

# TACKLING DIABETES IN THE EU

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## New comparison index helps EU governments tackle growing diabetes rates

On Wednesday (17 September), the Health Consumer Powerhouse (HCP), a Swedish company which compares healthcare between countries, will reveal an analysis of diabetes prevention and treatment in Europe, making it easier for EU member states to share best practices.

At the Congress of the European Association for the Study of Diabetes (EASD) in Vienna, HCP will publish an index which covers 28 defined indicators and areas, including Prevention, Case finding, Range and reach of services, Access to treatment and care, Procedures and Outcomes. After putting the indicators in a scoreboard up against the 30 European countries analysed, the HCP will rank the countries according to how they meet the indicator requirements.

The HCP said that over the past eight years, the combination of healthier lifestyle, better and broader patient education, better trained physicians and improved access to treatment and devices has reduced the number of deaths in Europe due to diabetes by 10,000 a year (plus an even larger



reduction of deaths from diabetes-related heart disease).

“But as more and more people are becoming diagnosed with diabetes, diabetes care must become much more efficient. National diabetes care should move towards a pan-European best practice,” the HCP said in a statement.

Despite the burden posed by the disease, many EU member states have no established best practice for treatment. The pharmaceutical company MSD has argued that all member states need to have their own national health strategies to tackle diabetes.

### Getting worse

João Nabais, president of the International Diabetes Federation Europe (IDF Europe), mentioned that no country in Europe has yet managed to reverse the diabetes epidemic. Year after year, the numbers seem to be getting worse, with over 32 million people now living with diabetes in EU.

“Diabetes takes a devastating toll on health, lives and healthcare costs. It is one of the leading causes of serious and costly health complications including heart disease,

blindness, kidney failure and amputation. Worryingly, estimates also indicate that one in three people with diabetes do not know they have it. This means that millions of people are progressing towards complications and are unaware of it,” Nabais told EurActiv.

He added that diabetes also threatens the sustainability of healthcare systems across the EU. Beyond the healthcare cost, there are also considerable economic costs to society in terms of loss of productivity, early retirement and associated lost opportunities for economic development.

In 2013, the European Centre for International Political Economy (ECIPE), a think tank, called on EU governments to give diabetes special attention as around 9.3% of the EU’s total health budget is spent on diabetes.

“Tackling this epidemic requires strong political leadership and urgent coordinated efforts to invest in comprehensive prevention strategies and early diagnosis,” Nabais agreed.

“Policymakers also need to support research for finding new and more effective treatments, and ensure access to quality care that the millions of people with diabetes living in Europe need to be able to live long, healthy and productive lives.”

# Swedes have the best diabetes care in the EU

Sweden has the best healthcare system to tackle diabetes, but this is mainly due to the Scandinavian country having a better national registry, according to the 2014 Euro Diabetes Index, launched in Vienna on Wednesday (17 September).

The 2014 Euro Diabetes Index, a congress organised by the European Association for the Study of Diabetes, shows that Sweden comes out on top in tackling diabetes, according to a comparison of the 28 EU member states, as well as Norway and Switzerland.

The analysis, carried out by the Health Consumer Powerhouse (HCP), was based on 28 defined indicators and areas, including prevention, case finding, range and reach of services, access to treatment and care, procedures and outcomes. According to the HCP, Sweden only has to improve its prevention under "Exercise in compulsory school".

Sweden was followed by the Netherlands, Denmark and the United Kingdom. Meanwhile, Bulgaria, Lithuania and Estonia scored the lowest points.

In 2013, more than 32 million Europeans had diabetes, which is around 8.1% of the population, according to the International Diabetes Federation (IDF). By 2035, the number will have increased to 38 million. Only 50% of the population with diabetes have been diagnosed.

Speaking at the conference, Johan Hjertquist, the founder and president of the HCP, said his organisation wishes to compare reliable data in the healthcare systems to increase transparency on diabetes care and to empower patients in Europe. However, since only seven of the 30 countries have national diabetes registries,



Only seven countries in Europe have national diabetes registries. [Andrey Popov/Shutterstock]

the comparability of countries and sharing of best practices becomes impossible.

Beatriz Cebolla, director at the HCP, said that Sweden got the first place in the index, but this is not only because the country has the best access to care.

