (billions)</td>
<td>6.6</td>
<td>7.9</td>
</tr>
<tr>
<td>Adult population (age 20-79, billions)</td>
<td>4.1</td>
<td>5.2</td>
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</table>

**WORLD DIABETES AND IGT (20-79 age group)**

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<tr>
<th></th>
<th>2007</th>
<th>2025</th>
</tr>
</thead>
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<tr>
<td><strong>Diabetes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparative prevalence (%)</td>
<td>6.0</td>
<td>7.3</td>
</tr>
<tr>
<td>Number of people with diabetes (millions)</td>
<td>246</td>
<td>380</td>
</tr>
<tr>
<td><strong>IGT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparative prevalence (%)</td>
<td>7.5</td>
<td>8.0</td>
</tr>
<tr>
<td>Number of people with IGT (millions)</td>
<td>308</td>
<td>418</td>
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</tbody>
</table>

Map 1.1

Prevalence estimates of diabetes, 2007

SOURCE: DIABETES ATLAS THIRD EDITION, © INTERNATIONAL DIABETES FEDERATION, 2006
Map 1.2
Prevalence estimates of diabetes, 2025

Map 1.3
Prevalence estimates of impaired glucose tolerance, 2007
Map 1.4
Prevalence estimates of impaired glucose tolerance, 2025

Top 10 countries in prevalence of diabetes* (20-79 age group)

<table>
<thead>
<tr>
<th>2007</th>
<th>Country</th>
<th>Prevalence (%)</th>
<th>2025</th>
<th>Country</th>
<th>Prevalence (%)</th>
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<tr>
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<td>Kuwait</td>
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<td>6</td>
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<td>Oman</td>
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</tr>
<tr>
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<td>Mexico</td>
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</table>

Top 10 countries in number of people with diabetes (20-79 age group)

<table>
<thead>
<tr>
<th>2007</th>
<th>Country</th>
<th>Persons (millions)</th>
<th>2025</th>
<th>Country</th>
<th>Persons (millions)</th>
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<td>69.9</td>
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<tr>
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<td></td>
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<td>China, People's Republic</td>
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</tr>
<tr>
<td>2</td>
<td>of</td>
<td>39.8</td>
<td>2</td>
<td>of</td>
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<td>Bangladesh</td>
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**Figure 1.3**

Prevalence of diabetes* (20-79 age group) by region, 2007 and 2025

<table>
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<tr>
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<td>WP</td>
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</table>

*Comparative prevalence

SOURCE: DIABETES ATLAS THIRD EDITION, © INTERNATIONAL DIABETES FEDERATION, 2006

**Figure 1.4**

Number of people with diabetes (20-79 age group) by region, 2007 and 2025

<table>
<thead>
<tr>
<th>Region</th>
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SOURCE: DIABETES ATLAS THIRD EDITION, © INTERNATIONAL DIABETES FEDERATION, 2006

**Figure 1.5**

Number of people with diabetes in age groups by region, 2007

<table>
<thead>
<tr>
<th>Region</th>
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<th>60-79</th>
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<td>20</td>
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SOURCE: DIABETES ATLAS THIRD EDITION, © INTERNATIONAL DIABETES FEDERATION, 2006

**Figure 1.7**

Prevalence of impaired glucose tolerance (20-79 age group) by region, 2007 and 2025: see website [www.eatlas.idf.org/media](http://www.eatlas.idf.org/media)

**Figure 1.8**

Number of people with impaired glucose tolerance (30-79 age group) by region, 2007 and 2025

<table>
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<tr>
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SOURCE: DIABETES ATLAS THIRD EDITION, © INTERNATIONAL DIABETES FEDERATION, 2006
Figure 1.12 Top 10: Prevalence of diabetes (20-79 age group) in 2007 (with 2025 prevalence): see website www.eatlas.idf.org/media

Figure 2.2
Estimated number of prevalent cases of type 1 diabetes in children by region

Figure 4.1
Number of deaths attributable to diabetes (20-79 age group) by region, 2007

Figure 5.2
Annual health expenditure for diabetes (ID) vs persons with diabetes in the 25 countries with the largest numbers of persons with diabetes in 2007
The diabetes epidemic: facts

