

Diabetes in Inner North East London

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(This is for the information of Health Scrutiny Panel – it is not planned to present this at the meeting on 23rd August)

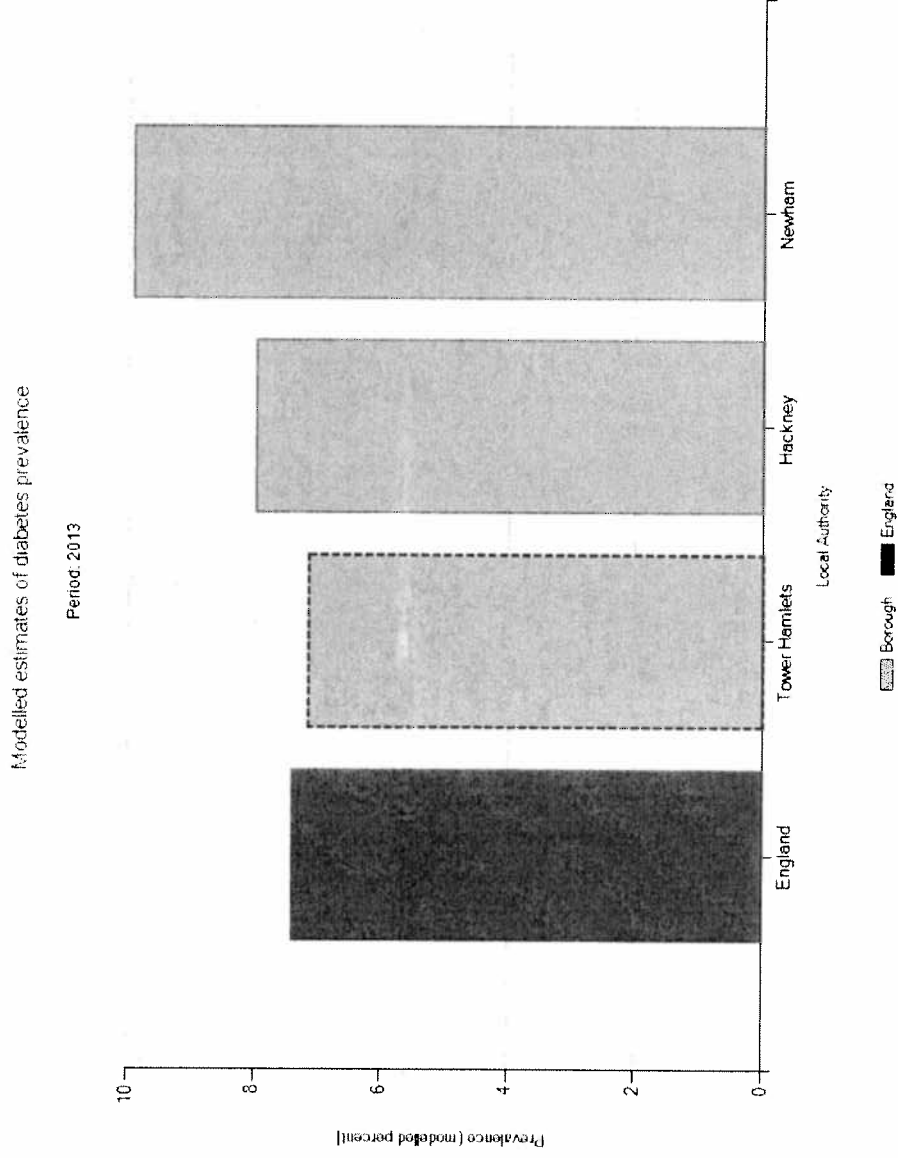
Objectives

- To describe diabetes in North East London from a population perspective
 - Prevalence
 - Primary care
 - Secondary care
 - Mortality
- To set out the risk factors for diabetes
 - Ethnicity
 - Obesity
 - Diet
 - Physical activity
 - Socioeconomic factors

National context

- Affects 2.8 million people (90% type 2)
- 150,000 diagnosed per year
- Accounts for 5% healthcare expenditure
- Drug costs 7% of NHS drugs budget

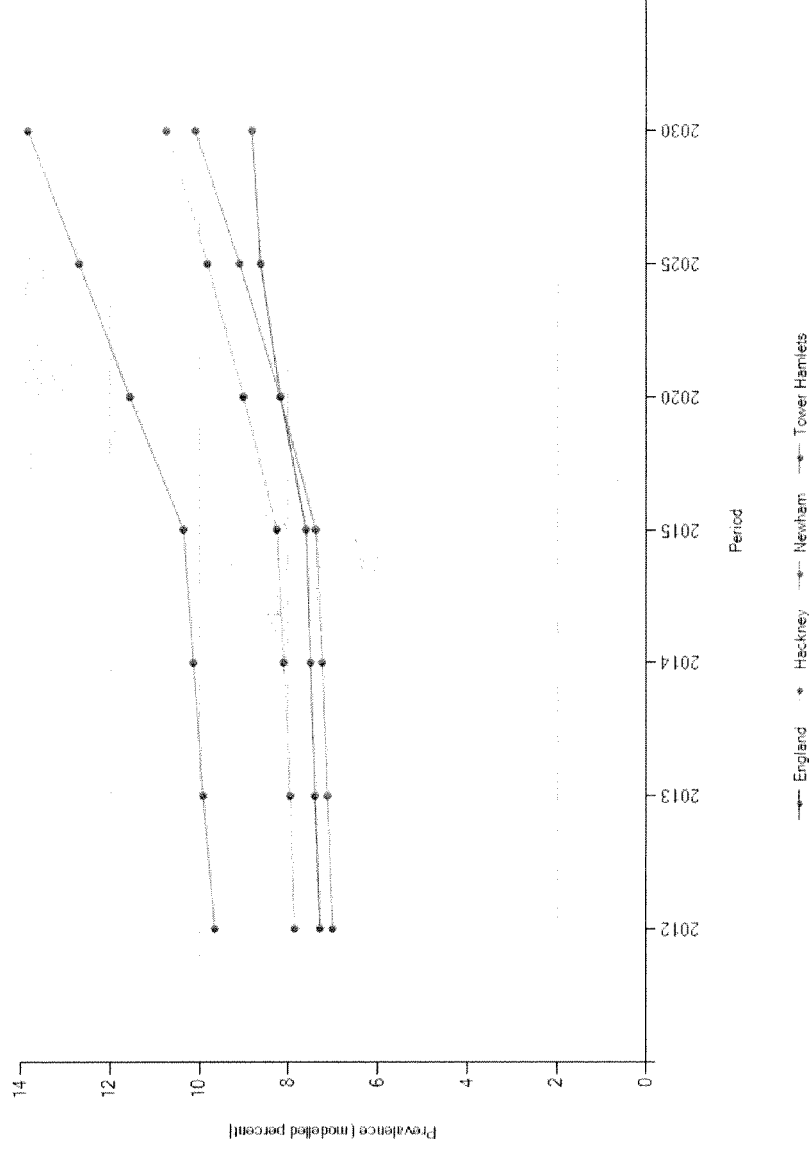
7% -10% of the adult population are estimated to have diabetes



