Latest Figures Peg Diabetes Costs at \$174 Billion

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WASHINGTON — At least 24 million Americans have diabetes, which cost the nation \$174 billion in direct and indirect expenditures in 2007, according to the American Diabetes Association.

The ADA released data that were compiled from a variety of mostly federal sources, including the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the Medical Expenditure Panel Survey. The Lewin Group conducted an analysis of that survey data for the ADA, drawing from the medical, public health, and economics literature.

The report currently does not split costs and incidence according to type of dia-

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betes; those data will be available in a few months, said lead author Tim Dall at a briefing on the analysis for congressional staff members and reporters.

According to the analysis, the cost of the disease has risen 32% since data

were last tabulated in 2002. And the \$174 billion figure is likely to be conservative because it does not include the approximately 6 million Americans with undiagnosed diabetes, said Ann L. Albright, Ph.D., president of health care and education at the ADA, at the briefing.

The cost estimate also does not include all of the expenses related to diabetes, such as over-the-counter medications or office visits to nonphysician providers other than podiatrists (such as optometrists or dentists).

"The findings reaffirm that diabetes is a public health crisis and its implications are painful and far reaching," said Dr. Albright, who is also the director of the division of diabetes translation at the Centers for Disease Control and Prevention. "This underscores the importance of early diagnosis and treatment," she said.

According to the analysis, 17.5 million Americans have been diagnosed with diabetes, up from 12.1 million in 2002. The diabetes population is growing by about 1 million people a year, driven by the aging of the population, more obesity, better detection, decreasing mortality, and growth in minority populations with higher rates of the disease, according to the study (Diabetes Care 2008;31:1-20).

Most people with diabetes are insured, with their costs covered primarily through government programs. About 8.5 million diabetics are Medicare beneficiaries. Two million are uninsured and a third of those are undiagnosed, estimated the authors.

On the medical expenditure side, the total direct costs were an estimated \$116 billion, with \$27 billion for direct treatment, \$58 billion for chronic complications, and \$31 billion in "excess" general medical costs. The largest component of medical spending was for inpatient hospitalization, accounting for \$58 billion. The inpatient costs for diabetes-related chronic complications—such as neurologic, peripheral vascular, cardiovascular, and renal—are higher than for diabetes-specific hospitalizations, at \$2,281, compared with \$1,853.

Diagnosed diabetics have medical costs that are two times higher than they would be without the presence of the disease.

Their expenditures average \$11,744 a year, of which \$6,649 is attributable directly to diabetes.

The indirect costs—pegged at \$58 billion-include increased absenteeism, reduced productivity while at work and reduced productivity for those not in the labor force, unemployment from diseaserelated disability, and lost productive capacity because of early death.

According to the study, there were

284,000 deaths related to diabetes in 2007.

The authors said that while it appears that the disease's burden falls mostly on insurers, employers, and people with diabetes and their families, "the burden is passed along to all of society in the form of higher insurance premiums and taxes, reduced earnings, and reduced standard of living.'

Diabetes affects just under 1 in 10 people, and thus "directly or indirectly touches everyone in society," they wrote.



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