Us, diabetes and a lot of facts and stats
Hello

Diabetes is incredibly rich with data. But it’s not always the easiest of conditions to understand.
Along with all the key facts and statistics, this document explains some basics about diabetes. We also cover how our work is tackling the problems some of these statistics reveal.
Many of these statistics come from regular audits of diabetes care from across the UK. The others come from tracking our work, from our own surveys, or from research studies.
Together they make clear just how serious diabetes is. We don’t have room for all the solutions here but if you have more questions about our work, please get in touch.
If you’re a journalist, we can also help you put a face to diabetes by putting you in contact with people who have diabetes.
While there are hundreds of facts and stats here for you to use, this isn’t all of them. If there is something you’d like to know which isn’t covered, ask us as we probably have it. That includes being able to give you facts and stats local to you.
You can get more help with facts and stats by emailing stats@diabetes.org.uk
Thank you,
Simon O’Neill
Director of Health Intelligence and Professional Liaison

About our facts and stats

If you’ve got diabetes
We know seeing a lot of these statistics is difficult. But we think it’s important to talk about them. Not enough people understand the damage diabetes can do. And research into diabetes doesn’t get enough funding. To change this we need to make clear the truth about diabetes. If any of the statistics worry you please talk to our helpline. You can call 0345 123 2399 or in Scotland call 0141 212 8710 from Monday to Friday, 9am to 6pm. You can also get in touch by email helpline@diabetes.org.uk

Keeping up to date
Because facts and stats change frequently we’re always updating this document. You can help us make sure the most accurate data is being used by always clicking on this document from our website rather than downloading it to your desktop.

The basics
This section gives you a brief introduction to the subject. As with everything here, it’s been approved by our Clinical, and Knowledge and Insight team, so can be dropped into your work should you wish.

What we do
You can find out about the range of our work here. It’s far from comprehensive so if you’d like to know more please get in touch by emailing stats@diabetes.org.uk

What you need to know
There are certain ways some statistics must be presented and certain ways others can’t. This section gives you a bit of background about the statistics so you can use them correctly.

Involving people with diabetes in your work
Statistics alone don’t give the full story of diabetes. If you’re a journalist, we can help you find people to talk about life with diabetes so you can tell the full story. All you need to do is email stories@diabetes.org.uk
What you need to know

The basics

More people than ever have diabetes. And the number of people experiencing complications or dying because of their diabetes is growing too. Our work has never been more important.

Headline stats

What we do about it

We’re fighting for a world where diabetes can do no harm. And as the UK’s leading diabetes charity, it’s our job to tackle the challenges individuals and the country face because of it. We provide information, advice and support to people with all types of diabetes so they can learn to live well with their condition. And we bring people together so they can learn from each other and get to grips with diabetes. Our campaigns make sure diabetes is at the top of the political agenda and we fight to make sure everyone gets the care they need. Our research builds our knowledge of diabetes, develops improved treatments and will, one day, find a cure. We can only do all this thanks to our supporters whose donations and fundraising make all of our work possible.

What you need to know

We talk about the number of complications rather than the number of people experiencing them because how they’re counted is different. Heart failure, heart attacks and stroke are counted as the number of people experiencing them. But each amputation is counted as a complication, so one person might have several amputations in a year. It’s fine to say, “Thousands of people with diabetes have complications like heart attacks, stroke, and amputations every week.” While the actual number of complications experienced is going up we think the percentage of people with diabetes experiencing them is going down, certainly compared to 50 years ago. Because of the limited amount of data collected in the past we can’t say this for sure.

You can find out more at www.diabetes.org.uk
Headline stats

Infographics available

1. **4.7 million** people in the UK have diabetes.

2. Someone is diagnosed with diabetes every **two minutes**.

3. **At least 10,350** people in the UK have end stage kidney failure because of their diabetes.

4. **More than 1,700** people have their sight seriously affected by their diabetes every year in the UK.

5. **Every week** diabetes leads to more than
   - **169 amputations**
   - **680 strokes**
   - **530 heart attacks** and almost **2,000 cases of heart failure**.

More than **500** people with diabetes die prematurely every week.
The basics

Diabetes is a condition where someone has too much glucose – a type of sugar – in their blood. When people don’t have diabetes their blood sugar levels are controlled by insulin produced in their pancreas. If someone has diabetes, they’re either not producing insulin, or the insulin they do produce can’t work properly or there isn’t enough of it. This means that sugar builds up in their blood and can’t get into the cells of their body where it’s used for fuel. Too much sugar in the blood can lead to sight loss, amputation, kidney failure, stroke and death.