Tower Hamlets = 13,500, Hackney = 13,300, Newham = 17,200

Prevalence in INEL will increase by around 40% in the next 20 yrs

Modelled estimates of diabetes prevalence

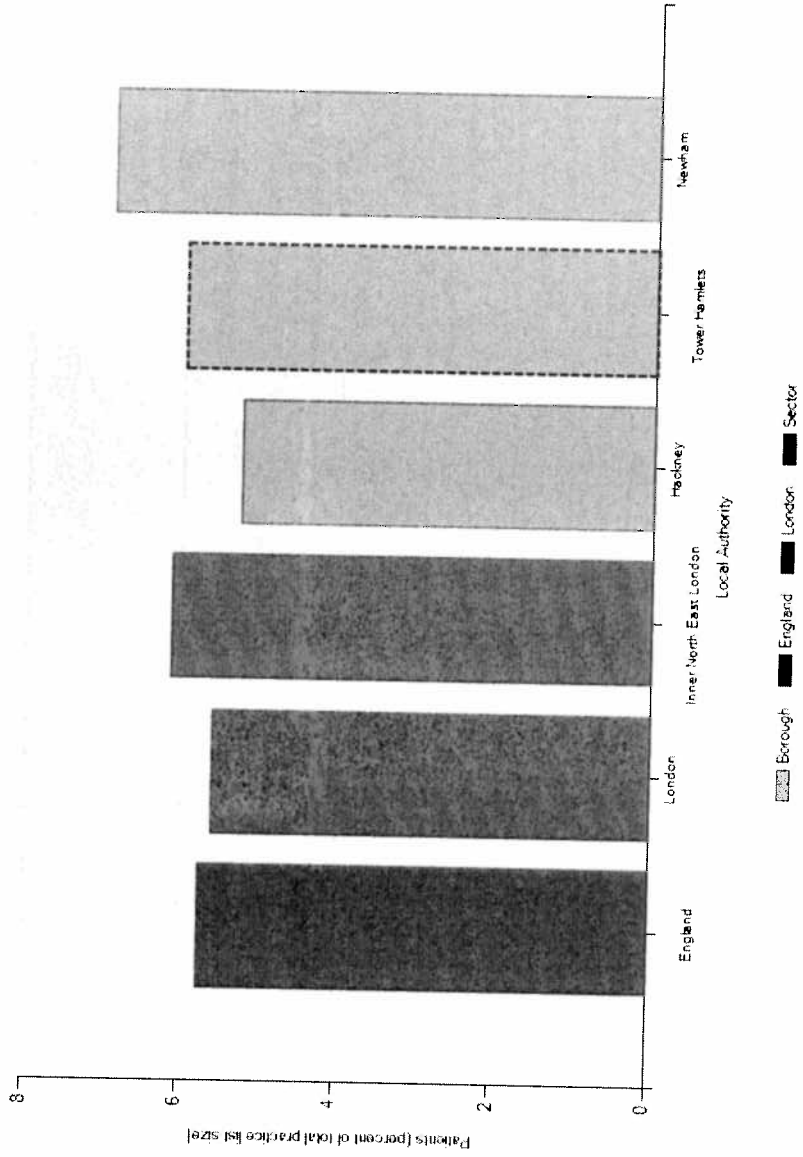


Estimate rise in prevalence between 2012 and 2030:
Newham 43%
Hackney 35%
Tower Hamlets 44%
England 21%

5% to 7% of the registered population are on diabetes disease registers

Patients with diabetes on disease register

Period: 2011-12



Observed prevalence at 11/12

Newham 19,597 (6.9%)

Hackney 11,857 (5.3%)

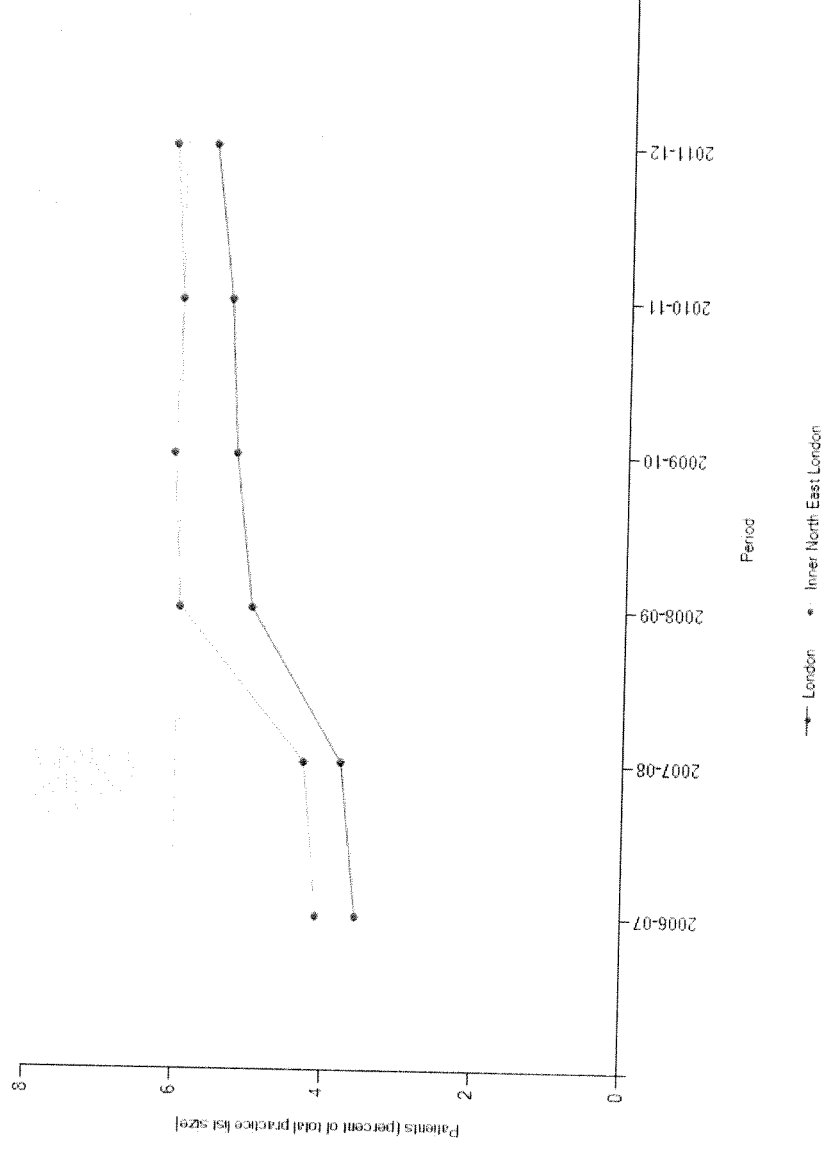
Tower Hamlets 13,121 (6.0%)

London 5.6%

England 5.8%

Per cent of people on diabetes register has been steady in last few years

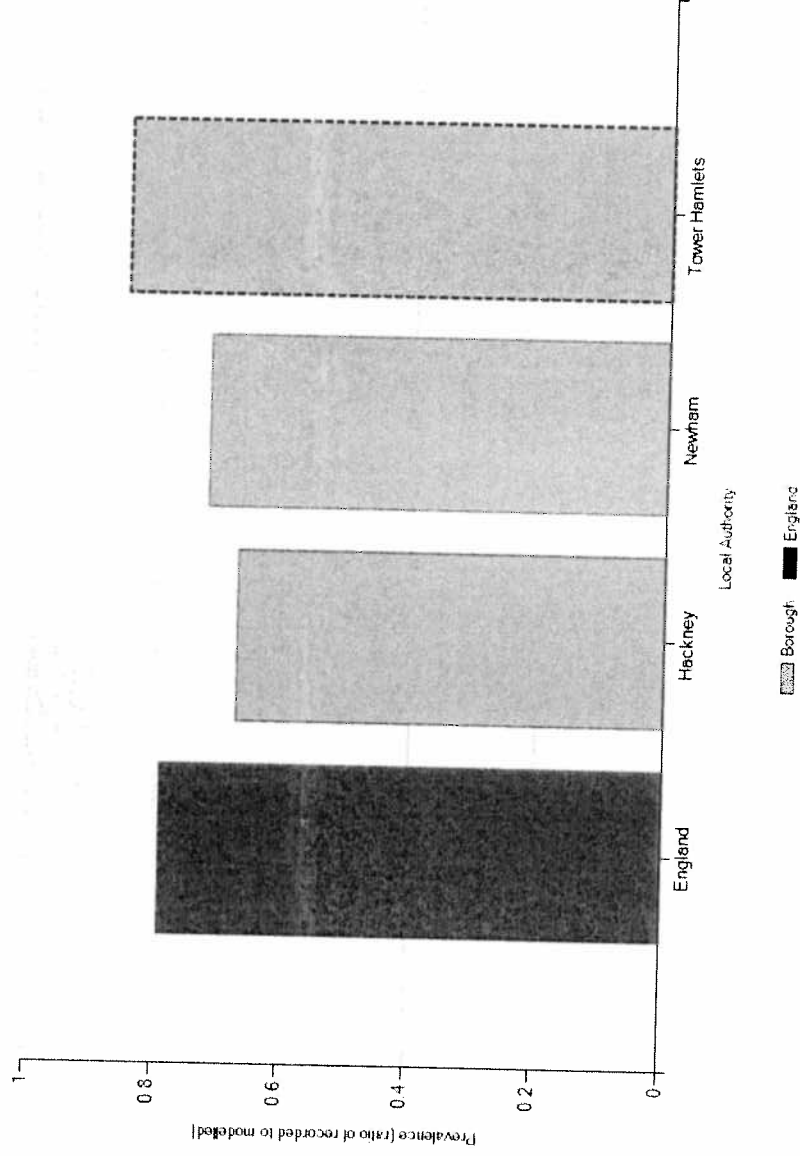
Patients with diabetes on disease register



