

Diabetes is a chronic condition that occurs when the body is unable to regulate excessive glucose levels. If left undiagnosed or poorly controlled, it can result in serious complications, including blindness, kidney failure and lower limb amputation. Diabetes also increases the risks of cardiovascular diseases, and people with diabetes also have a greater risk of becoming severely ill if infected by the COVID-19 virus. Many diabetic patients also did not get proper management and control of their condition during the initial phase of the COVID-19 pandemic, possibly resulting in avoidable complications.

About 32.3 million adults were diagnosed with diabetes in the European Union in 2019, up from an estimated 16.8 million adults in 2000. An additional 24.2 million people in Europe were estimated to have diabetes but be undiagnosed in 2019 (IDF, 2019). The number of men with diagnosed diabetes has increased particularly rapidly since 2000, more than doubling from around 7.3 million in 2000 to 16.7 million in 2019. The number of women with diabetes has also gone up substantially, rising from 9.5 million in 2000 to 15.6 million in 2019, an increase of over 50% (Figure 3.25). Men are more prone to develop diabetes because of biological factors and have to gain less weight than women to develop the condition.

Diabetes is more common among older people: 19.3 million people aged 60-79 have diabetes across EU countries, compared with 11.3 million people aged 40-59 and only 1.7 million aged 20-39 (Figure 3.26). While more men than women have diabetes in middle-age (between 40 and 59 years old), a greater number of women have diabetes after age 70 mainly because they live longer.

Diabetes prevalence among adults (diagnosed and age-standardised) was 6.2% on average in EU countries in 2019. The rates varied from 9% or more in Cyprus, Portugal, and Germany to less than 4% in Ireland and Lithuania (Figure 3.27). The prevalence of diabetes appears to have stabilised in many European countries in recent years, especially in Nordic countries, although they have continued to go up slightly in Southern European countries and Central and Eastern European countries. These upward trends are partly due to the rise in obesity and physical inactivity, and their interactions with population ageing (NCD Risk Factor Collaboration, 2016).

Based on results from the 2014 European Health Interview Survey, adults with the lowest level of education are more than twice as likely to report having diabetes than those with the highest level of education on average across EU countries. This may partly be due to a higher proportion of low-educated people

in older population groups. However, the prevalence of important risk factors for diabetes such as obesity is much higher among the least-educated people (see the indicator “Obesity among adults” in Chapter 4).

The economic burden of diabetes is substantial. The health expenditure allocated to treat diabetes and prevent complications are estimated at about EUR 150 billion in 2019 in the EU, with the average expenditure per diabetic adult estimated at about EUR 3 000 per year (IDF, 2019).

Type 2 diabetes is largely preventable. A number of risk factors, such as overweight and obesity, nutrition and physical inactivity, are modifiable through effective preventive strategies and lifestyle changes. Effective management of the growing number of people with diabetes is also a priority in many countries, usually involving a considerable amount of self-care. Therefore, proper advice and education are central to the primary care of people with diabetes (OECD, 2020).

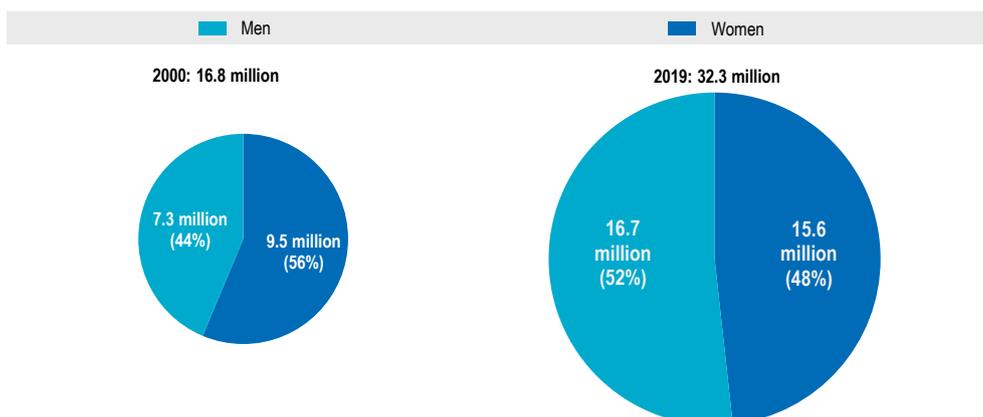
Definition and comparability

The sources and methods used by the International Diabetes Federation are outlined in the Diabetes Atlas, 9th edition (IDF, 2019). The IDF produced estimations based on a variety of sources of which the majority was peer-reviewed articles and national health surveys. Sources were only included if they met several criteria for reliability. Age-standardised rates were calculated using the world population based on the distribution provided by WHO. The data include adults with Type 1 or Type 2 diagnosed diabetes.