The dramatic increase in obesity is the main reason there are so many more people living with Type 2 diabetes today than 20 years ago.

What we do about it

We’ve been helping people with diabetes since 1934. Back then, before the NHS, people had to pay for their own healthcare. HG Wells and Dr RD Lawrence founded us to “give mutual aid and benefit and to promote the study, the diffusion of precise knowledge and the better treatment of diabetics in this country.” Since then we’ve been at the forefront of finding out more about diabetes, sharing knowledge, discovering better treatments, improving the quality of care, and making sure diabetes doesn’t get in the way of someone living their life. Together with our supporters, fundraisers, donors, volunteers and campaigners we will build a world where diabetes can do no harm.

What you need to know

The Secretary of State for Health and Social Care agrees the budget and overall priorities for the NHS in England, whereas the devolved governments have responsibility for healthcare in Scotland, Wales and Northern Ireland. The number of people diagnosed is counted separately in each nation. The number of people who have Type 2 diabetes but are not diagnosed is an estimate. We’re able to do this by using the Diabetes Prevalence Model which uses survey data and key demographics like age, sex and ethnicity in the population to estimate the number of people with Type 2 who are undiagnosed.
How many people have diabetes

1. 4.7 million people in the UK have diabetes.

2. One in 15 people in the UK have diabetes.

3. The number of people diagnosed with diabetes in 1998 was 1.4 million. In 2018, there were more than 3.8 million. This means the number has more than doubled in 20 years.

4. The number of people diagnosed with diabetes in England is more than 3,222,500, Scotland is more than 295,700, Wales is more than 194,600, and Northern Ireland is more than 96,100.

5. All of the people living with diabetes in the UK could fill Wembley Stadium 52 times over.

6. The number of people diagnosed with diabetes has more than doubled in 20 years.

In 1996 there were 1.4 million people diagnosed. In 2019 there are 3.8 million.
The basics

**Type 1** develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin. Everyone with Type 1 needs to treat their diabetes by injecting insulin or using an insulin pump.

**Type 2** develops when the body still makes some insulin but it’s not able to work properly or there isn’t enough. Some people can manage it with a healthy diet, regular physical activity and, if they need to, by losing weight. But the longer someone has Type 2, the more likely it is that they will need medication. About a quarter of people with Type 2 will eventually need to take insulin.

About 2% of people have **other types of diabetes**. These include different types of monogenic diabetes, cystic fibrosis-related diabetes, and diabetes caused by rare syndromes. Certain medication such as steroids and antipsychotics, surgery or hormonal imbalances could also lead to other types of diabetes.

**MODY** is short for maturity onset diabetes of the young, a type of monogenic diabetes. There are several different types of MODY and they need to be treated differently.

What we do

Our research has helped us understand more about why some people are more at risk of Type 1 diabetes or Type 2 diabetes. Our **DIRECT research** has been able to put the Type 2 diabetes of **almost half the people** who took part into remission. And we’re understanding more about the immune attack that causes Type 1 diabetes so that one day we can stop it happening. Back in the 90s we set up the **Exeter Monogenic Diabetes Team**. With our funding they have been able to discover different types of MODY. The lab is recognised around the world for its expertise and people with rare types of diabetes now get quicker diagnosis and the right treatment.

What you need to know

The figures we get about the number of people with diabetes don’t differentiate between types of diabetes. We look at the national diabetes audits and Scottish Diabetes Survey to estimate figures for Type 1, Type 2 and other rarer types. Numbers for these more unusual types of diabetes, like MODY, cystic fibrosis-related diabetes, and diabetes caused by rare syndromes, are not broken down any further. These numbers don’t count gestational diabetes.

You can find out more at **www.diabetes.org.uk/diabetes-the-basics**
The basics

The symptoms of Type 1 diabetes come on very quickly – over a few days or weeks – and need urgent treatment. Without it, consistently high blood sugar levels can lead to a condition called diabetic ketoacidosis or DKA for short. This happens when a severe lack of insulin means the body cannot use glucose for energy, and the body starts to break down other body tissue as an alternative energy source. Ketones are the by-product of this process. Ketones are poisonous chemicals which build up and, if left unchecked, will cause the body to become acidic. DKA can kill.

