

Date last modification documentation sheet: 30-01-2012

Compared to previous version documentation sheet (02-12-2011) the following issue was adapted:

- Minor correction data availability section

Compared to previous version documentation sheet (24-09-2010) the following issues were adapted:

- Explanation regarding preferred data type added

- Data availability section updated

- Addition that the indicator definition does not discern between the different types of diabetes, and explanation of the different types of diabetes and occurrence (Type II most prevalent)

- Link to WHO diabetes fact sheet added

<i>ECHIM Indicator name</i>	<b>B) Health status</b>  21(b). Diabetes: register-based prevalence
<i>Definition</i>	Number of individuals that have ever been diagnosed with diabetes and that have been affected by this condition during the past 12 months. Expressed per 100,000 and as percentage of total population.
<i>Calculation</i>	National best estimate of number of individuals that have ever been diagnosed with diabetes and that have been affected by this condition during the past 12 months (ICD-10 codes E10-E14; includes both diabetes mellitus type 1 and type 2 and other diabetes mellitus). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group: <ul style="list-style-type: none"> <li>➤ for age standardization data must be collected by 5 year age groups (see calculation)</li> <li>➤ for data presentations it is required to present the following age groups; 15-64, 65+</li> </ul> </li> <li>- Socio-economic status (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	<p>Preferred data type: administrative sources (clinical records, insurance data), disease registers, etc., according to Eurostat recommendations for morbidity statistics. Which source is/which sources are to be preferred is dependent on the specific disease and the health care system and health information system in a specific country.</p> <p>Preferred source: Eurostat (diagnosis-specific morbidity data)</p>
<i>Data availability</i>	Eurostat morbidity data activities are currently in a pilot phase. In 2007, 9 MS (CZ, CY, EE, HU, LT, LV, MT, SI, SK) carried out a data collection pilot. AT and DE carried out a pilot study in 2009. In 2009 BE, DE, FI, NL, PL and RO started with the pilot. Eurostat morbidity data will be available by sex and 18 age groups (0-4, 5-9, etc., 85+), not by socio-economic status and region. By the end of 2011 a TF on Morbidity will start assessing the data received from the 16 pilots (in terms of quality and comparability). The pilot data will not be published since they were collected to assess the feasibility of the proposed method. But if the results of the final report of the TF (to be issued by the end of 2012) show that some indicators are comparable within MS, ECHIM could ask directly to the involved MS whether they agree to send to ECHIM their figures. The final aim (target: 2015) is to set up a regular data collection on morbidity. The ISARE project on regional indicators did not collect data on diabetes.
<i>Data periodicity</i>	It is currently not yet clear how often Eurostat will collect the diagnosis-specific morbidity data.
<i>Rationale</i>	Diabetes has become one of the most important public health challenges of the 21st century. It is strongly associated with overweight and obesity. Diabetes can be treated and partly prevented. Diabetes is a risk factor for cardiovascular diseases, and complications can result in severe conditions such as foot infections and amputations, blindness and end stage renal disease. Comparisons at international and regional level can serve as benchmark to identify gaps in health care.

<i>Remarks</i>	<p>- In this indicator definition, no distinction is made between different types of diabetes. The following types of diabetes exist; Type I, Type II, diabetes resulting from specific genetic conditions or genetic defects, surgery, drugs, malnutrition, infections, and other illnesses (sometimes referred to as Type 3), and gestational diabetes. Type 2 diabetes (formerly called non-insulin-dependent or adult-onset) results from the body's ineffective use of insulin. Type 2 diabetes comprises 90% of people with diabetes around the world, and is largely the result of excess body weight and physical inactivity.</p> <p>- Eurostat diagnosis-specific morbidity data activities are based on a shortlist of diseases covering 60 diseases/disease groups.</p> <p>- Eurostat diagnosis-specific morbidity data activities are aimed at providing best national estimates. Each Member State itself decides which is (are) the best data source(s) for calculating a certain estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses an European Health Interview Survey (EHIS)-based estimate (see indicator 21a).</p>
<i>References</i>	<p>- WHO, Diabetes fact sheet 2011: <a href="http://www.who.int/mediacentre/factsheets/fs312/en/index.html">http://www.who.int/mediacentre/factsheets/fs312/en/index.html</a></p> <p>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></p> <p>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></p>
<i>Work to do</i>	<p>- Monitor developments Eurostat morbidity statistics</p>