IDMPS is identifying unmet needs for diabetes in the developing world.

The majority of people in the developing world are not achieving diabetes control.

Diabetes control is defined as reaching a target of HbA1c <7%.

Only 25.3% of people with Type 1 diabetes have achieved this target.

Only 36.4% of people with Type 2 diabetes have achieved this target.

Many people with diabetes have never received basic screening

These data from Wave 1 of the IDMPS show that more needs to be done to monitor HbA1c levels and to screen for complications.

HbA1c
- People with Type 1 diabetes: 22.4%
- People with Type 2 diabetes: 35.8%

Cardiovascular disease
- People with Type 1 diabetes: 19.8%
- People with Type 2 diabetes: 16.6%

Cholesterol
- People with Type 1 diabetes: 9.2%
- People with Type 2 diabetes: 10.5%

Retinopathy
- People with Type 1 diabetes: 17.8%
- People with Type 2 diabetes: 25.8%

Neuropathy
- People with Type 1 diabetes: 23.2%
- People with Type 2 diabetes: 36.0%

Microalbuminuria
- People with Type 1 diabetes: 17.7%
- People with Type 2 diabetes: 23.6%

Diabetic foot ulcer
- People with Type 1 diabetes: 9.2%
- People with Type 2 diabetes: 10.5%

Countries that participated in Wave 1 were Argentina, Bosnia, Bulgaria, China, Colombia, Ecuador, Hong Kong, India, Indonesia, Korea, Malaysia, Romania, Taiwan, Thailand, Tunisia, Turkey, and Venezuela.

Complications and poor control in Type 2 diabetes increase health resource use

These data from Wave 2 of the IDMPS demonstrate that besides its emotional cost, diabetes also has an economic cost.

Did you know:

Macrovascular complications such as stroke and heart failure are associated with high levels of health resource use.

The greatest risk associated with poorly controlled diabetes was an 11.5 fold increase in expected inpatient days in the Middle East/Africa region.

Complications or poorly controlled diabetes were associated with an increased rate of missing work.

### Expected Annual Hospitalization Rates

Expected annual hospitalization rates were up to ~5 times greater in those with complications or poor control.

<table>
<thead>
<tr>
<th>Region</th>
<th>Microvascular vs. no microvascular</th>
<th>Macrovascular vs. no macrovascular</th>
<th>HbA1c uncontrolled (≥7%) vs. controlled (&lt;7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle East / Africa (N=6,090)</td>
<td>2.37 (1.61, 3.50)</td>
<td>4.38 (2.75, 6.87)</td>
<td>4.59 (2.96, 7.13)</td>
</tr>
<tr>
<td>Asia (N=4,248)</td>
<td>2.58 (1.64, 4.06)</td>
<td>4.68 (2.82, 7.80)</td>
<td>3.20 (2.02, 5.09)</td>
</tr>
<tr>
<td>Latin America (N=4,678)</td>
<td>2.87 (1.71, 4.84)</td>
<td>5.38 (2.96, 9.78)</td>
<td>3.06 (1.74, 5.39)</td>
</tr>
</tbody>
</table>

Data are incidence rate ratio (95% confidence interval); NS=no significant increase.

### Inpatient Days

The expected rate of inpatient days was up to ~16 times greater in those with complications or poor control.

<table>
<thead>
<tr>
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<th>Microvascular vs. no microvascular</th>
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<th>HbA1c uncontrolled (≥7%) vs. controlled (&lt;7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle East / Africa (N=6,090)</td>
<td>2.99 (1.74, 5.14)</td>
<td>7.90 (3.95, 15.80)</td>
<td>11.50 (6.19, 21.34)</td>
</tr>
<tr>
<td>Asia (N=4,248)</td>
<td>2.94 (1.73, 4.99)</td>
<td>5.54 (2.81, 10.95)</td>
<td>NS</td>
</tr>
<tr>
<td>Latin America (N=4,678)</td>
<td>NS</td>
<td>16.09 (6.84, 37.84)</td>
<td>2.74 (1.27, 5.93)</td>
</tr>
</tbody>
</table>

Data are incidence rate ratio (95% confidence interval); NS=no significant increase.

### Emergency Room Visits

The expected rate of emergency room visits was up to ~3 times greater in those with complications or poor control.

<table>
<thead>
<tr>
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<th>HbA1c uncontrolled (≥7%) vs. controlled (&lt;7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle East / Africa (N=6,090)</td>
<td>2.62 (1.65, 4.17)</td>
<td>3.80 (2.29, 6.31)</td>
<td>NS</td>
</tr>
<tr>
<td>Asia (N=4,248)</td>
<td>2.36 (1.22, 4.54)</td>
<td>3.68 (1.79, 7.55)</td>
<td>NS</td>
</tr>
<tr>
<td>Latin America (N=4,678)</td>
<td>3.63 (2.17, 6.06)</td>
<td>3.98 (2.13, 7.44)</td>
<td>3.19 (1.84, 5.54)</td>
</tr>
</tbody>
</table>

Data are incidence rate ratio (95% confidence interval); NS=no significant increase.

### Absenteeism

Absenteeism was up to ~9 times greater in those with complications or poor control.

<table>
<thead>
<tr>
<th>Region</th>
<th>Microvascular vs. no microvascular</th>
<th>Macrovascular vs. no macrovascular</th>
<th>HbA1c uncontrolled (≥7%) vs. controlled (&lt;7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle East / Africa (N=6,090)</td>
<td>2.61 (1.26, 5.39)</td>
<td>9.91 (3.65, 26.90)</td>
<td>4.12 (1.87, 9.11)</td>
</tr>
<tr>
<td>Asia (N=4,248)</td>
<td>NS</td>
<td>4.08 (1.61, 10.33)</td>
<td>NS</td>
</tr>
<tr>
<td>Latin America (N=4,678)</td>
<td>2.72 (1.24, 5.98)</td>
<td>6.07 (2.23, 16.53)</td>
<td>NS</td>
</tr>
</tbody>
</table>

Data are incidence rate ratio (95% confidence interval); NS=no significant increase.