People are undiagnosed but the extent cannot be estimated accurately

Ratio of recorded to modelled prevalence of diabetes

Period: 2011-12



2008/9 QOF as a proportion of
2009 modelled estimate (YPHO)

Newham 72%

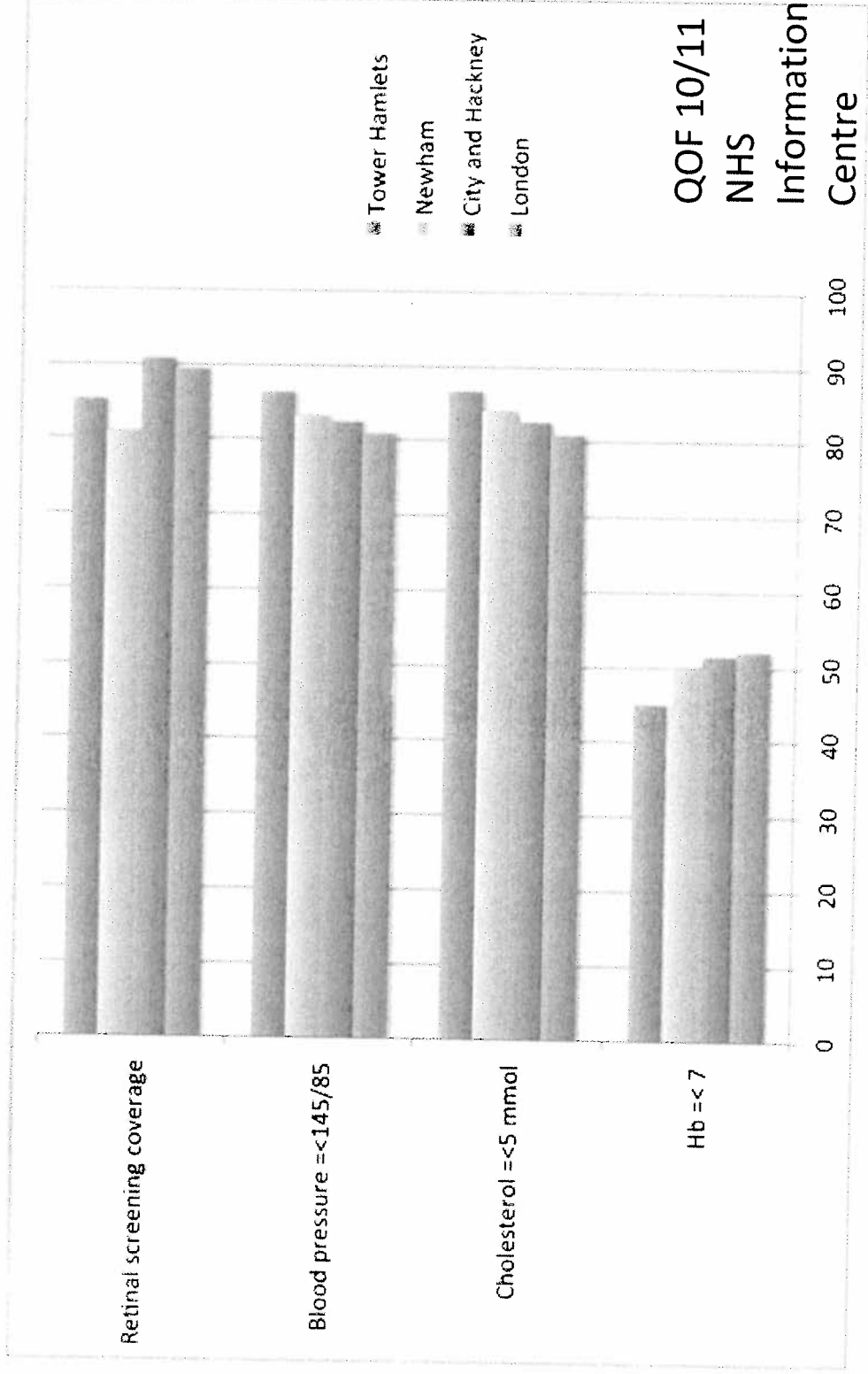
Hackney 67%

Tower Hamlets 85%

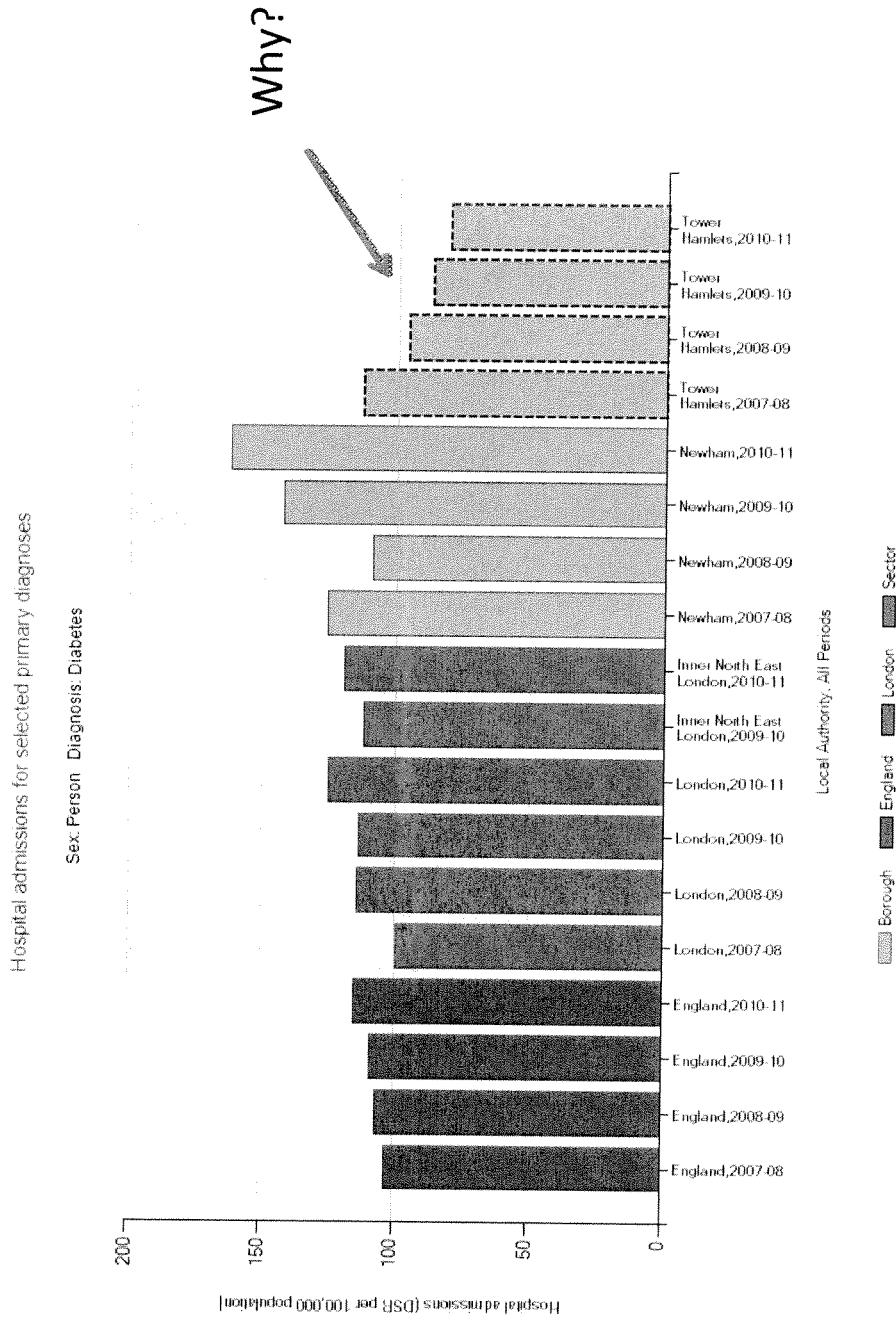
