

Gen Y's to become Gen D (Generation Diabetes)

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A new Australian diabetes assessment released today reinforces a legacy of pandemic proportions being left for future generations - with one in three of today's Gen Ys joining the ranks of 'Generation D' (Generation Diabetes) during their lifetime.

This report has prompted Australia's leading research and consumer advocacy groups to join forces and demand urgent and renewed focus on this significant challenge to the Nation's health and economy. As an immediate priority re-commitment to the development of a formal national action plan in keeping with the United Nations Resolution no. 61/225 on [diabetes](#) is being demanded - a strategic plan which recommends countries review and strengthen critical activities to contain the growth and burden of the disease. "Time is of the essence because unlike other developed nations, despite agreeing with these global recommendations, Australia has failed to take comprehensive action and implement change," notes Lewis Kaplan, Chief Executive Officer, Diabetes Australia.

Diabetes: the silent pandemic and its impact on Australia, launched in Canberra today, is the latest comprehensive assessment of the disease's rapid growth and its impact on Australians. Researched and written by Baker IDI Heart & Diabetes Institute in partnership with Diabetes Australia, the Juvenile Diabetes Research Foundation and Novo Nordisk - the report provides a sobering reminder that in just over a decade (by 2025), our fastest growing chronic disease, (type 2 diabetes) will triple in prevalence and affect three million Australians. A tragic prediction,

especially given that type 2 diabetes is potentially preventable in a substantial proportion of people.

In addition to this dramatic growth in type 2 diabetes, the report highlights a continuing rise in the occurrence of type 1 diabetes - particularly in very young children (aged 0-4). In contrast to type 2 diabetes, type 1 is unpreventable and the cause for the rise is worryingly, unknown.

Prevalence of type 1 diabetes in Australia is one of the highest in the world and is increasing by approximately three per cent annually. The result is significantly more young children and their families are burdened with a lifelong incurable disease, requiring effective and consistent self-management to control the condition; typically multiple daily insulin injections.

Diabetes is an even greater issue for the Indigenous population who are three times more likely to have diabetes compared to non-Indigenous Australians.

Lead author of the report, Associate Professor Jonathan Shaw, Associate Director - Clinical Diabetes and Epidemiology, Baker IDI Heart & Diabetes Institute states: "Our future path with diabetes is very concerning. What is critical now is for us to take urgent responsibility and act firmly and fast to contain the significant burden our younger generations and children are set to endure.

"The battle against diabetes requires concerted efforts on a number of fronts - strategies to slow down the rapidly rising number of those developing the disease and ensuring those living with diabetes are able to manage this insidious condition effectively. We must also do everything we can to fully understand diabetes via research," he adds.

According to the Changing Diabetes Map, which displays data on people diagnosed with diabetes in different regional areas, currently half of people with diabetes are unable to bring their blood glucose down to target levels, significantly increasing their risk of complications.

Commenting on this, Lewis Kaplan, Chief Executive Officer, Diabetes Australia, says: "We need sustained, nationally consistent programs to prevent, detect and manage diabetes in Australia. While there have been many plans and strategies designed over the years, the truth is we have failed in implementing and evaluating them properly - leaving us on the brink of disaster.

"The opportunity cost of doing little to stem this pandemic situation is apparent to many - but not adequately to those who need to take hard and firm policy decisions to create healthier schools, homes, hospitals and work places," adds Mr Kaplan.

Mike Wilson, Chief Executive Officer, Juvenile Diabetes Research Foundation comments the burden on very young children and their families is of significant concern. "Collaborative efforts are needed to speed up research to find a cure. Partnerships across business, government and not-for-profits are essential to this, as well as enabling those who live with diabetes to be part of enacting change for a healthier future."

The report highlights four priority areas:

- Focussed, timely and integrated action - to ensure national diabetes strategies are reviewed and strengthened to reflect Australian commitments to the United Nations Resolution on diabetes.
- Changes in policy, legislation and attitudes - to provide an environment where healthy lifestyle choices can and will be made.
- Access to and availability of information, technologies and proven treatments for every person with diabetes, irrespective of their socio-

economic background.

-- Collaborative efforts that ensure research remains at the forefront of effort to find a cure.

One person every five minutes (or 275 Australians a day) develops diabetes - a condition that can result in visual impairment, kidney disease or limb amputation.¹ While the current estimated annual health bill for diabetes is over \$6 billion (equivalent to nearly one third of the NSW health budget, this is set to increase dramatically as more people are diagnosed with the disease.¹

"Prevention of type 2 diabetes is now a reality for many - but understanding how to implement the appropriate lifestyle changes for large numbers of people remains uncertain," adds A/Prof Shaw.

"Considering diabetes entirely a matter of personal responsibility will certainly fail to address this public health challenge. A well-planned and coordinated way to reach all levels of society is now critical for the future of this country."

Diabetes: the silent pandemic and its impact on Australia was launched today at Parliament House to the diabetes community and government representatives. It was supported by Novo Nordisk.

Diabetes mellitus has become one of the most common non-communicable diseases in the world, representing one of the most challenging public health problems of the 21st century. It is a metabolic disease characterised by high blood glucose levels (hyperglycaemia) which may arise from defects in the secretion of insulin, defects in insulin action, or both.

Type 2 diabetes is characterised by insulin resistance, impaired insulin secretion, or both. It is the most common form of diabetes, contributing more than 85% to the total number of people with diabetes in Australia.

This type of diabetes is typically diagnosed after the age of 40. Type 2 diabetes has a strong genetic (familial) predisposition, which is unmasked by lifestyle factors including obesity and lack of exercise. Thus it is potentially preventable in a substantial proportion of people.

Type 1 diabetes typically results from the autoimmune destruction of the pancreatic beta cells, the producers of insulin. As the body's own insulin production is impaired, treatment with multiple insulin injections or a continuous infusion of insulin through a pump is a necessary daily activity for survival. People who suffer from this type of diabetes have to conduct around 6 to 8 finger pricks a day to monitor their blood glucose levels. This group accounts for approximately 10% of all people with diabetes in Australia. Type 1 diabetes can occur at any age, although most cases develop amongst children, teenagers and young adults. There is currently no means of preventing or curing type 1 diabetes.

More information: Shaw,J, et al, Diabetes: the silent pandemic and its impact on Australia, March 2012

Michaelides C., et al. An HbA1c mapping tool helps identify where interventions and strategies for change need to be targeted. ADS 2008 poster www.glycomate.com/changingdiabetes/ Accessed February 2012

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