"They of course have a very strong system, but they benefit from having data on all of the 28 indicators we work with," Cebolla said.

## Europe divided

Cebolla added that after having collected the necessary data on diabetes, Europe had been divided into three regions: Northern Europe, the Mediterranean and Eastern Europe.

"In Northern Europe, they understand that they have a problem with diabetes, and they are trying to do something about it. A very high percentage has access to patient information, access to doctors, drugs and treatment. The Mediterranean countries were doing well on diabetes until the beginning of the financial crisis and then their 'enthusiasm' stopped. They still have good access to care, but they don't have good registries," Cebolla said.

"The countries in the east still have to make a big effort. Patients have no access to proper primary care. They don't have

permanent contact with their doctors. There are many other factors where they lack the proper management of the disease," she added.

## No data, no cure

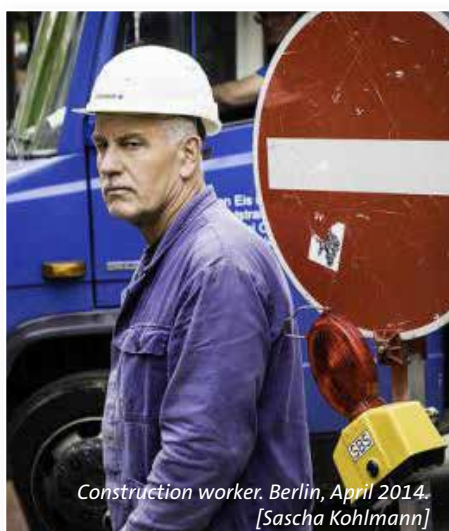
Professor Thomas Wascher, president of the Austrian Diabetes Association (OEDG), mentioned that in Austria, a person is diagnosed with diabetes every 50th minute, and 10,000 die every year, even though most deaths are due to complications related to diabetes. He said that Austria, which came 13 on the scoreboard, has shortcomings which could be improved by having more necessary data available, such as a national registry and database.

Sandra Rolih, board member of IDF Europe, agreed that national registries are crucial to improve diabetes care in Europe. She said that the diabetes epidemic has been widely ignored, both at the national and EU level, and therefore, more advocacy is necessary.

"Half of European countries have not provided reasonably good data. I think we can all agree that this is something to think about. We should join our efforts in getting national diabetes registries in every European country," she said. "Because I completely agree: No data, no cure."

# Diabetes hitting EU workforce productivity

Investing now in diabetes prevention will reduce the cost of tackling the disease later and maintain a productive European workforce, experts claim.



Construction worker. Berlin, April 2014.  
[Sascha Kohlmann]

As more people in Europe become overweight or obese due to unhealthy diets and sedentary lifestyles, more people will also get diabetes.

The World Health Organisation (WHO) estimates that between 36.9 and 56.7% of women aged 15-74 in the EU are obese, while the same figures for men are between 51% and 69.3%, depending on the country.

Meanwhile, 80% of all type 2 diabetes cases among adults are related to obesity, according to the WHO. Given the explosive growth of obesity rates during the past decades, the share of healthcare expenditures associated with obesity is destined to increase, according to the European Centre for International Political Economy (ECIPE).

As diabetes is a “silent, chronic disease” instead of an immediate killer, policymakers tend to overlook it. This happens even

though diabetes can lead to complications such as amputations and blindness, creating an immense amount of pain and suffering for the individual and his or her relatives. It also hits the productivity of the workforce.

João Nabais, president of the International Diabetes Federation Europe (IDF Europe), told EurActiv in an interview that politicians need to be aware that if they invest now in diabetes prevention, the patients will have less complications in five to ten years, which will then save costs.

“We have to explain health and finance ministers that if they invest in prevention and proper access to treatments, because diabetes affects the workforce. We can no longer postpone a strong action on diabetes,” he said.

“Some politicians understand this, but there’s also the problem of stereotypes. The stereotype is of an old, overweight person. Of course this is sometimes the case, but now many don’t fit into this stereotype. We need to convey the message that diabetes affects the workforce. In times of an economic crisis, each country must have a fully working workforce. We need to ensure that every citizen is productive. Otherwise, a country will not overcome the economic crisis,” Nabais stated.

## Some occupational groups at higher risk

Research has shown that some types of occupations increase the risk of diabetes. An international study published in Occupational and Environmental Medicine suggests that those doing rotating shifts were at highest risk, according to the BBC.