England 79%

Awaiting update to modelled
data

Outcomes in primary care better for some indicators, worse for others



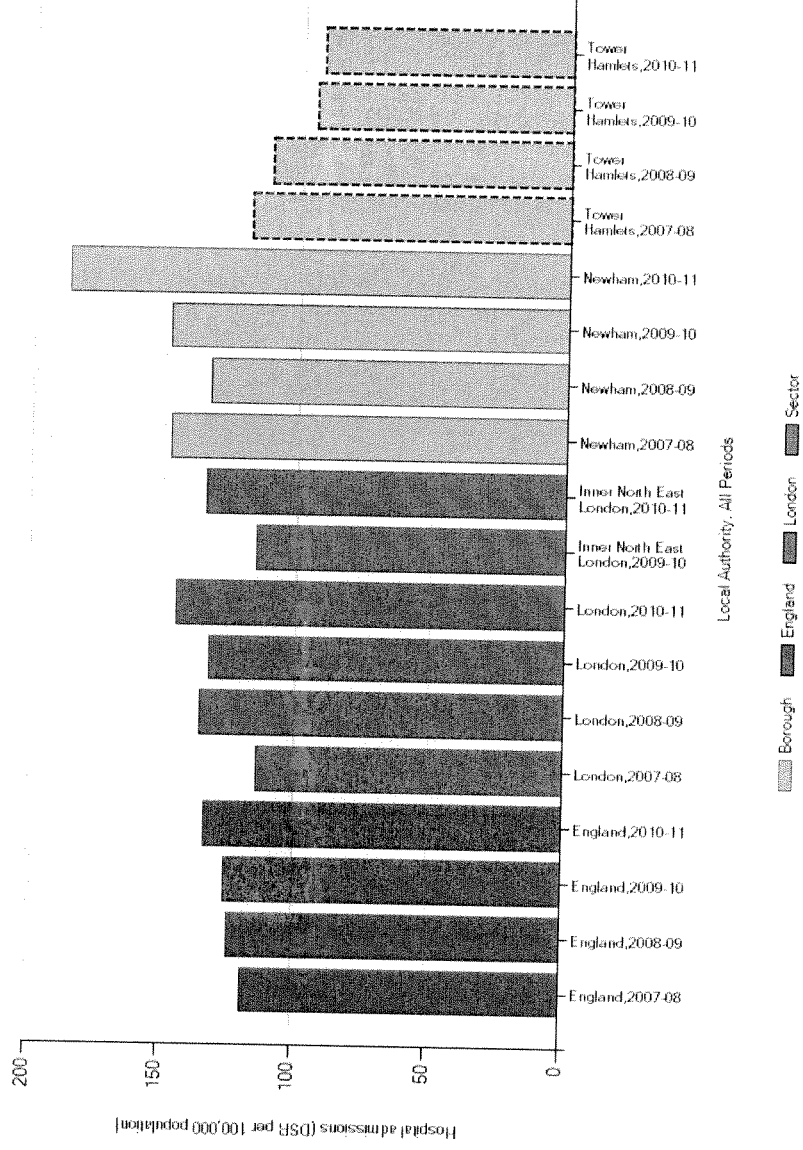
Trend in admissions mixed - Tower Hamlets rates falling, elsewhere rising



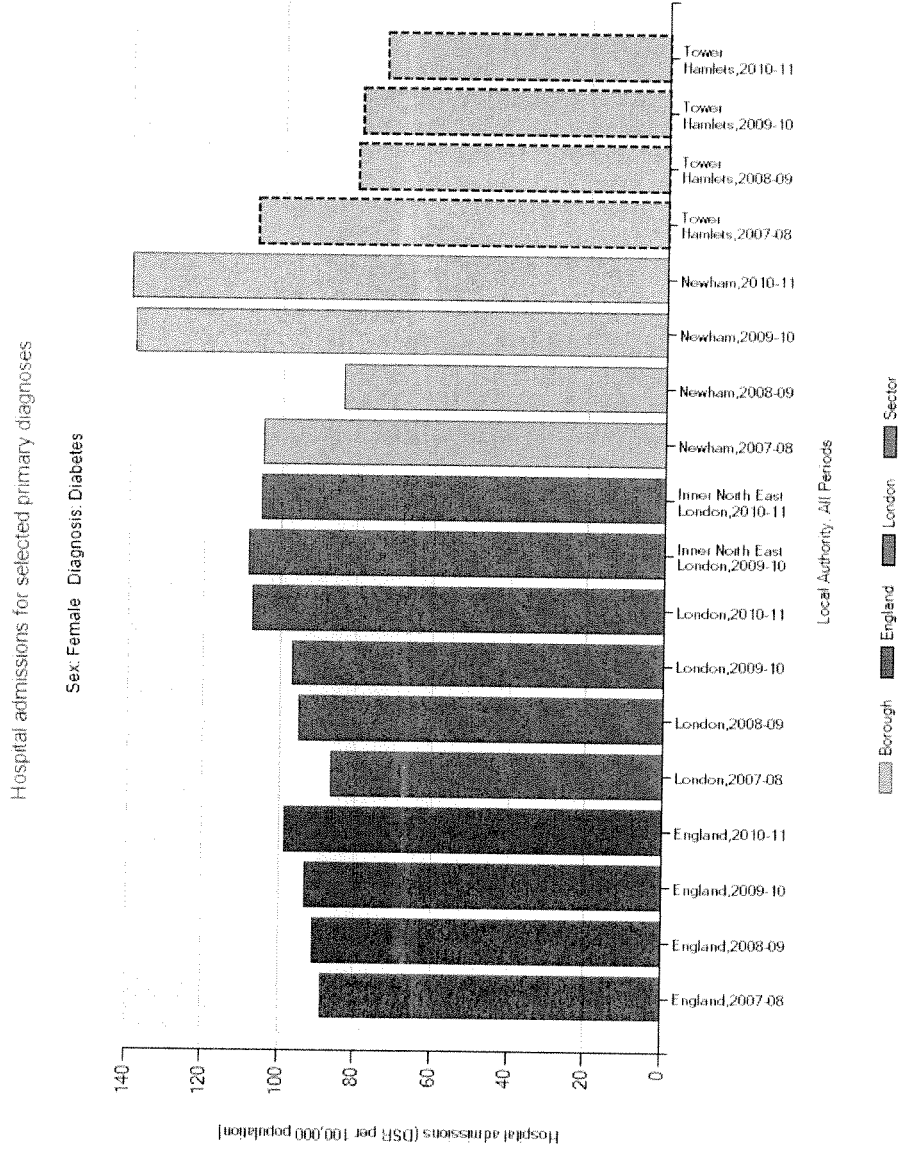
In Tower Hamlets admission rates are falling in both men..

