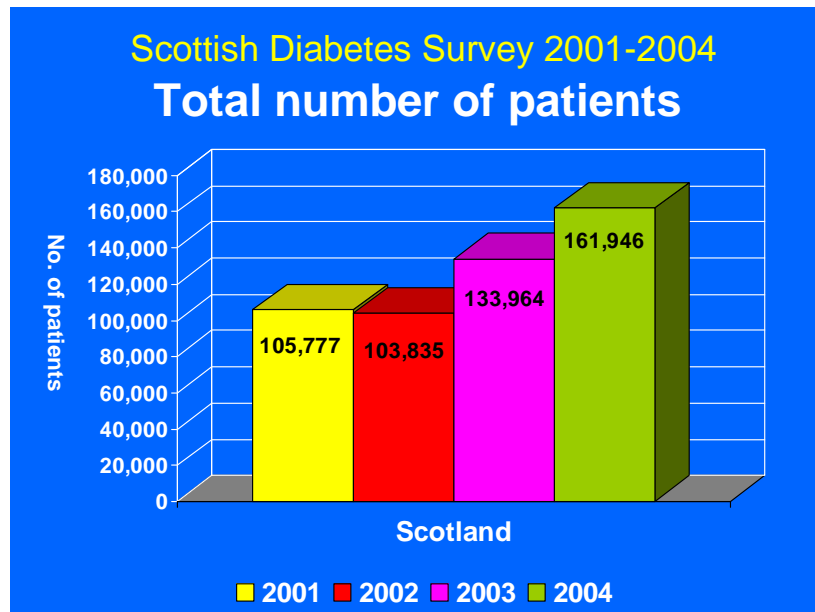


# SCOTTISH DIABETES SURVEY 2004

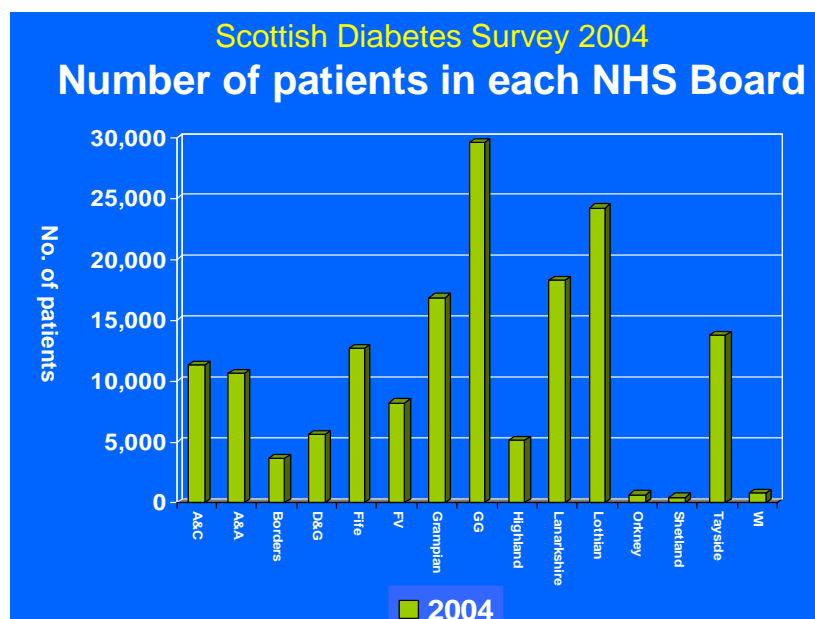
The 2004 Scottish Diabetes Survey shows a considerable improvement on previous years in terms of data quality and completeness. The survey collates data submitted by NHS Boards. In 2004 14 of the 15 Boards were able to provide at least partial data.

This short report summarises some of the key findings of the 2004 Survey.

