

# Maine Diabetes Prevention & Control Program

## Diabetes: A Growing Epidemic in Maine

*As many as one of every nine adults in Maine may have diabetes*

- Recent survey data estimate that 7.8% of the adult population in Maine is diagnosed with diabetes.<sup>1</sup> Based on these data we estimate 82,709 adults in Maine are diagnosed with diabetes<sup>2</sup>.

- For every three adults diagnosed with diabetes, there is one person that has the disease but has not yet been diagnosed. It is estimated that as many as 27,570 Maine adults have diabetes but have not yet been diagnosed.<sup>2</sup>

- Based on these estimates 110,279 Maine adults have diabetes<sup>2</sup>.

## Pre-diabetes (impaired fasting glucose or impaired glucose tolerance) may affect two out of every ten adults in Maine

Before type 2 diabetes develops there is a period of several years when blood-sugar levels are higher than normal but not yet at levels for the diagnosis of diabetes. This condition is called Pre-diabetes.

- Pre-diabetes raises cardiovascular risks by 50%.

- Data estimates that 40% of adults ages 40 to 74 have pre-diabetes<sup>3</sup>. In Maine, this would amount to about 201,834 adults.

- Studies have shown that about 11% of pre-diabetes converts to diabetes within 3 years<sup>3</sup>.

**R**esearch has shown that modest lifestyle changes can prevent or delay the onset of type 2 diabetes among high-risk adults. The Diabetes Prevention Program was the first major trial to show that diet and exercise can effectively delay diabetes in a diverse American population of overweight people with high blood glucose levels.

## Long Term Complications

### Cardiovascular Disease (CVD)

The risk of cardiovascular disease (CVD) and stroke are 2 to 4 times higher in adults with diabetes.

- 1 in 4 adults hospitalized for CVD also had diabetes.

### Non-Traumatic Lower Extremity Amputations

Diabetes is the leading cause of non-traumatic lower extremity amputations.

- Healthy Maine 2010 established a goal to reduce the rate of lower extremity amputations in adults with diabetes to 1.8 per 1,000 per year. In 2005, 2006 and 2007 the State met that goal.

### Diabetic Retinopathy

The National Eye Institute estimates between 40% to 45% of adults diagnosed with diabetes have some form of diabetic retinopathy.

### End Stage Renal Disease

Diabetes is the leading cause of end-stage renal disease (ESRD)<sup>4</sup>.

- Data from the U.S. Renal Disease System 2007 report shows the prevalent rate of ESRD, for people diagnosed with diabetes increased by 19.2% between 2000 and 2006.

- 43% of all newly diagnosed chronic ESRD patients in Maine had a diagnosis of diabetes in 2007.

## Hospitalizations Related to Diabetes (Any Listed Diagnosis)

### Increased between 1994 and 2005

Between 1994 and 2005 age-adjusted rates of diabetes related hospitalizations, increased from 126 to 135 per 10,000 population.