Hospital admissions for selected primary diagnoses

Sex: Male Diagnosis: Diabetes

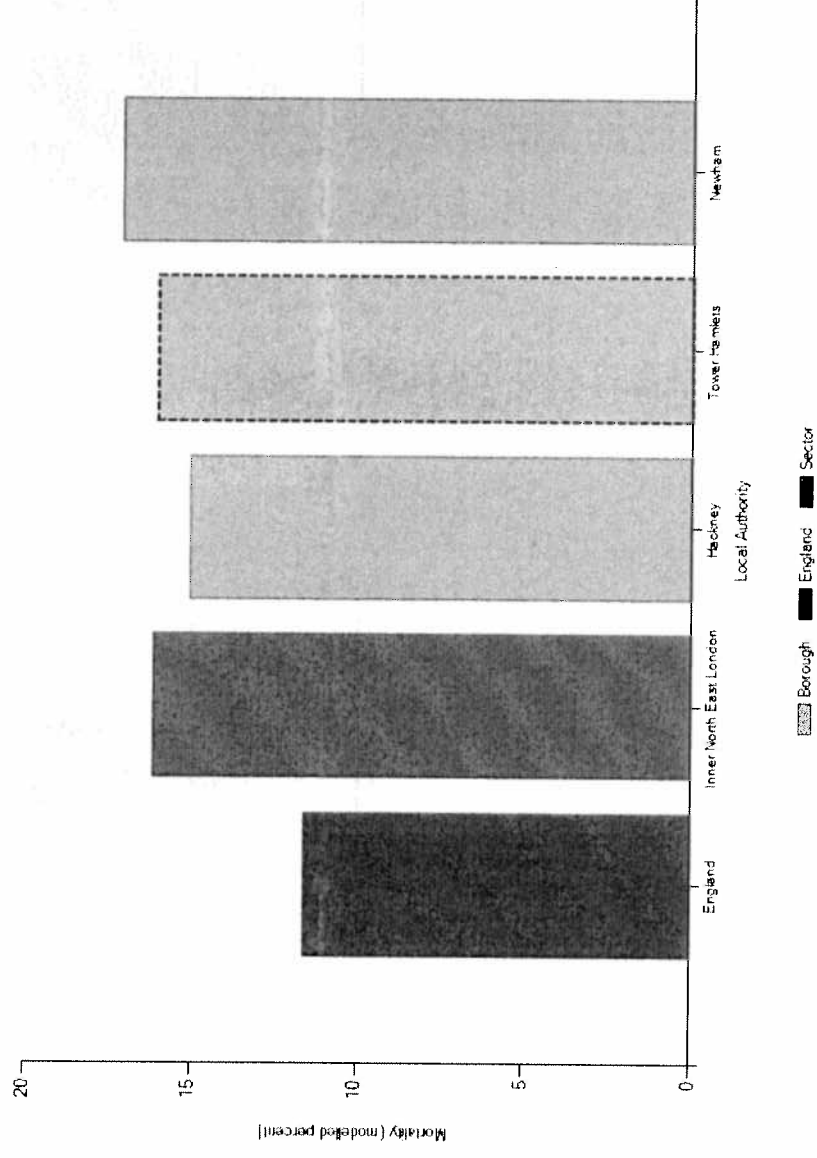


..and women, against a rising trend in both genders elsewhere



% deaths in attributable to diabetes is higher than elsewhere (but data old)

Mortality attributable to diabetes (aged 20-79yrs)



Gestational diabetes

(Tower Hamlets data only)

- 9% of pregnancies complicated by gestational diabetes (around twice national average)
- 30% lifetime risk of diabetes
- Around 400 cases a year
- RLH audit – 82% Bangladeshi women
- Postnatal follow up at 6-7 weeks, then annually
- 2010 audit showing improvements in outcomes since 2007/8
- Longer term follow up likely to be issue

Type 1 diabetes

- Unlike type 2, develops before the 40
- Reduces life expectancy by average 20 years
- 592 currently registered as having type 1 (out of around 13,000 overall with diabetes)
- Children and young people under care of specialist paediatric team
- Adults managed by community diabetes service
- Good achievement against national benchmarks (Hb, BP, cholesterol outcomes) but nationally outcomes poor
- Care processes indicator poor uptake in younger age groups eg eye screening, BP, cholesterol
- High DNAs to clinics
- Emergency admissions creeping up

Risk Factors for Diabetes

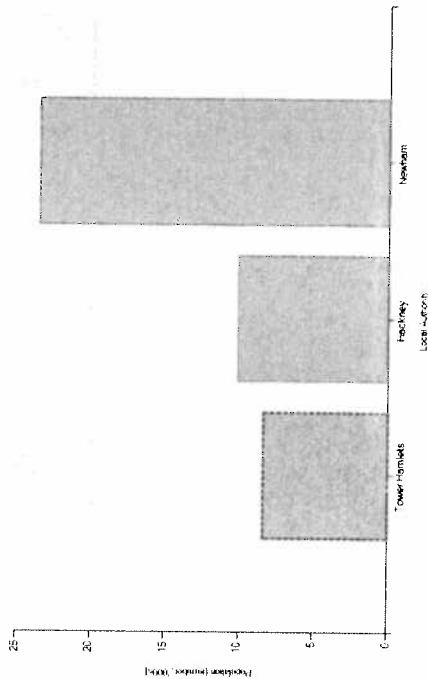
Diabetes risk

- Risk factors
 - South Asians
 - Up to 6x more likely to have type 2 than white
 - Likely to develop 10 years earlier
 - Overweight and obesity single biggest risk factor
 - Large waist circumference
 - Sedentary lifestyle
 - Older than 40
 - Lower socioeconomic group 3-4x more likely to experience ill health as a result of diabetes
- NICE PH guidelines
 - Integrated approach to prevention type 2 diabetes, CVD and some cancers
 - Identify high risk groups
 - Encourage highest risk groups to be more physically active and adopt healthier diet
 - Address stigma and fatalism relating to diabetes development
 - Tailor interventions for local communities by recruiting and involving lay and peer workers
 - Work with food industry to reduce saturated fat and salt content, improve food labelling

South Asian population in INEL

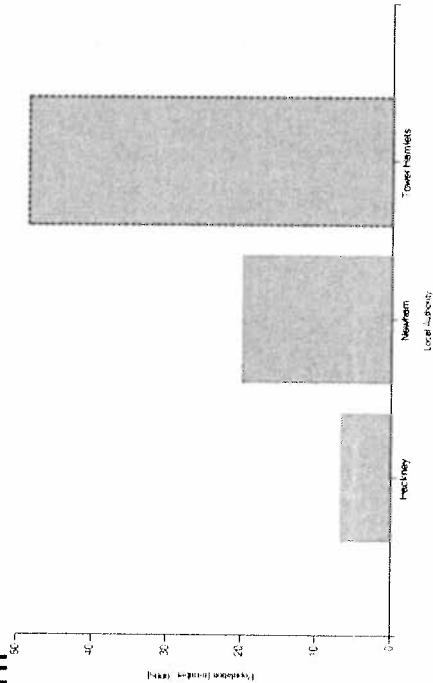
Indian

Estimated population by ethnic group, age and sex
Period: 2008 Sex: Female Age Band: All Ages Ethnic: Asian or Asian British Indian



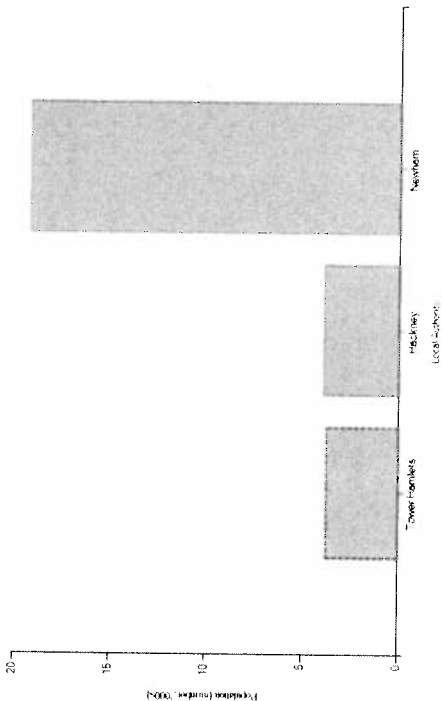
Bangladeshi

Estimated population by ethnic group, age and sex
Period: 2008 Sex: Female Age Band: All Ages Ethnic: Asian or Asian British Bangladeshi



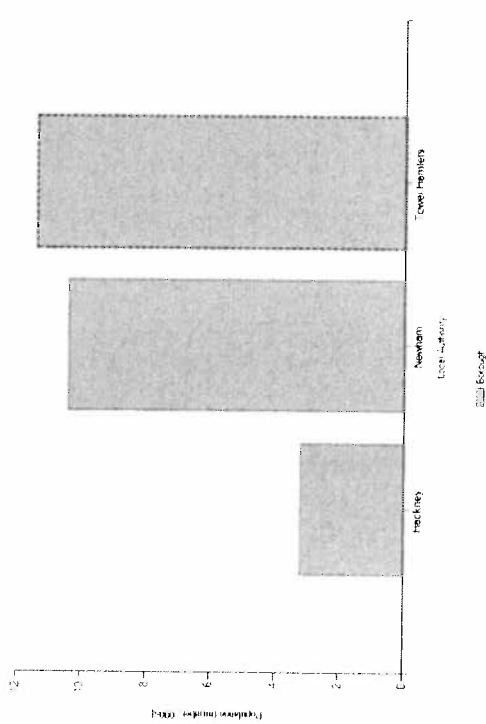
Pakistani

Estimated population by ethnic group, age and sex
Period: 2006 Sex: Female Age Band: All Ages Ethnic: Asian or Asian British Pakistani