The symptoms of Type 2 diabetes are rarely as obvious and are often put down to old age or not considered serious enough to go to the doctors. But the longer people’s blood sugar levels stay too high, the more at risk they are of serious complications.

Diagnosis

Early diagnosis is vital.
Complications can begin five to six years before some people actually find out they have Type 2 diabetes.

One in three people will have complications with their eyes, feet, kidneys or nerves by the time they’re diagnosed with Type 2 diabetes.

6 in 10 people have no symptoms when they’re diagnosed with Type 2 diabetes.

23% of children are diagnosed with diabetes in diabetic ketoacidosis (DKA).

What we do

Our 4Ts campaign was created to make sure people know the four main symptoms of Type 1 diabetes: tired, thirsty, toilet, thinner. It was created to help parents, grandparents, schools and healthcare professionals think of Type 1 diabetes before a child went into DKA. For parents of newly diagnosed children we have the Type 1 Bag, which helps them get through those first few months and explains how we can help. Our Know Your Risk events and free online tool help people find their risk of Type 2 diabetes. We don’t diagnose people but we encourage them to see their doctor if they’re at high or moderate risk.

What you need to know

Along with the 4Ts – toilet, thirsty, tired, thinner - other symptoms of diabetes include infections like thrush, cuts and wounds taking longer to heal and blurred vision. You can find out more at www.diabetes.org.uk/diabetes-the-basics/diabetes-symptoms
The basics

Your risk of Type 2 diabetes increases the older you get and whether you’re a man (slightly more at risk) or a woman. It also increases if you have a close family member with diabetes and if you’re from a black or South Asian background. These are risk factors people can’t do anything about.

But people’s risk of Type 2 diabetes is also increased by being overweight – especially around the belly – and if they have a history of high blood pressure. People can do something about these risk factors by being more active, eating better and losing weight. And it’s being overweight that is largely behind the dramatic increase of people with Type 2 diabetes and those at increased risk of it.

What we do

Our Know Your Risk events and online tool help people find out their risk and what they need to do to reduce it. With NHS England and Public Health England we set up the NHS Diabetes Prevention Programme, which supports people to reduce their risk with tailored support to lose weight and get more active. We campaign for a healthier society and are part of the Obesity Health Alliance who convinced the government to introduce the Sugar Levy. We’re now seeking action on better food labelling and the end of marketing junk food to children. Our Community Champions volunteer in communities more at risk of Type 2 diabetes and make them aware of what they need to do to reduce their risk of it.

What you need to know

Know Your Risk uses a risk score we developed with the University of Leicester and places people in one of four risk groups. The figures for the two lowest risk groups have recently changed. We will also be changing the names of the two highest risk groups because people found them confusing. But for the time being our Know Your Risk tool and volunteer packs still use the older names. For people in the lowest risk, 1 in 100 will get Type 2 diabetes in the next 10 years while for increased risk it’s 1 in 35. For people at high risk, our online tool calls moderate, it’s 1 in 7 people. While 1 in 3 people at very high risk, what our online tool calls high risk, will get Type 2 diabetes in the next 10 years.

You can find out more at www.diabetes.org.uk/preventing-type-2-diabetes
How many people are at risk of Type 2 diabetes?

Infographics available

1. By 2025 we think **more than 5 million** people will have diabetes in the UK.

2. By 2030 we think **more than 5.5 million** people will have diabetes in the UK.

3. **More than half** of all cases of Type 2 diabetes could be prevented or delayed.

4. Obesity is responsible for **80 to 85%** of someone’s risk of developing Type 2 diabetes.

5. **12.3 million** people are at increased risk of Type 2 diabetes in the UK.
How many people are at risk of Type 2 diabetes?

Infographics available

6
68% of men are overweight or obese.

7
59% of women are overweight or obese.

8
Three out of five cases of Type 2 diabetes can be prevented.

9
South Asian and black people are two to four times more likely to develop Type 2 diabetes than white people.

How many people are at risk of Type 2 diabetes?

Infographics available

10
You are more at risk of Type 2 diabetes if you have a close family member who has diabetes.

11
You can reduce your risk of Type 2 diabetes by healthy eating and being more active.

12
Adults should do two and a half hours a week of moderate activity like swimming, cycling on the flat, or walking.

13
Adults should do activity which improves muscle strength – like carrying shopping, digging in the garden or yoga – at least twice a week.