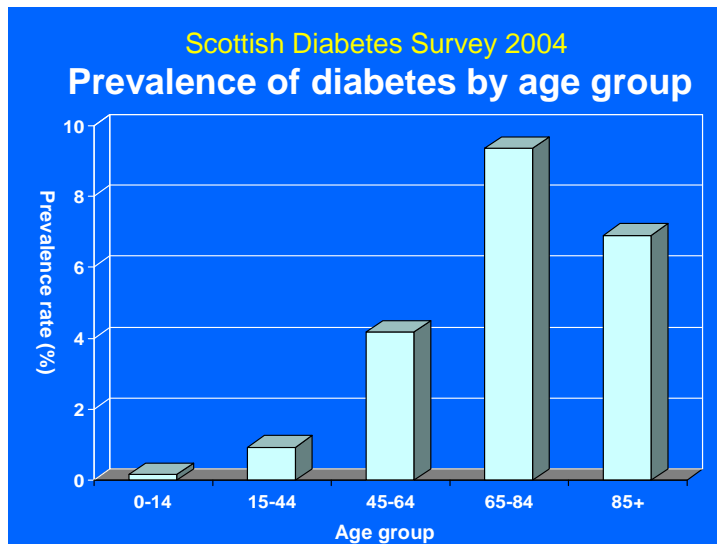
- There are 161,946 people with known diabetes in Scotland recorded on local diabetes registers. This represents 3.2% of the population. This compares to 133,964 people (2.6%) included in the 2003 Diabetes Survey.



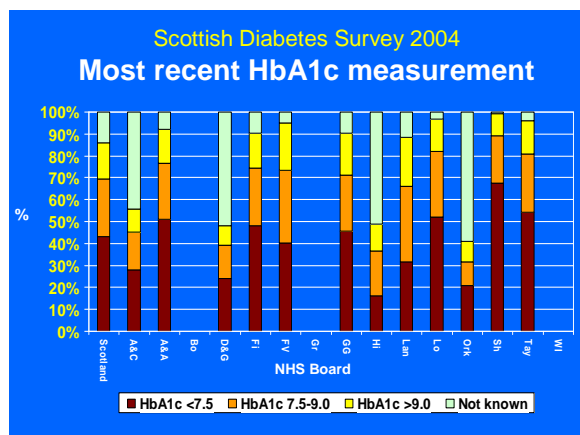
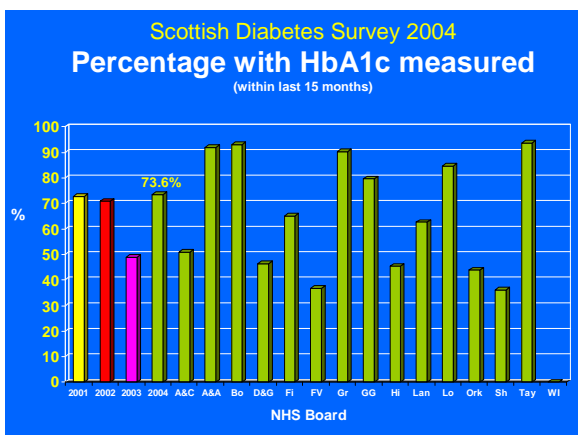
- Registered prevalence ranged from 2.1% to 3.9% over NHS Board areas. This variation is largely explained by the completeness of local registers and progress in implementing the national diabetes clinical management system (SCI-DC).



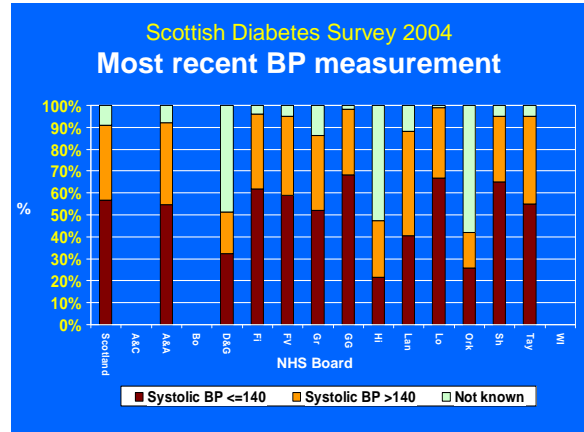
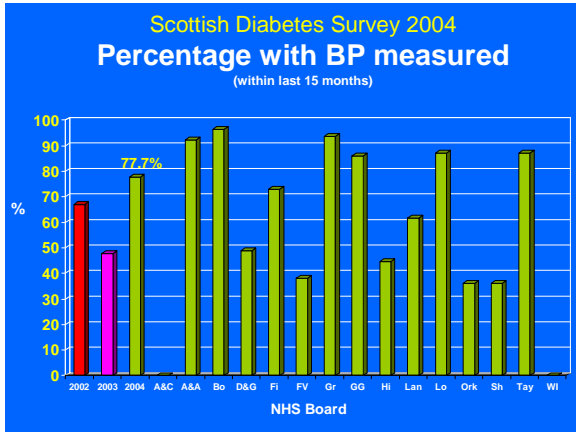
- Virtually all diabetes records are now associated with use of the Community Health Index (CHI) Number (99%) and Postcode (99.4%). There has been a dramatic improvement in the use of the CHI; up from 66.6% in 2001.
- Prevalence of diabetes increases with age and almost one in ten of the population over 64 years have diabetes. About half (49.9%) of all the people included in the Survey are aged 65 years or older.