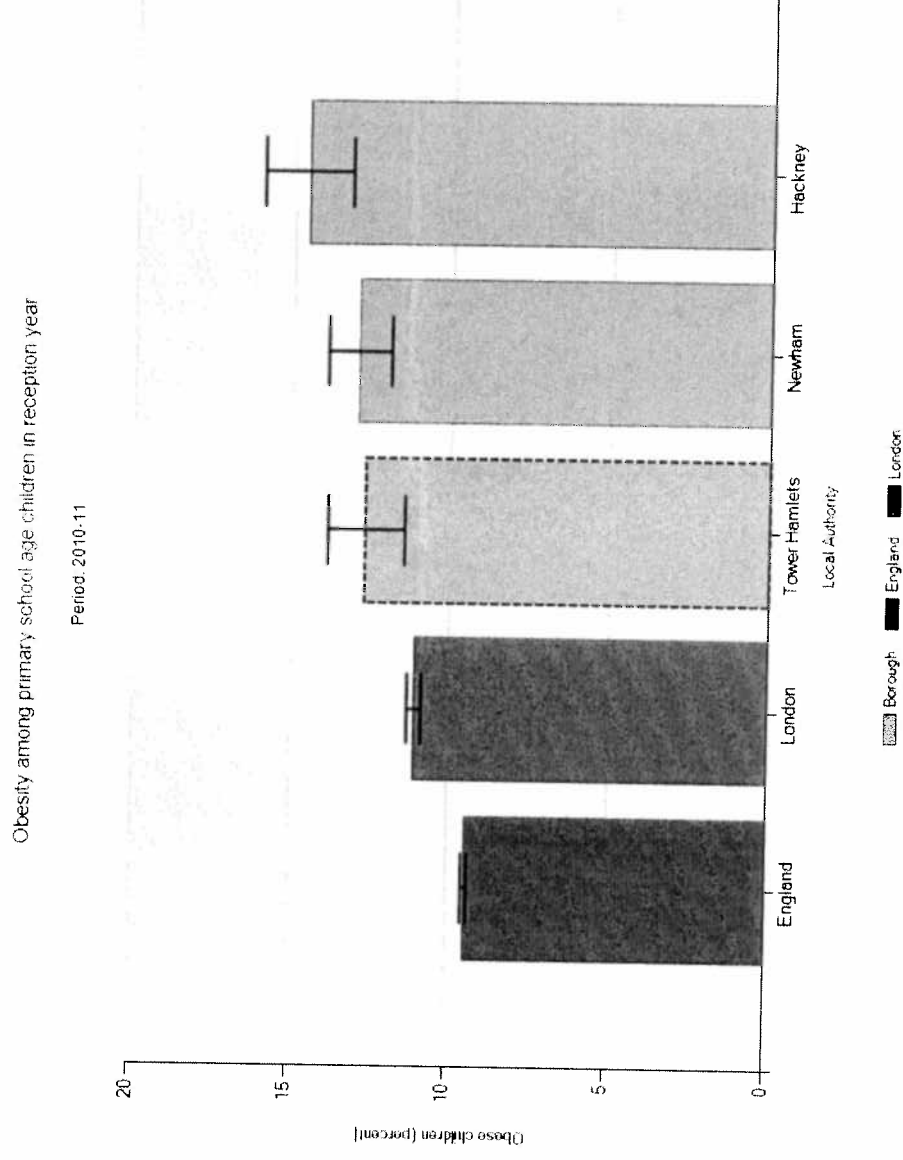


Asian - other

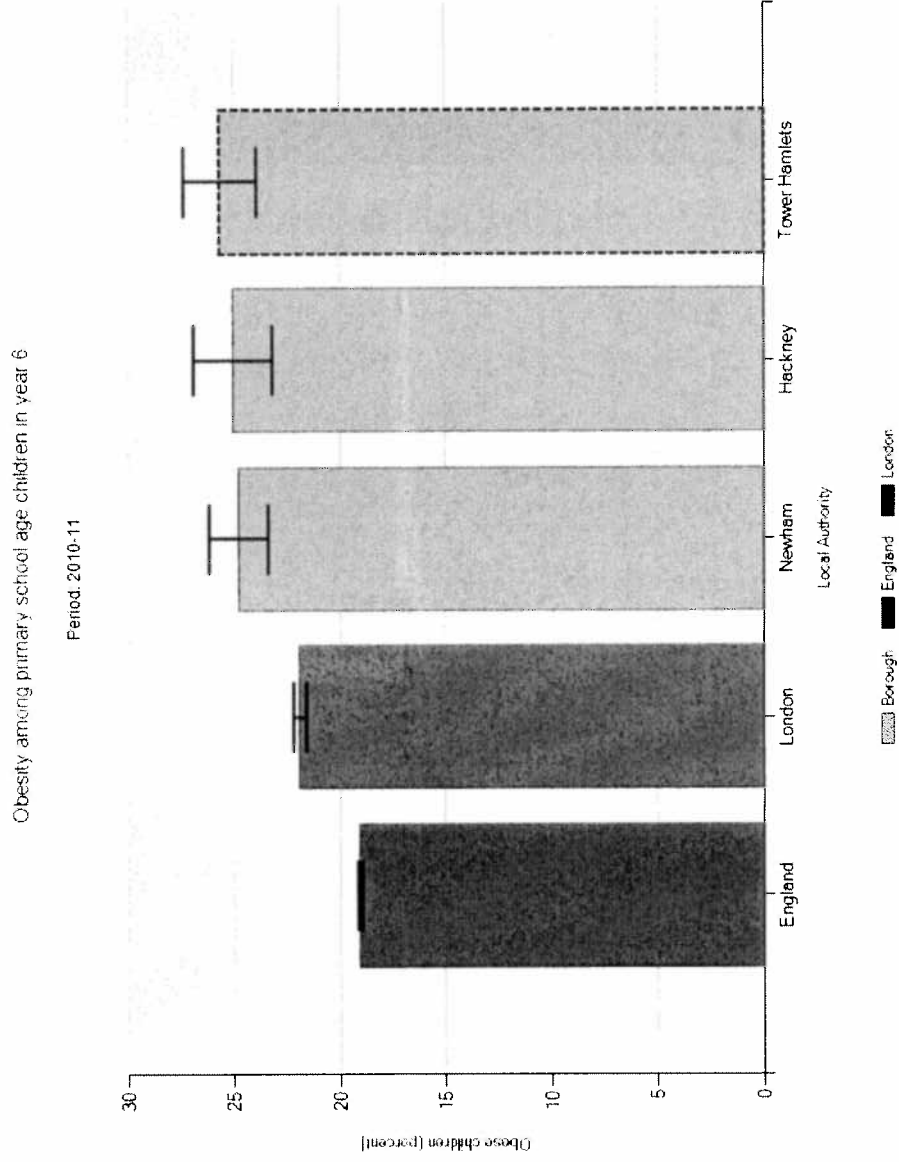
Estimated population by ethnic group, age and sex
Period: 2006 Sex: Female Age Band: All Ages Ethnic: Asian or Asian British Other Asian