It is thought that disruption to the body clock affects waistlines, hormones and sleep, which could increase the risk. Studies in sleep laboratories have shown that making people sleep at the wrong time of day could lead to the early stages of type 2 diabetes, which developed within weeks.

The study, by researchers at Huazhong University of Science and Technology in China, showed shift workers were 9% more likely to have type 2 diabetes.

The researchers said that given

the increasing prevalence of shift work worldwide and the heavy economic burden of diabetes, the results of the study provide practical and valuable clues for the prevention of diabetes.

“Shift workers should be educated about diabetes symptoms in an effort to forestall or avert the earliest clinical manifestations of disease. Improved shift modifying strategies should be implemented into the company’s management scheme to effectively protect shift worker from diabetes,” one of the researchers, Zuxun Lu, told the BBC.

## Special attention to ‘dizzy drivers’

According to the Second European Working Group on Diabetes and Driving, the majority of people with diabetes will be treated with drugs (such as oral hypoglycaemic drugs or insulin) that eventually can provoke hypoglycaemia. This can effect a person’s functional abilities with a slower reaction time, impaired coordination and in some cases to loss of consciousness.

This means that diabetes can weaken and complicate a person’s ability to perform at work. One example could be a truck driver who spends many hours on the road, and puts his or her own life, as well as other people’s, at risk.

The EU’s directive on driving licenses from 2009 states that, among other things, drivers treated with medication, should be subject to authorised medical opinion and regular medical review, and that driving licences should not be issued to, nor renewed for drivers with severe hypoglycaemia. In that case, assistance of another person would be needed.

However, in early 2010, IDF in collaboration with the Association Française des Diabétiques collected in several European countries information about national legislation regarding driving licences for people with diabetes. While data was unavailable in seven member states, some member states implemented the directive in the strictest sense, going even further than the EU legislation, while others hadn’t implemented the directive at all.

# Arne Björnberg: 'Diabetes has become the poor man's disease'

While the prevalence of diabetes in Europe is increasing, doctors still call it the "silent disease" because it somehow fails to draw attention, says Arne Björnberg.



*Dr. Arne Björnberg is Chairman and COO at the Health Consumer Powerhouse, an organisation which compares healthcare systems in Europe, and recently published the 2014 Euro Diabetes Index, ranking European countries after how well they tackle diabetes among their population. He spoke to EurActiv's Henriette Jacobsen at a conference in Vienna organised by the European Association for the Study of Diabetes.*

After revealing the results of your 2014 Europe Diabetes Index, you divided Europe into Northern and Western Europe in green, the Mediterranean in yellow and Eastern Europe in red. Are Northern and Western Europe better at dealing with diabetes now because they had unhealthy, American-inspired lifestyle longer compared to Eastern Europe?

The thing is diabetes has become the poor man's disease. Diabetes' prevalence is higher in poor countries than in rich countries. Also lifestyle factors... Eastern Europe has more vodka drinking, with one bottle on a Saturday instead of a glass of wine every day in the Mediterranean countries. So they both have an economic and a lifestyle problem.

**You say the economic crisis hasn't had an impact on diabetes care in a country like Greece, for example. Why?**

Health outcomes of healthcare have kept improving all over Europe, right through the financial crisis. Anybody who has ever tried to manage doctors knows that they are extremely difficult to manage. Especially if the results are being measured, published and compared with other doctors. So parameters like infant mortality or cancer survival continue to improve. I think we can contribute, thankfully, to the fact that doctors are as hard to manage as they are. It's very difficult to make them do something they don't want to do, but they are very good at keep doing what they think they should be doing.

**You mentioned that diabetes is the poor man's disease. Normally, when we talk about chronic disease, they affect older people. With diabetes, it can also be younger members of the workforce. Can you explain who the vulnerable groups are when it comes to diabetes? Should we pay more attention to their health?**

Well, there aren't really any vulnerable groups. The only thing you can do is guard your own lifestyle with some very basic parameters such as more exercise, eat more vegetables, don't smoke, and have a modest alcohol intake. Personally, I think you can throw away the sugar, too.