- Diabetes affects 246 million people worldwide and is expected to affect some 380 million by 2025.
- Each year another 7 million people develop diabetes.
- Each year, over three million deaths are tied directly to diabetes. An even greater number die from cardiovascular disease made worse by diabetes-related lipid disorders and hypertension.
- Every 10 seconds a person dies from diabetes-related causes.
- Every 10 seconds two people develop diabetes.
- In many countries in Asia, the Middle East, Oceania and the Caribbean, diabetes affects 12-20% of the adult population.
- Seven out of the ten countries with the highest number of people living with diabetes are in the developing world.
- In 2025, 80% of all diabetes cases will be in low- and middle-income countries.
- The 40-59 year age group currently has the greatest number of persons with diabetes with some 113 million, of which more than 70% live in developing countries.
- Globally, 46% of people with diabetes are in the 40-59 age group
- India has the largest diabetes population in the world with an estimated 41 million people, amounting to 6% of the adult population.
- In China, where 4.3% of the population is affected by diabetes, the number of people with this condition is expected to exceed 50 million within the next 20 years.
- Type 1 diabetes, which predominately affects youth, is rising alarmingly worldwide, at a rate of 3% per year.
- Some 70,000 children aged 14 and under develop type 1 diabetes annually.
- An increasing number of children are developing type 2 diabetes, in both developed and developing nations.
- There are reports of type 2 diabetes in some children as young as eight years.
- Some reports show the existence of type 2 diabetes in populations hitherto thought not to be at risk, such as British Europids.
- In Japan, the prevalence of type 2 diabetes amongst junior high school children has doubled from 7.3 per 100,000 in 1976-80 to 13.9 per 100,000 in 1991-95, with type 2 diabetes now outnumbering type 1 diabetes in that country.

References:
All epidemiologic data are drawn from the Diabetes Atlas, third edition, International Diabetes Federation 2006
What is diabetes?

Diabetes is a chronic, potentially debilitating and often fatal disease. The disease occurs as a result of problems with the production and supply of insulin in the body. Either the body produces no or insufficient insulin (type 1 diabetes), or the body cannot use the insulin it produces effectively (type 2 diabetes).

Insulin is a hormone made by the pancreas that helps ‘sugar’ (glucose) to leave the blood and enter the cells of the body to be used as ‘fuel’.

Two types of diabetes

There are two main types of diabetes:

Type 1 diabetes is sometimes called insulin-dependent, immune-mediated or juvenile-onset diabetes. It is caused by an auto-immune reaction where the body’s defence system attacks the insulin-producing cells. The reason why this occurs is not fully understood. People with type 1 diabetes produce very little or no insulin. The disease can affect people of any age, but usually occurs in children or young adults. People with this form of diabetes need injections of insulin every day in order to control the levels of glucose in their blood. If people with type 1 diabetes do not have access to insulin, they die.

Type 2 diabetes is sometimes called non-insulin dependent diabetes or adult-onset diabetes. People with type 2 diabetes do not usually require injections of insulin. Usually, they can control the glucose in their blood by watching their diet, taking regular exercise, oral medication, and possibly insulin.

Type 2 diabetes is most common in people older than 45 who are overweight. However, as a consequence of increased obesity among the young, it is becoming more common in children and young adults. Type 2 diabetes is the most common type of diabetes and accounts for 90 - 95% of all diabetes.

If people with type 2 diabetes are not diagnosed and treated, they can develop serious complications, which can result in an early death. Worldwide, many millions of people have type 2 diabetes without even knowing it. Others do not have access to adequate medical care. The onset of type 2 diabetes is also linked to genetic factors but obesity, physical inactivity and unhealthy diet increase the risks.

Some women develop a third, usually temporary, type of diabetes called ‘gestational diabetes’ when they are pregnant. Gestational diabetes develops in 2-5% of all pregnancies, but usually disappears when the pregnancy is over. Women who have had gestational diabetes have an increased risk of developing type 2 diabetes later on.

Impaired Glucose Tolerance (IGT)

People with impaired glucose tolerance (IGT) have glucose levels that are above normal but below the level at which diabetes is diagnosed. People with IGT have a significant
risk of developing type 2 diabetes. They are thus an important target group for primary prevention. Changes in lifestyle, including diet and physical activity can greatly reduce the onset of diabetes.