By age 5, infants in East London have amongst the highest levels of obesity

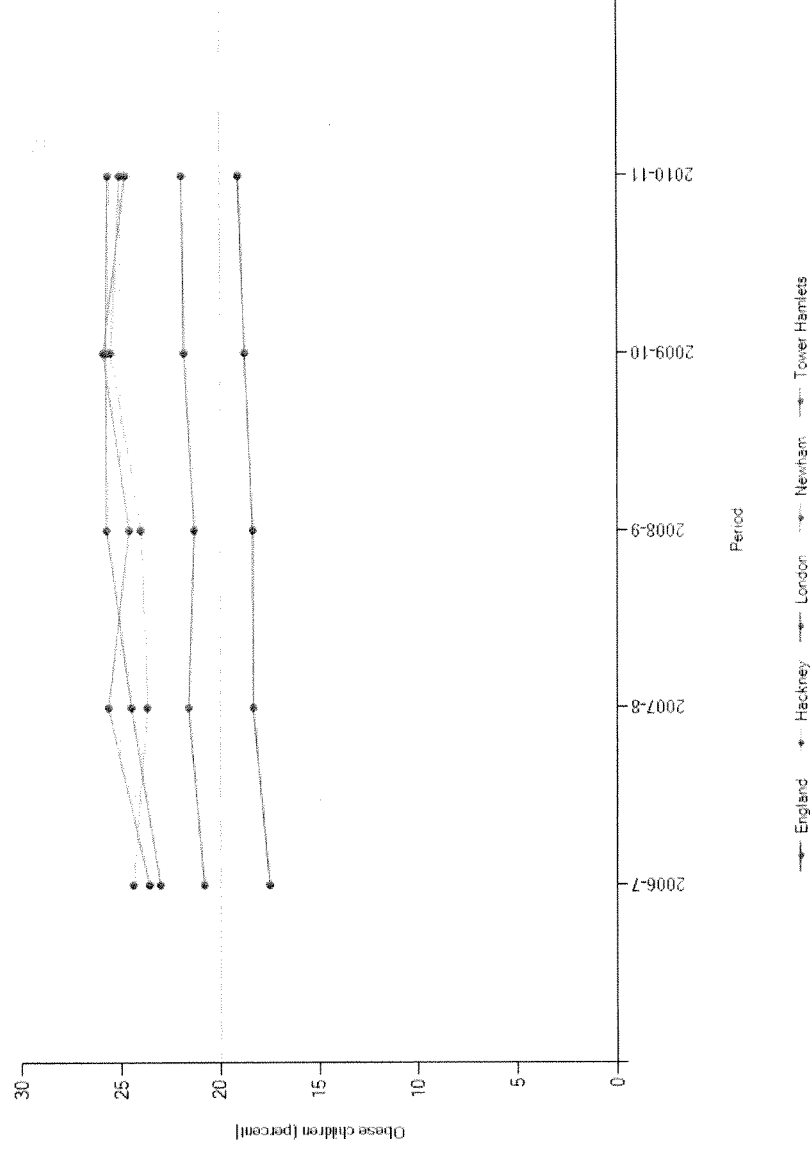


..this carries through to age 10-11

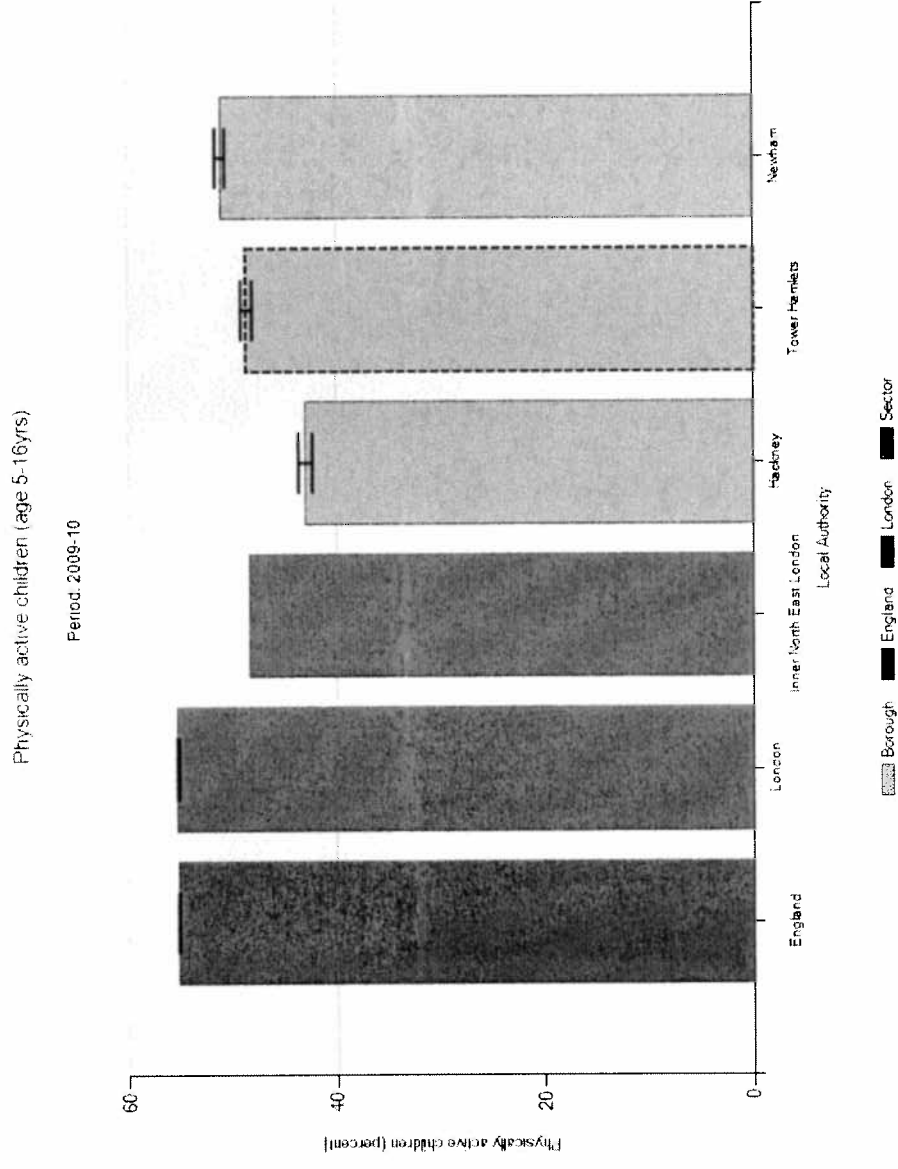


There is evidence that the rate of rise in childhood obesity is plateauing..

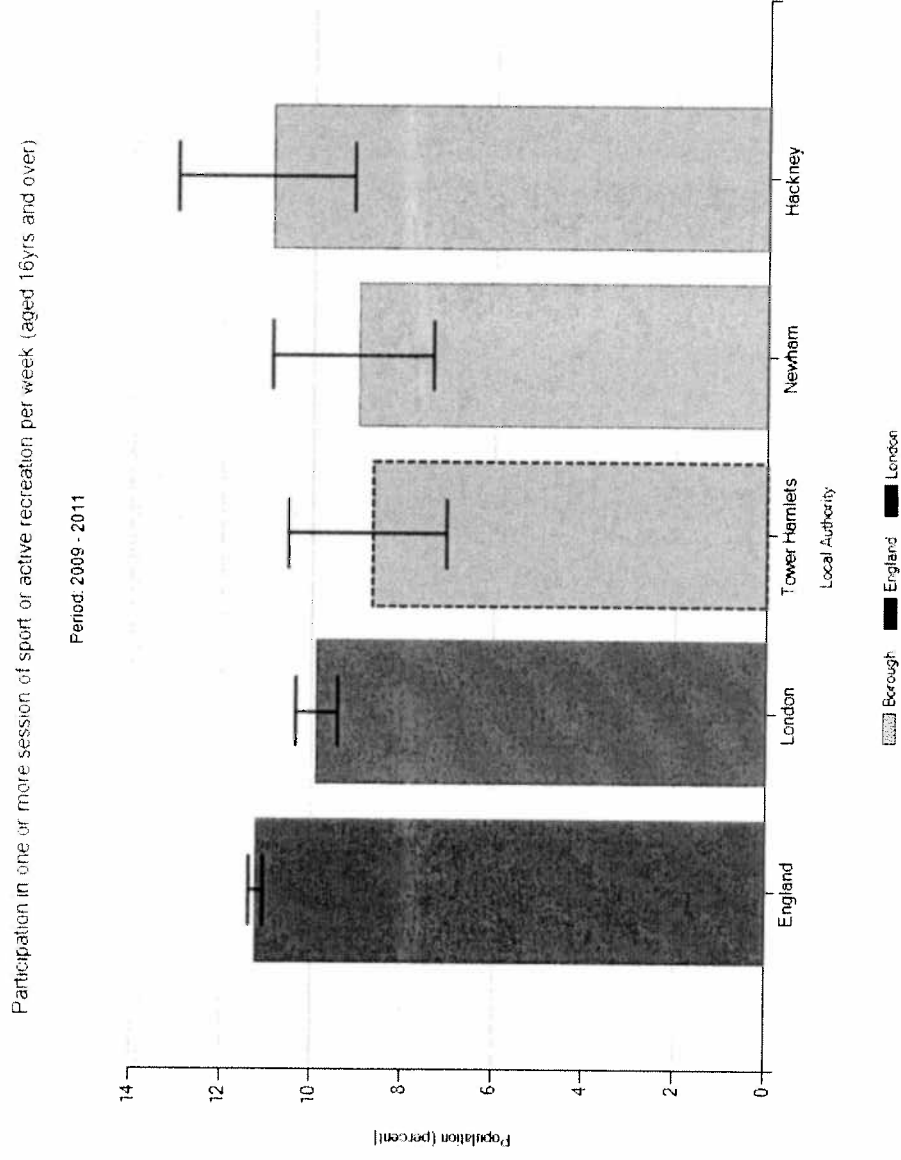
Obesity among primary school age children in year 6



