Health Inequalities Inquiry
Diabetes UK Scotland

Diabetes and health inequalities

In Scotland, there are approximately 200,000 people with diabetes\(^1\). Around half these will be from disadvantaged communities, who are less likely to access the appropriate care\(^2\). Each year, this number of people diagnosed in Scotland increases by around 13,000 or 7%, which has been attributed to genetic predisposition together with lifestyle-related factors, such as a sedentary lifestyle and diets that are high in animal fats and added sugars.

Over 85% of those diagnosed in Scotland have Type 2 Diabetes. There are also thought to be about 60,000 people with undiagnosed diabetes in Scotland\(^3\). The Health Board areas with greater than the average undiagnosed diabetes are the predominantly rural areas of Dumfries and Galloway, Borders, Grampian, Western Isles, Argyll and Clyde and Highland.

The costs of treating diabetes and its complications are putting increasing pressure on the NHS. Uncontrolled diabetes can lead to long-term complications, such as cardiovascular disease, blindness and kidney failure. The recent NHS QIS follow-up review of Diabetes Care\(^4\), indicated that the cost of treating diabetes and its complications now accounts for over £1bn or about 10% of the NHS budget in Scotland.

Deprivation

Deprivation is strongly associated with higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control. All these factors are linked to the risk of diabetes and an increase in the risk of serious complications amongst those already diagnosed. 17% of the registered diabetic population live in the most affluent areas compared to 22% living in the most deprived areas.\(^5\) In depth regional analysis shows a starker picture, in some areas of Tayside the prevalence of diabetes in areas of deprivation is 70% higher than other districts.\(^6\) Complications of diabetes such as heart

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1. Scottish Diabetes Survey 2006
2. Lubna Kerr, Diabetes Voices, March 2007, volume 52, Issue 1, p36
3. Scottish Parliament, Written answer, S3W-672
disease, stroke and kidney damage are three and a half times higher in the lower socio-economic groups\(^7\).

Reducing smoking amongst the population has been a key target of the Scottish Government in improving public health generally. People in lower socio-economic groups are twice as likely to smoke than those in higher socio-economic groups (13\% vs. 26\%)\(^8\).

Socio-economic deprivation has been shown to play a part in people’s ability to overcome physical and economic barriers to accessing healthy foods. Type 2 diabetes has been increasingly discovered in younger people and Diabetes UK Scotland agrees with the BMA\(^9\) that deprivation limits access to safe play areas, safe physical activities and leads to a shortage of money to take part in physical activities.

Information and education are important for all people diagnosed with diabetes. The need is even more pressing for people who come from areas of social and economic deprivation who are more likely to suffer from complications of diabetes due to poorer control of their diabetes. People from all deprived areas require extra information, support and encouragement to attend diabetes clinics and screening for diabetes complications such as retinopathy\(^{10}\).

**Men and Women**

There are differences that can increase the risk of developing type 2 diabetes between the genders. For men, low levels of physical activity and having hypertension are additional factors associated with significantly higher odds of type 2 diabetes. For women, socio-economic deprivation is associated with significantly higher odds of type 2 diabetes. Amongst women with diabetes in lower socio-economic groups obesity is nearly 50 per cent higher \(^{11,12}\).

These risk factors are borne out by data from the Scottish Diabetes Survey. The survey shows that there is indeed a difference in the prevalence of diabetes between men and

\(^7\) Diabetes and Disadvantage, Diabetes UK, 2006
\(^8\) Measuring quality in primary medical services using data from SPICE, SPICE July 2007
\(^9\) Preventing childhood obesity - A report from the BMA Board of Science, British Medical Association 2005
\(^10\) Report into Diabetic Retinopathy Screening in Scotland and Recommendations for Improving Screening Uptake, Diabetes UK Scotland 2006
\(^11\) Diabetes and Disadvantage, Diabetes UK, 2006
\(^12\) Health Survey for England 2006: CVD and risk factors adults, obesity and risk factors children; NHS Information Centre, January 2006
women in Scotland 53.7% compared with 46.3%. A breakdown by each health board shows that the difference in rates between men and women is even more apparent in rural areas.\(^{13}\)

**Minority Ethnic groups**

People from Scotland’s minority ethnic communities are at a higher risk of developing diabetes than those from the white population.\(^{14}\) However not only do South Asian populations have a higher incidence of diabetes, but also compared to the general UK population this group find accessing appropriate healthcare is affected by cultural, language, religious and family barriers.\(^ {15}\)

- South Asians are six times more likely to have Type 2 diabetes than someone from the white population
- In the African-Caribbean community Type 2 diabetes is up to five times more prevalent than in the white population
- Recent figures suggest that 20 per cent of the South Asian community and 17 per cent of the African Caribbean community living in the UK have Type 2 diabetes in contrast to 3 per cent of the general population.
- South Asians and those from the African Caribbean community tend to develop Type 2 diabetes at an earlier age than people from the white population (25 years and over compared with 40 years and over in the white population)

Minority ethnic communities are also at risk of developing diabetes complications.\(^ {16}\)

People from deprived or minority ethnic communities are less likely to have their body mass index or smoking status recorded. They are also less likely to have records for HbA1c, retinal screening, blood pressure, and neuropathy, or flu vaccination.\(^ {17}\)

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13 Scottish Diabetes Survey 2007
14 Focus on Diabetes: A guide to working with black and minority ethnic communities in Scotland living with long term conditions, National Resource Centre for Ethnic Minority Health/ Diabetes UK Scotland, 2006
15 Lubna Kerr, Diabetes Voices
16 Navid Sattar, Glasgow University Study 2005, Journal of Diabetic Medicine, Jan 2006
17 Diabetes and Disadvantage, Diabetes UK, 2006
South Asians and those from the African Caribbean community are susceptible to developing long-term complications 5 years sooner than people from the white population.

Recent research has shown that people from the South Asian community are doing less well in managing blood glucose levels, than those from the general population. This leaves them at a higher risk of developing serious complications such as blindness, kidney disease and amputations.

For those with diabetes, morbidity is much higher. Reasons for this include socio-economic deprivation, genetic risk factors, displacement and mobility, discrimination and racism, language and communication and access to services.

Conclusion

The links between diabetes and health inequalities are well documented and reflect many aspects of the links between deprivation and other public health areas. Scotland’s diabetes population is increasing and whilst this should not be taken as a signal that this growth is linked alone to deprivation, addressing some of the health inequalities present in the causes and treatments of diabetes, will be of benefit to those whose diabetes treatment and future is affected by health inequalities.

Diabetes UK would be very pleased to contribute to any further discussion the committee may wish to explore.

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