**Recognizing diabetes**

The onset of type 1 diabetes is often sudden and dramatic and can include symptoms such as:
- Abnormal thirst and a dry mouth
- Frequent urination
- Extreme tiredness/lack of energy
- Constant hunger
- Sudden weight loss
- Slow-healing wounds
- Recurrent infections
- Blurred vision

The same symptoms that are listed above can also affect people with type 2 diabetes, but usually the symptoms are less obvious. The onset of type 2 diabetes is gradual and therefore hard to detect. Indeed, some people with type 2 diabetes show no obvious symptoms early on. These people are often diagnosed several years later, when various complications are already present.

**Life-threatening complications**

Without proper insulin production and action, sugar remains in the blood, leading to chronic hyperglycaemia (raised blood sugar). This can result in short and long-term complications, many of which, if not prevented and left untreated, can be fatal. All have the potential to reduce the quality of life of people with diabetes and their families.

The most common long-term complications are:
- **Diabetic nephropathy** (kidney disease), which may result in total kidney failure and in the need for dialysis or kidney transplant.
- **Diabetic eye disease** (retinopathy and macular oedema), damage to the retina of the eye which can lead to vision loss.
- **Diabetic neuropathy** (nerve disease), which can ultimately lead to ulceration and amputation of the feet and lower limbs.
- **Cardiovascular disease**, which affects the heart and blood vessels and may cause fatal complications such as coronary heart disease (leading to a heart attack) and stroke.

Diabetes is the fourth leading cause of death by disease globally. Every year, more than three million people die from diabetes-related causes.

**Diabetes can be prevented**
Changes to the living environment, early detection and the adoption of proven measures to prevent diabetes can significantly lower the risk of developing type 2 diabetes, delay its onset or at least reduce its impact. For people with type 1 diabetes, it is not yet possible to prevent the disease. However, much can be done to prevent or delay diabetes complications if access to adequate care, medication and monitoring equipment exist.

**Diabetes facts**

- *Diabetes is a chronic disease marked by elevated blood glucose levels. It affects 5-6% of the global adult population.*
- *Type 2 diabetes prevalence is rising at alarming rates worldwide because of increased urbanization, high prevalence of obesity, sedentary lifestyles and stress, among other factors.*
- *Up to 80% of type 2 diabetes is preventable by adopting a healthy diet and increasing physical activity.*
- *Diabetes is responsible for over one million amputations each year.*
- *People with diabetes are 15 to 40 times more likely to require a lower-limb amputation compared to the general population.*
- *Diabetes is the largest cause of kidney failure in developed countries and is responsible for huge dialysis costs.*
- *Type 2 diabetes has become the most frequent condition in people with kidney failure in countries of the Western world. The reported incidence varies between 30% and 40% in countries such as Germany and the USA.*
- *10% to 20% of people with diabetes die of renal failure.*
- *It is estimated that more than 2.5 million people worldwide are affected by diabetic retinopathy.*
- *Diabetic retinopathy is the leading cause of vision loss in adults of working age (20 to 65 years) in industrialized countries.*
- *On average, people with type 2 diabetes will die 5-10 years before people without diabetes and most of this excess mortality is due to cardiovascular disease.*
- *Cardiovascular disease is the major cause of death in diabetes, accounting for some 50% of all diabetes fatalities, and much disability.*
- *People with type 2 diabetes are over twice as likely to have a heart attack or stroke as people who do not have diabetes. Indeed, people with type 2 diabetes are as likely to suffer a heart attack as people without diabetes who have already had a heart attack.*
The International Diabetes Federation

The International Diabetes Federation (IDF) is the global advocate for more than 230 million people with diabetes worldwide, their families and their healthcare providers. It represents over 190 diabetes associations in more than 150 countries. IDF is a non-governmental organization in official relations with the World Health Organization and the United Nations (UN).

The mission of the IDF is “to promote diabetes care, prevention and a cure worldwide”, a statement of intent which addresses the challenges that face the global diabetes community in the 21st century and which reflects the work that IDF is doing.

• **Care:** the core activity of IDF remains the promotion of the best possible care for anyone who has to live with diabetes. IDF works in close collaboration with its member associations to increase access to and improve the quality of care that is currently available.

• **Prevention:** primary prevention is the only realistic way to curb the rise in the diabetes pandemic and to lessen the impact of diabetes upon the quality of life of those currently living with the disease. IDF encourages the implementation of prevention programmes to reduce diabetes as well as the risks of diabetes complications.