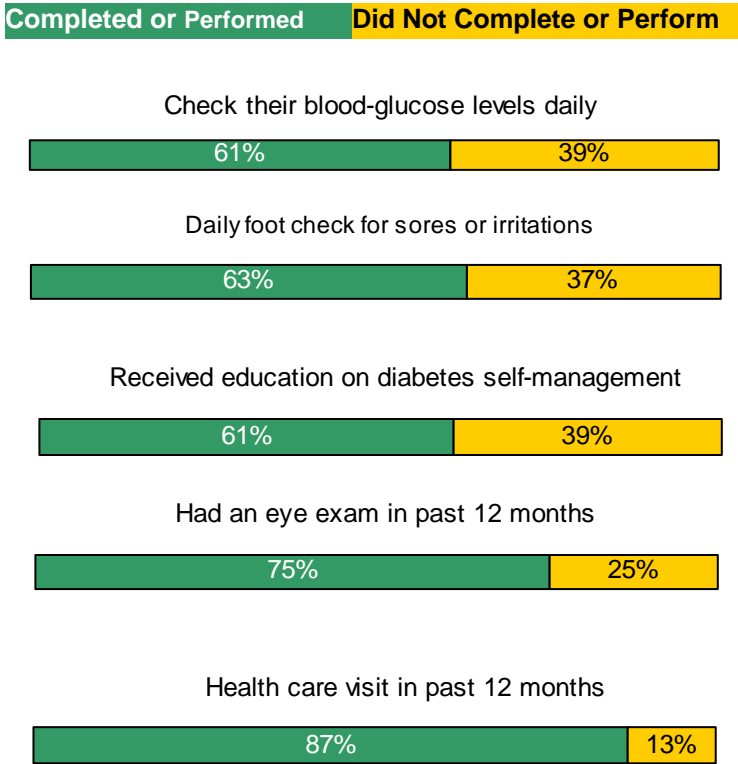


Maine Center for Disease  
Control and Prevention

An Office of the  
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## Preventive Practices

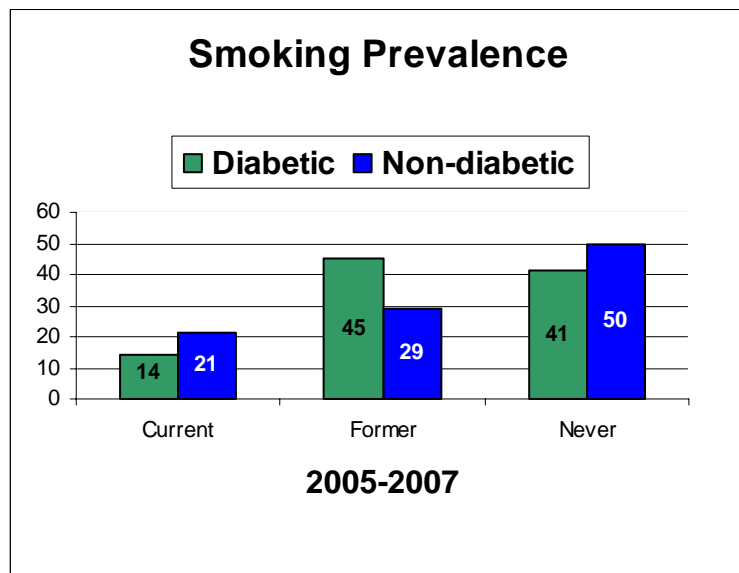
Many complications from diabetes can be avoided or reduced through self-management and regularly scheduled medical consultations that focus on diabetes care. According to 3 years of BRFSS survey data (2005–2007) of adults diagnosed with diabetes we report the following:



## Diabetes and Smoking

Diabetes damages the vascular system. When people with diabetes engage in smoking the risk developing cardiovascular disease rises dramatically.

- In Maine 14% of adults with diabetes smoke.
- Nearly 65% of the adults with diabetes that smoke reported they tried to quit within the last 12 months.



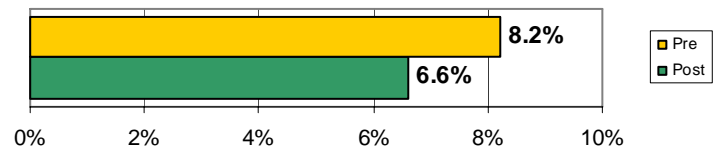
## Deaths Attributed to Diabetes.

Between 1997 and 2006, the age-adjusted rate of deaths due to diabetes as an underlying cause among Maine residents remained about the same (22 versus 21 per 100,000, respectively). Over the same time period, the age-adjusted rate of deaths due to diabetes as any listed cause decreased from 80 to 71 deaths per 100,000.

## Diabetes Education

Diabetes education has been shown to improve clinical outcomes. Data reports to the Maine Diabetes Prevention and Control Program (DPCP) from 2002–2006 showed consistent decrease in mean A1c measurements on paired data taken prior to diabetes education and then at one year after completion of the program. A1c levels below 7% is a target for glycemic control.

A1c Levels Before and 1 Year After Diabetes Education



### Technical Notes

- <sup>1</sup> Behavioral Risk Factor Surveillance System, Maine data, crude rate 2007 survey. Centers for Disease Control and Prevention.
- <sup>2</sup> U.S. Census Bureau, Census 2000 Redistricting Data (P.L. 94-171) Summary File, Tables PL1, PL2, PL3, and PL4.
- <sup>3</sup> T. Thompson, U.S. Health and Human Services Department, 2004
- <sup>4</sup> ESRD Network of New England. Statistical Highlights, 2007. Network SIMS Database.



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