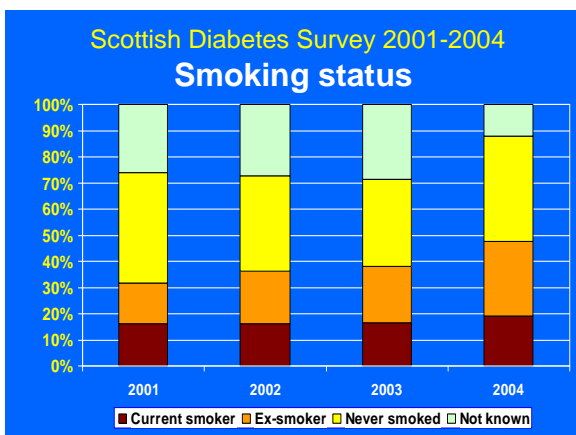
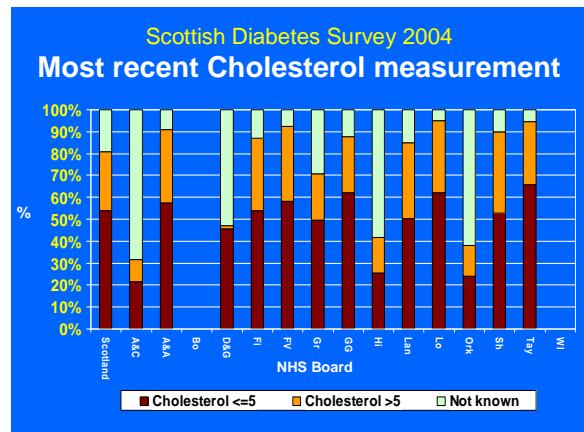
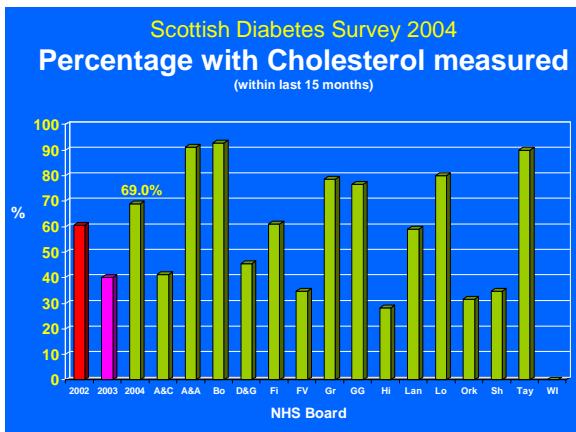
- There are more males than females with diabetes. A similar ratio (around 54:46) has been reported in all four Diabetes Surveys.
- Most registered patients have Type 2 diabetes (79.6%). One in six (15.6%) have Type 1 diabetes, a small number (0.7%) have other forms of diabetes and in 4% of cases the type of diabetes was not reported.
- Largely as a consequence of rising levels of obesity and overweight in the population, Type 2 diabetes is increasingly occurring in younger patients. Around 1% of people with Type 2 diabetes are under 35 years.
- The Survey includes body mass index (BMI) data for over 100,000 people. This indicates that more than three quarters of people with diabetes are overweight or obese.
- Data about the ethnicity of people with diabetes is only available for around 1/3 of patients.
- 73.6% patients had an HbA1c test recorded on the register in the last 15 months. Four areas reported over 90%. In 43.1% of those measured HbA1c was less than 7.5%.