• **Cure:** while IDF does not support research directly, it encourages through awareness and education the efforts of those who seek to further understand the causes of diabetes and whose aim it is to find a cure.

IDF activities include advocacy and lobbying work, education for people with diabetes and their healthcare providers, public awareness and health improvement campaigns, and the promotion of the free exchange of diabetes knowledge. A few examples include:

• World Diabetes Day, the primary awareness campaign of the diabetes world,
• “Unite for Diabetes, a campaign for a United Nations Resolution on diabetes,
• IDF Task Forces’ efforts on specific issues such as access to insulin, association development and the economics of diabetes care,
• IDF serial and non-serial publications, including *Diabetes Voice*, the only magazine representing the entire worldwide diabetes community,
• The Education Foundation, which supports a number of education and research fellowships and programmes.
• The IDF website ([www.idf.org](http://www.idf.org)), a source of up-to-date information about IDF and its activities.
• The IDF triennial Congresses, which provide a unique and international forum to discuss a wide variety of diabetes-related topics.

For more information, please contact:

**International Diabetes Federation**
Executive Office
Avenue Emile De Mot 19 | B-1000 Brussels, Belgium
Telephone: +32-2-5385511 | Fax: +32-2-585114
Email: [info@idf.org](mailto:info@idf.org) | [www.idf.org](http://www.idf.org)
10 Misconceptions about Diabetes

1. **Diabetes is not a killer disease – False!**
   In fact, diabetes is a global killer, rivalling HIV/AIDS in its deadly reach. The disease kills some 3.8 million people a year. Every 10 seconds a person dies from diabetes-related causes.

2. **Diabetes only affects rich countries – False!**
   Diabetes hits all populations, regardless of income. It is becoming increasingly common. More than 240 million people worldwide now have diabetes. This will grow to more than 380 million by 2025. In many countries in Asia, the Middle East, Oceania and the Caribbean, diabetes affects 12-20% of the population. In 2025, 80% of all cases of diabetes will be in low- and middle-income countries.

3. **Diabetes is heavily funded globally – False!**
   Official Overseas Development Aid to the health sector in 2002 reached $2.9 billion USD, of which a mere 0.1% went to fund ALL non-communicable chronic diseases (NCDs). Most of the $2.9 billion USD went to support HIV/AIDS. Despite diabetes having a deadly global impact comparable to HIV/AIDS, it had to share the tiny 0.1% of the total NCD funding.

   In addition, the World Bank gave $4.2 billion USD in loans for health, population and nutrition between 1997 and 2002. Only 2.5% of the $4.2 billion USD went to chronic diseases.

4. **Diabetes care is not costly – False!**
   Diabetes care is costly and has the potential to cripple any healthcare system. The economic opportunities that the United Nations wants to create for developing countries through the Millennium Development Goals will be greatly undermined by the economic impact of diabetes in low- and middle-income countries.

5. **Diabetes only affects old people – False!**
   In reality, diabetes affects all age groups. By 2007, 240 million people between the ages of 20 and 79 will have diabetes. In developing countries diabetes will affect at least 80 million people between ages 40-59.

6. **Diabetes predominantly affects men – False!**
   In fact, diabetes is rising in both men and women, and affects slightly more women than men. It is also increasingly dramatically among youth and threatening to decimate indigenous populations.
7. Diabetes is the result of unhealthy ‘lifestyles’ – **False!**
The reality is that the poor and children have limited choices when it comes to living conditions, diet and education.

8. Diabetes cannot be prevented - **False!**
In fact, up to 80% of type 2 diabetes is preventable by adopting a healthy diet, increasing physical activity and promoting a healthy lifestyle.

9. Diabetes prevention is too expensive - **False!**
Many inexpensive and cost-effective interventions exist. Proven strategies for improving the living environment, changing diet and increasing physical activity can reverse the pandemic.

10. We all have to die of something – **True but. . .**
Death is of course inevitable but it does not need to be slow, painful or premature. In 2007, diabetes will cause 3.8 million deaths globally. With awareness, prevention and appropriate care, many of these deaths can be prevented.

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**References**
The 10 misconceptions about diabetes are taken from the campaign kit for a United Nations Resolution on Diabetes (www.unitefordiabetes.org).