14
In England and Scotland, only 67% of men and 55% of women are meeting recommended physical activity level.
The basics

Along with how it affects people and their families, the NHS is in danger of being overwhelmed by diabetes. It’s expensive. With so much being spent on complications, there has never been a more important time to make sure people with diabetes get the support they need to manage their condition and that we do more to prevent Type 2.

What we do

We made the case for NHS England to spend a further £44 million on a diabetes transformation fund, which is being spent on improving care to reduce the number of people experiencing complications. A similar £1.7 million fund has been made available in Northern Ireland. The Diabetes UK Professional Conference brings together thousands of healthcare professionals and researchers to share the best ways to improve care. We also have a team collecting examples of the best care for people and sharing them across the NHS. Our Clinical Champions Programme develops clinicians to lead changes in diabetes care local to them. In 2015 we successfully campaigned to end the unfair prescription fines thousands of people with diabetes were handed. Those fined were refunded.
Diabetes and the NHS

Infographics available

1. The NHS spends at least £10 billion a year on diabetes. That's 10% of its entire budget.

2. One in six people in a hospital bed has diabetes.

3. In some hospitals over a quarter of beds are used by people with diabetes.

Diabetes and the NHS

Infographics available

The amount the NHS spends on diabetes is:

- £192 million a week
- £27 million a day
- £1 million an hour
- £19,000 a minute
- £315 a second
People with diabetes are **twice as likely** to be admitted to hospital.

In 2017/18 there were **53.4 million** items prescribed for people with diabetes. This increased from **30.8 million** prescription items 10 years earlier.

Almost **80%** of the money the NHS spends on diabetes is on treating complications.

In one year the diabetes transformation fund has led to an extra:

- **96** inpatient specialist nurses and related staff in inpatient teams.
- **94,000** places on education courses being available
- **185** staff appointed to footcare teams across 80 hospitals

inpatient specialist nurses and related staff in inpatient teams.
Heart attacks, stroke and cardiovascular disease

The basics

People with diabetes are more at risk of heart attack, heart failure and stroke because of damage to the heart and blood vessels caused by high blood sugar levels over a long period of time. Also having high blood pressure, high cholesterol and smoking increases people’s risk of these cardiovascular complications. By quitting smoking, moving more, eating better and taking all their medication correctly, people can reduce their risk of heart attacks, strokes and heart failure. Everyone with diabetes should get their cholesterol, blood pressure and blood sugar levels checked each year.

What we do

From 1977 to 1990 we helped fund a huge study called the UK Prospective Diabetes Study. 5,000 people with Type 2 diabetes took part in the trial which showed that improved blood glucose levels and blood pressure reduced complications. At the end of the trial, the overall risk of complications affecting small blood vessels dropped by a quarter. 30 years on, follow-up results showed a positive impact on the risk of eye and kidney complications, heart attacks and death. Another piece of our research which changed the way Type 2 diabetes was treated was a trial called CARDS. It showed that statins – a cholesterol-lowering drug – could reduce the risk of people with Type 2 diabetes experiencing a heart attack by a third and a stroke by almost half.

You can find out more at www.diabetes.org.uk/cardiovascular-disease
Heart attacks, stroke and cardiovascular disease

1. Compared to people without diabetes, people with diabetes are:
   - nearly 2.5 times more likely to have a heart attack
   - more than 2.5 times more likely to experience heart failure
   - 2 times more likely to have a stroke.

2. Compared to people without diabetes, people with Type 1 diabetes are:
   - More than 4 times as likely to have a heart attack
   - 4.5 times more likely to experience heart failure
   - 3.5 times more likely to have a stroke.

Every year diabetes causes more than:
- 27,000 heart attacks
- almost 100,000 cases of heart failure
- 35,600 strokes.
Heart attacks, stroke and cardiovascular disease

**Info graphics available**

4 Compared to people without diabetes, people with **Type 2 diabetes** are

- **Nearly 2.5 times** more likely to have a heart attack.
- **More than 2.5 times** as likely to experience heart failure.
- **2 times** as likely to have a stroke.

5 Diabetes causes **one in five** strokes.

6 **One quarter** of people who end up in hospital because of a stroke, heart attack or heart failure have diabetes.

