

Diabetes mortality: An explosive report



Debbie Hicks

In the last editorial of 2011, which was written in early December, I was optimistic about 2012 – I’m always the “cup half full” person. Sadly only a few days after completing the editorial, we were all faced with the stark results from the National Diabetes Audit Mortality Analysis (NHS Information Centre, 2011). This report was covered in all the major newspapers – quite rightly so, as it showed that up to 24000 people with diabetes in the UK are dying each year from causes that could be avoided through better management of their condition. I find this an extremely alarming situation, given that we live in a country that provides free healthcare for people with diabetes.

This first ever report into mortality from the NHS Information Centre, commissioned by the Healthcare Quality Improvement Partnership, found that poor management of a person’s condition, such as not receiving basic healthcare checks, leading an unhealthy lifestyle and not taking medication appropriately, increased the risk of death from causes including critically high or low blood glucose levels, cardiovascular events or renal failure.

We know that good diabetes care greatly reduces the risk of cardiovascular events, renal failure or eye damage, while good education can help provide people with self-care skills to manage their blood glucose levels.

The report shows about three-quarters of the 24000 people with diabetes who die each year are aged 65 years and over. However, the gap in death rates between those with and without diabetes becomes more extreme with younger age. It also found this age group was the least likely to receive all the basic care checks required to monitor their condition.

Some key points from the report:

- There is a strong link between deprivation and increased mortality rates. Among under-65s with diabetes the number of deaths among people from the most deprived backgrounds is double that of those from the least deprived backgrounds.
- Death rates among people with diabetes vary according to where they live. London has

the lowest rates for both type 1 and type 2 diabetes, at 1.8% and 1.2%, respectively, while the highest rate for both type 1 and type 2 diabetes was in the North East, at 2.4% and 1.7%, respectively.

- About one in 3300 women in England will die between the ages of 15–34. This risk increases nine-fold among women with type 1 diabetes to one in 360, and six-fold among women with type 2 diabetes to one in 520.
- A similar picture is true for young men with diabetes. In England, men aged 15–34 are much more likely to die than women – at one in every 1530 – but this risk rises four-fold for men with type 1 diabetes to one in 360, and by just under four-fold among those with type 2 diabetes to one in 430. This means two young people aged 15–34 may be dying each week from avoidable causes.
- Those aged 15–34 years are the least likely to receive all the basic care checks required to monitor their condition.

Audit lead clinician Dr Bob Young, consultant diabetologist and clinical lead for the National Diabetes Information Service, said: “For the first time we have a reliable measure of the huge impact of diabetes on early death. Many of these early deaths could be prevented. The rate of new diabetes is increasing every year. So, if there are no changes, the impact of diabetes on national mortality will increase. Doctors, nurses and the NHS working in partnership with people who have diabetes should be able to improve these grim statistics.”

While the report gives us a stark reminder of the huge impact of diabetes on both the individual and the NHS, it gives little information as to why in a freely available healthcare system we fail to engage people with diabetes to achieve good health outcomes through good self-care behaviours. Anyone want to write an article on this subject? ■

NHS Information Centre (2011) *National Diabetes Audit Mortality Analysis 2007-2008*. Available at: www.ic.nhs.uk/nda (accessed 10.1.12)

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