- Diabetes is associated with an increased risk of coronary heart disease. It is therefore important to address cardiovascular risk factors – blood pressure, cholesterol and smoking.
- 77.7% of patients were recorded as having had their blood pressure recorded within the previous 15 months. In those with a BP record, the last systolic reading was  $\leq 140$  mmHg in 57%.



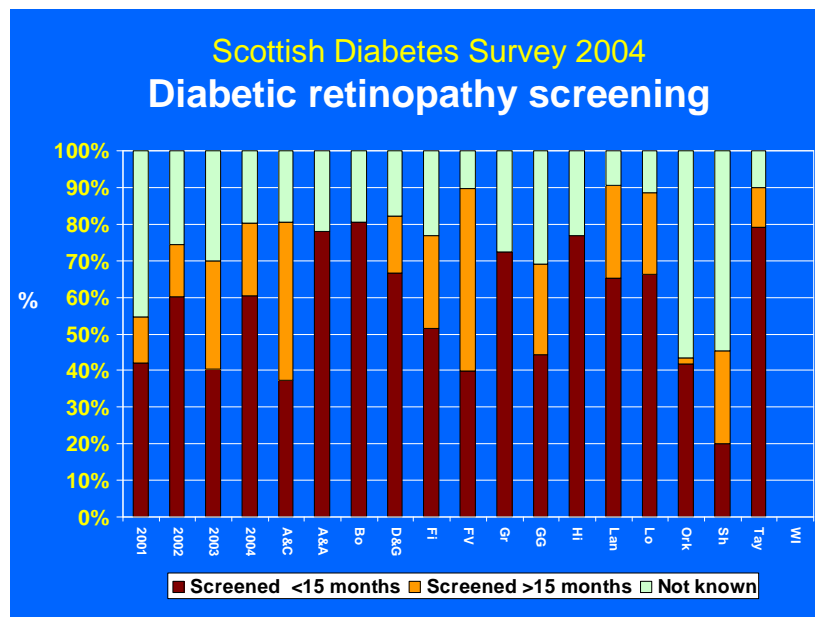
- Total cholesterol was recorded within the previous 15 months in 69% of patients. Ideally total cholesterol levels should be below 5mmol/L. In those with a recorded value, cholesterol was  $\leq 5$ mmol/L in just over half of patients (54%).



- It is disappointing that almost 1 in 5 people with diabetes continue to smoke. The risks of developing the health problems associated with smoking are much higher in people with diabetes than the general population.
- It is to be hoped that the ban on smoking in public places which will come into force in March 2006 will help people with diabetes to give up smoking.

- Over 10,000 registered patients (7.3%) have suffered a previous myocardial infarction. Over 5,000 people included in the Survey (3.9%) have undergone revascularisation.

- 60.4% of patients had a record of eye screening recorded on the register in the preceding 15 months and a further 19.7% more than 15 months ago.



- Serum creatinine was recorded within the previous 15 months in 69.2% of patients but microalbuminuria screening was recorded for only 42.2% within that timeframe. This represents a significant improvement on 2003 when the figures were 42.5% and 24.6% respectively.
- Prevalence of blindness amongst people with diabetes was 1%, (although not all of these patients lost their sight as a result of complications of diabetes).

Robust and timely high quality clinical information is essential in order to provide patients with reliable and effective health care, to supply health care professionals with accurate and up to date information about their patients and to give the NHS the information needed to facilitate the planning, delivery, monitoring and improvement of services. Accurate and accessible clinical data improves patient care directly by supporting health care professionals to deliver care, but it also helps indirectly by allowing the delivery of services to be measured, thereby providing the evidence to identify gaps and support improvements.

The 2004 Survey provides clear evidence that the recording of information about patients with diabetes is continuing to get better. As the number of people with diabetes continues to increase, maintaining and improving the completeness and quality of these data will require a major commitment from health care professionals and NHS Boards. This will require the roll-out and maintenance of the national clinical management system (SCI-DC) and the provision of quality assurance mechanisms to assure the quality of the data.

The maturing of SCI-DC, the introduction of a diabetic retinopathy screening programme and the introduction of the Quality and Outcomes Framework as part of the new General Medical Services contract are all drivers to improve the collection and collation of diabetes data. It is anticipated that these developments will feed through into improved figures in the 2005 Scottish Diabetes Survey.