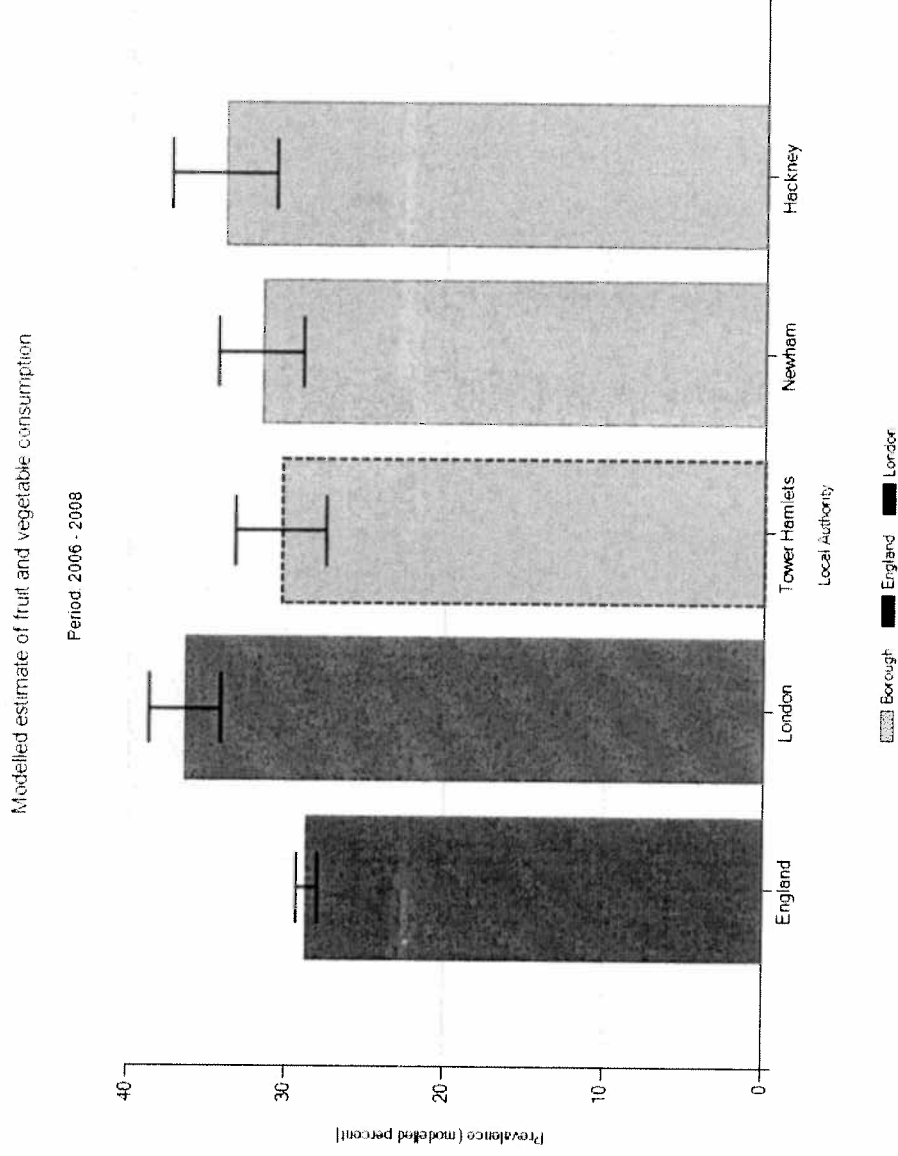
Linked to this levels of physical activity in children are lower than elsewhere..



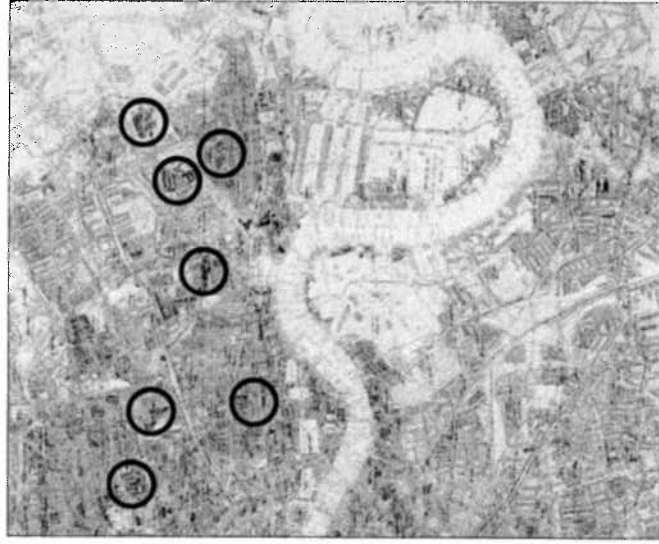
Participation in sport/recreation in adults is lower than elsewhere



At a population level, there is evidence of poorer diet than elsewhere..



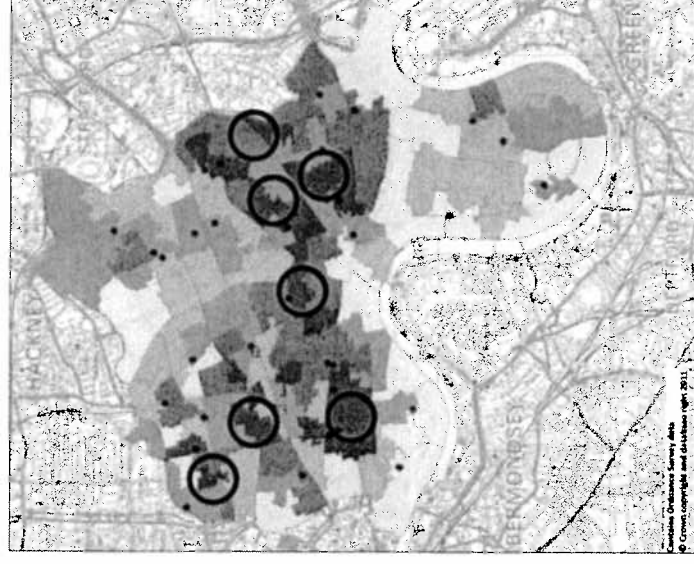
The health impacts of socioeconomic deprivation remain as relevant as ever



Classification of poverty

- BLACK: Lowest class. Vicious, semi-criminal.
- DARK BLUE: Very poor, casual, Chronic want
- LIGHT BLUE: Poor 18s to 21s. a week for a moderate family
- PURPLE: Mixed. Some comfortable others poor
- PINK: Fairly comfortable. Good ordinary earnings.
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Hotspots of deprivation 100 years ago



Percentage at high risk of diabetes

- 0.0-5.5
 - 5.5-8.3
 - 8.4-11.3
 - 11.4-13.7
 - 13.8-17.3
- Hospitals
● GP practices

Hotspots of diabetes risk today..

Thank You!