

Diabetes in older people



Key messages

- The prevalence of diabetes in older age groups is high and growing rapidly.
- Without treatment, older people with diabetes are at higher risk of developing complications and other non-communicable diseases (NCDs) than younger people.
- Type 2 diabetes can be managed inexpensively with early diagnosis and treatment.

Impact on older people

There are two main types of diabetes. Type 2 accounts for over 90 per cent of diabetes worldwide.¹ It results from the body's ineffective use of insulin, leading to raised glucose levels in the blood. One of the four leading global NCDs², diabetes is a major cause of chronic illness and morbidity:

- 9 per cent of adults in the world have diabetes.³
- Diabetes-related deaths are predicted to rise by over 50 per cent in the next 10 years.⁴
- More than 80 per cent of diabetes-related deaths occur in low- and middle-income countries.⁵

Levels of diagnosed and undiagnosed type 2 diabetes increase with age, leading to a significantly higher prevalence in older people.⁶ In China, diabetes prevalence in the over-70 age group is almost double that in those aged 50-59.⁷ However, many older people with diabetes receive inadequate care.⁸

Global data sets do not routinely record data for older people or disaggregate data by age.⁹ One exception is WHO's SAGE data (see next page). Lack of data contributes to low levels of awareness of diabetes in older people, by policy makers, service providers and older people themselves.

This leads to a lack of services targeted at people in older age and older people not seeking treatment until their condition is well advanced. This increases the risk of complications, such as heart attacks, kidney failure, blindness and amputations.¹⁰ When surveyed, 15 per cent of people with type 2 diabetes in South Africa¹¹ and 20 per cent in India¹² had not received treatment in the previous year.

Older people with diabetes are more likely to have other conditions, particularly cardiovascular disease, stroke and hypertension. Data from Ghana has shown that 80 per cent of older people with diabetes also had hypertension.¹³

Screening, diagnosis, treatment and care

The main modifiable risk factors for type 2 diabetes are excess weight and lack of physical exercise. Non-modifiable risk factors include family history, ethnicity and age.

Access to information about risk factors can help to prevent or delay diabetes. Receiving an early diagnosis is important to enable people to manage their diabetes

before chronic health problems develop. Screening of older people is widely recommended.¹⁴ This can be done inexpensively through blood testing in primary healthcare settings.¹⁵

People with type 2 diabetes can usually be treated effectively with oral medication. This can be delivered at relatively low cost at the primary healthcare level.¹⁶ Type 2 diabetes and its associated complications can also be managed through monitoring blood pressure and cholesterol levels, providing foot care, and screening for sight problems and kidney disease.

Maintaining a healthy diet, undertaking regular exercise and avoiding smoking are also important factors in controlling diabetes.

Supporting self-help groups

In Kyrgyzstan, self-help groups of older people are learning to adopt a healthy lifestyle and manage type 2 diabetes with support from HelpAge partners ADRA, Resource Centre for the Elderly, and Diabetes and Endocrinological Association of Kyrgyzstan. Information about diabetes symptoms and risk factors has been distributed to 1,700 health professionals and people with or at risk of diabetes, and more than 600 people have been screened for diabetes. Advocacy and media campaigns have also been conducted to highlight the impact of type 2 diabetes on older people.

Percentage of people aged 50+ with self-reported diabetes

Country	Total	Women	Men	Rural areas	Urban areas
China	6.1	6.8	5.4	3.2	9.7
Ghana	3.8	4.4	3.2	2.2	6.1
India	7.1	5.7	8.4	4.9	11.7
Mexico	17.6	18.4	16.7	11.4	19.3
Russia	7.1	8.2	5.4	6.1	7.5
South Africa	9.2	11.0	6.9	5.6	11.1

Source: He W, Muenchrath Bureau, *Shades of Gray: A Cross-Country Study of Health and Well-Being of the Older Populations in SAGE Countries, 2007-2010*, US Government Printing Office, Washington DC, 2012

Influencing national policies

In Myanmar, the number of people with type 2 diabetes is increasing rapidly. 10.5 per cent of people have raised blood glucose.¹⁷ HelpAge is working to strengthen public health capacity and evidence-based policy to respond to NCDs. This includes supporting the training of health staff from over 300 townships to screen and treat people at high risk of NCDs, including diabetes.



Find out more

About HelpAge's health and care work:
<http://www.helpage.org/health>

International Diabetes Federation guideline for managing older people with type 2 diabetes:
www.idf.org

WHO information on diabetes:
www.who.int/topics/diabetes_mellitus/en



Get involved

Join our Age Demands Action campaign:
www.agedemandsaction.org

Recommendations for policy makers and healthcare officials

1. **Make screening, testing, treatment and education available to people of all ages** at the primary healthcare level to prevent and manage diabetes.
2. **Adopt a people-centred, integrated approach** to protect older people's right to health, including their access to diabetes-related services.
3. **Collect data on diabetes nationally and internationally for people of all ages**, disaggregated by age and sex at a minimum.
4. **Include older people in progress monitoring submitted by all governments to the UN** on progress against global commitments on NCDs, including diabetes.
5. **Involve older people in decision making** on the care they receive and how diabetes services are provided.

Endnotes

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2. WHO, *Global status report on noncommunicable diseases, 2014* (accessed 3 March 2016)
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5. WHO, *Global Health Estimates: Deaths by Cause, Age, Sex and Country, 2000-2012, 2014* (accessed 3 March 2016)
6. International Diabetes Federation (IDF), *Global Guideline for Managing Older People with Type 2 Diabetes*, 2013; Yang W et al, 'Prevalence of diabetes among men and women in China', *N. Engl. J. Med.*, 362:1090-1101, March 25, 2010 (accessed 3 March 2016)
7. WHO SAGE, 2016 Naidoo N.
8. IDF, 2013
9. WHO Global Monitoring Framework on NCDs measures NCD mortality between 30 and 70; WHO STEPwise Approach to Surveillance (STEPS) data collection stops at 64; IDF Atlas collates data up to age 79 but does not disaggregate by age. However studies have shown that levels are increasing, consistent with demographics on ageing. Eg Werfalli M et al 'The prevalence of type 2 diabetes among older people in Africa: a systematic review', *Lancet*, 4(1): 72-84, Jan 2016 (accessed 3 March 2016)
10. WHO, *Diabetes Factsheet 312*, updated January 2015 (accessed 3 March 2016)
11. South Africa Study on Global Ageing and Adult Health (SAGE), Wave 1, Phaswana-Mafuya N et al, WHO, 2012 (accessed 3 March 2016)
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13. Ghana: SAGE, Wave 1, Biritwum R et al, WHO, 2013 (accessed 3 March 2016)
14. IDF, 2013
15. WHO, *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings*, 2010 (accessed 3 March 2016)
16. WHO, 2010
17. WHO STEPS, 2016 (unpublished)

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International

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure and healthy lives.

www.helpage.org

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