References

- IDF (2019), *Diabetes Atlas, 9th edition*, International Diabetes Federation, Brussels.
- NCD Risk Factor Collaboration (2016), “Worldwide Trends in Diabetes Since 1980: A Pooled Analysis of 751 Population-based Studies with 4.4 Million Participants”, *The Lancet*, Vol. 387, pp. 1513-1530, [http://dx.doi.org/10.1016/S0140-6736\(16\)00618-8](http://dx.doi.org/10.1016/S0140-6736(16)00618-8).
- OECD (2020), *Realising the Potential of Primary Health Care*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/a92adee4-en>.

Figure 3.25. Number of people with diabetes in EU27, 2000 and 2019

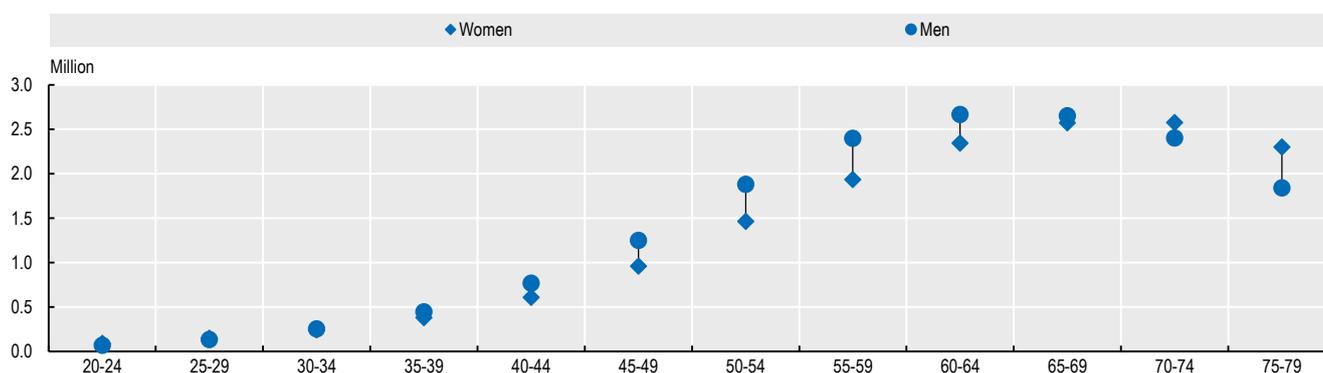


Note: Data include people aged 20-79 with Type 1 or Type 2 diabetes. The number of people with diabetes in 2000 has been estimated for some countries due to data gaps.

Source: IDF Atlas, 9th Edition, 2019 and OECD estimates.

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Figure 3.26. People with diabetes in EU27, by gender and age group, 2019

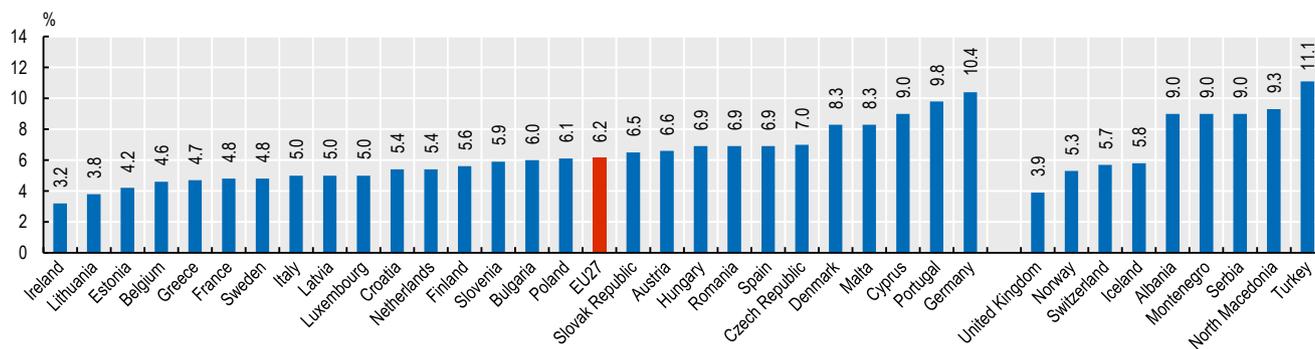


Note: Population with Type 1 or Type 2 diabetes. Data are only available up to 79 years old.

Source: IDF Atlas, 9th Edition, 2019.

StatLink <https://stat.link/n1dm63>

Figure 3.27. Share of adults with diabetes, 2019



Note: Age-standardised prevalence of population aged 20-79 with Type 1 or Type 2 diabetes. The EU average is unweighted.

Source: IDF Atlas, 9th Edition, 2019.

StatLink <https://stat.link/lqs2vc>



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