

Diabetes in Vermont

◆ Diabetes is COMMON; PRE-DIABETES IS EVEN MORE COMMON

◆ Approximately 130,000 Adult Vermonters have pre-diabetes

People with pre-diabetes are at increased risk for developing diabetes. Pre-diabetes is defined as having impaired fasting glucose (glucose of 100 - 125 mg/dl) or impaired glucose tolerance (140 - 199 mg/dl blood glucose after a 2-hour oral glucose tolerance test).

◆ Approximately 55,000 Vermonters of all ages have diabetes

Diabetes is defined as having a fasting glucose $>$ or $=$ 126 mg/dl. About 35,000 know they have the disease. Approximately 95% have Type 2.

◆ Types of Diabetes

Type 1

- Occurs most often in children and teens
- Appears suddenly and progresses rapidly
- Treated with insulin, physical activity and diet

Type 2

- Occurs most often in overweight, inactive adults age 40+
- Often diagnosed only after related problems are discovered, such as heart disease, visual problems
- Treated with physical activity, diet and may also require oral medications and/or insulin

Gestational Diabetes (GDM)

- Approximately 4% of pregnancies complicated by GDM (about 250 cases/year VT)
- Usually diagnosed after the 24th week of pregnancy
- Treated with physical activity, diet and may require insulin

◆ Diabetes is a statewide public health problem

In 2007, 7% of the Vermont adult population has been diagnosed with diabetes.

◆ Diabetes is SERIOUS

- Diabetes is the 7th leading cause of death in Vermont.
- When looking at the US White population for 2004-2005, Vermont has the 19th highest age adjusted death rate caused by diabetes in the country.
- Diabetes is a chronic disease with serious complications including lower limb amputations, blindness, kidney disease and failure, heart disease, stroke, and dental infections.

◆ Diabetes is COSTLY

Vermont annually spends about \$300 million on the direct and indirect costs of diabetes.



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◆ **Diabetes is CONTROLLABLE**

Screening for diabetes is recommended for:

All individuals age 45 years and above. If normal repeat every 3 years. Individuals who are overweight (BMI ≥ 25 kg/m²) and have **additional risk factors**:

- have a first-degree relative with diabetes
- do not get regular physical activity
- are members of a high-risk ethnic population (e.g., African-American, Hispanic American, American Indian, Asian American, Pacific Islander)
- have delivered a baby weighing >9 lb or have been diagnosed with GDM
- are hypertensive ($\geq 140/90$)
- have an HDL cholesterol level ≤ 35 mg/dl (0.90 mmol/l) and/or a triglyceride level ≥ 250 mg/dl (2.82 mmol/l)
- on previous testing, had pre-diabetes (fasting glucose of 100-125 mg/dl)
- have a history of vascular disease or polycystic ovary syndrome

Much of the health and economic burden of diabetes-related complications can be averted through known prevention and treatment measures.

A major goal of diabetes treatment is to keep blood glucose (blood sugar) as close to the normal range as possible. This requires close attention to diet and physical activity, and frequent monitoring of blood glucose.

◆ **Vermont Department of Health Diabetes Prevention and Control program activities:**

The Vermont Department of Health has a grant from the Centers for Disease Control and Prevention (CDC) to reduce the burden of diabetes in Vermont:

Major goals:

- Coordinate diabetes efforts in the state.
- Increase the number of people with diabetes who receive foot exams, eye exams, vaccination and hemoglobin A1C tests.
- Promote wellness and physical activity for persons with diabetes and at high risk for diabetes.
- Reduce health disparities for high-risk populations with respect to diabetes prevention and control.

◆ **Vermont Diabetes Prevention and Control program goals:**

- Increase the percentage of people with diabetes who receive formal diabetes education from 55% in 2007 to 60% by 2010.
- Increase the percentage of adults with diabetes who have an annual dilated eye examination from 76% in 2007 to 90% by 2010.
- Maintain the diabetes-related death rate to less than 99 per 100,000 Vermonters (2005 – 93.6 per 100,000).

Diabetes is serious, common, costly and controllable.

All adults age 45 years and above should know their risk factor numbers.

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