**When diabetes is hitting the workforce, why aren't EU politicians more concerned?**

Diabetes has not got the attention which cardiovascular disease and cancer have where people are acutely dying. Diabetes is a more silent disease. It hits a very large number of people, but it's very undramatic. If a diabetes patient is not treated optimally, there are no violent results to be seen for a number of years.

**People don't die from diabetes, but can suffer badly from the complications related to diabetes, such as amputations. Do you think that is what health authorities should emphasise?**

Amputations have become much less frequent all over Europe. If you take Malta, which used to have a high prevalence of diabetes, it had an amputation rate of 1,400 per 100,000 twenty years ago. They are now down to 300 which is still not good, but 1,400 was absolutely unacceptable. So, even in poorer countries, diabetes care has improved tremendously over the last twenty years. But there's still a lot to do. Lifestyle problems probably explain why incidence of diabetes are increasing. But despite that, deaths from diabetes are actually going down.



One out of four European die of diabetes-related complications. [alejandrodansneergaard/Shutterstock]

# Diabetes care hindered by patchy national data

Reliable data should be the first step to improve diabetes care in the EU, according to representatives from European Union health ministries and national healthcare institutes who were speaking in Vienna on Wednesday (17 September).



Health experts discuss diabetes issues at the European Association for the Study of Diabetes in Vienna, Austria, on 17 September 2014 [Henriette Jacobsen]

While prevention and treatment of diabetes has improved over the past decades, the lack of comparable data between EU member countries makes it impossible for them to share best practices.

Sweden came first in the 2014 Diabetes Index, which ranks EU member states, Norway and Switzerland according to their strategies to fight diabetes. But the Nordic country came first only because it was the only one which had data for all the 28 indicators measured in the index. These include prevention, case finding, access to treatment, and outcomes. The index is published by the Health Consumer Powerhouse (HCI).

“We need more data, but the problem is that I think it’s only in Scandinavia that people trust their governments to have data on individuals,” said Fred Storms, senior advisor to the Dutch National Institute for

Quality in Healthcare. “The rest of Europe is a bit more reluctant,” he remarked.

“Only when you have the data, you can have diabetes care,” Storms told at a conference organised in Vienna by the European Association for the Study of Diabetes.

At the moment, only seven of the 30 countries measured in the index have national diabetes registries.

Juan Riese, a scientific and technical advisor at the Health Institute Carlos III in Spain, said that diabetes care works well in Europe, but agreed that by sharing best practice among member states, it can be further improved.

Diabetes is a growing problem for EU healthcare systems. In 2013, more than 32 million Europeans had diabetes, or 8.1% of the population, according to the International Diabetes Federation (IDF). By 2035, this number is expected to grow to 38 million. Only half of the population with diabetes have been diagnosed.

Andrzej Bauman, president of the Polish Diabetes Association, flagged poor education and insufficient access to modern medication as the most pressing challenges in his country. He added that Poland also has poor complications management, leading to more frequent amputations.

“If it would be at all possible, I think the EU should make it possible to have more uniform healthcare systems,” Bauman told EurActiv on the sidelines of the conference.

## Screening is key

In Slovenia, the Euro Diabetes Index has had an impact on how the country deals with diabetes.

Since 2008, when the first index was launched, Slovenia has used the indicators to form regional registries which has moved the country’s ranking up from the bottom to 6<sup>th</sup> place.

The Health Ministry has divided the country into three regions, in order to better detect the development in care and compare best practices, said Jelka Zalatel, a spokesperson from the ministry. She said using the indicators from the Euro Diabetes

Index had improved the coordination of screening high-risk groups.

“In Slovenia, we now do a lot of screening and it’s actually cheap. We just need to communicate to people why we are doing it,” she said.

in Germany, diabetes has been tackled well although the country does not have a national plan to fight the disease, said Carsten Petersen from the Diabetes-Schwerpunktpraxis Internistische Gemeinschaftspraxis in Schleswig.

Some regional governments do have a prevention plan however, such as Schleswig-Holstein which screened 400 people since 2007.

“We want family doctors to have a role in diabetes prevention,” Petersen said. “We want different interventions. For all people who are obese and have a BMI above 30, we send them a start kit with information on calorie intake and a calendar where they can mark days with physical activities”.

While the HCP calls for national diabetes registries, they also state that systematic screening among high-risk groups must be a reality to detect undiagnosed cases. Today such screening hardly exists in many countries.

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