7 **Every week** diabetes causes more than

- **530** heart attacks and almost **2,000** cases of heart failure
- **680** strokes.
The basics

People with diabetes are more at risk of foot problems because high blood sugar levels over a long period of time lead to nerve and blood vessel damage. Nerve damage means people stop feeling pain in their feet so might not realise if they’ve cut or burned themselves. Blood vessel damage makes it harder for the body to heal itself. Even small cuts and burns can lead to ulcers and infections, which can end in an amputation. This is why people with diabetes should check their feet every day, go to their annual foot check and get urgent treatment if they develop any foot problems.

What we do about it

We set up the UK’s first ever diabetic foot clinic in 1981 at King’s College Hospital, London. After three years the number of major amputations had halved. Nearly 40 years on we continue to work with the NHS to improve footcare. Our Shared Practice and Policy teams work closely with NHS managers and clinicians to make sure hospitals have the right teams in place so they can prevent amputations. Our Putting Feet First campaign explains how people can take care of their feet. In the research world we’re looking to speed up and improve the treatment of foot ulcers. We’re also funding research into new treatments for a diabetic foot complication called Charcot foot, which causes the bones in the foot to collapse.

What you need to know

We’re not exactly sure why so many people die so soon after an amputation. We think it’s because if someone needs an amputation it’s often a sign of an extremely damaged cardiovascular system. This means they will also be at increased risk of other complications like heart attacks, heart failure and stroke. People might not get the right treatment or care because they delay getting a foot problem looked at or they’re not referred to a specialist quick enough. A minor amputation is below the ankle, so could be a whole foot or any number of toes or part of a foot like the heel. A major amputation is above the ankle.

You can find out more at www.diabetes.org.uk/feet

If you or someone close to you has diabetes and you’re concerned by what you’ve read, please call our helpline. You can call 0345 123 2399 or email helpline@diabetes.org.uk from Monday to Friday, 9am to 6pm.
Amputations

Infographics available

1. Diabetes leads to more than 8,500 leg, toe, or foot amputations every year. That’s more than **160 a week.**

2. Someone with diabetes is **20 times more likely** to experience an amputation than someone without diabetes.

3. **Around half** of all people who experience a major amputation will die within two years.

4. More than four in 10 people who have a foot ulcer will die within five years.

5. Studies suggest that between **70,000 and 90,000** people with diabetes have a foot ulcer in any given week.

6. **Diabetes causes:**

   - 2018
   - 8,793 amputations **per year**
   - 169 amputations **per week**
   - 24 amputations **per day**
   - 1 amputation **per hour**.
The basics

People with diabetes get eye problems because high blood sugar levels, blood pressure and cholesterol over a long period of time damage the blood vessels in the retina. Eventually the retina – the seeing part of the eye – gets damaged. It’s called retinopathy and can lead to sight loss. Retinopathy has no obvious symptoms in the early stages and a lot of damage can be done before someone notices any sight loss. The early stages of retinopathy can be reversed if people can lower their blood sugars and blood pressure. Later stage retinopathy can be slowed down by treatment and can prevent sight loss. Everyone with diabetes should have a photograph taken of the back of their eyes regularly, and every year if any damage is detected.

What we do

In the 1980s we funded Professor Roy Taylor to set up a mobile eye screening service in Newcastle. By taking photos of people’s eyes and analysing them on the spot he was able to screen more people and get them any treatment they needed. After Professor Taylor showed his screening method was more practical and effective than other methods he also showed it worked on a large scale. We then campaigned for a nationwide eye screening programme for people with diabetes which was rolled out in 2002. By 2009 Newcastle was the first place in the UK where diabetes wasn’t the leading cause of sight loss in the working age population. That effect is now spreading across the UK. Other research projects we are funding are looking at improving treatment of retinopathy, limiting its damage and detecting it even earlier.

What you need to know

Retinopathy doesn’t always affect eye sight. While almost everyone with Type 1 might eventually experience some degree of retinopathy it doesn’t mean everyone will experience sight loss. People with sight loss are split between being severely sight impaired or sight impaired. Being partially sighted means you still have some vision but you can’t see well enough to drive.

You can find out more at www.diabetes.org.uk/eyes
More than 1,700 people have their sight seriously affected by their diabetes every year in the UK. That’s more than 30 people every week.

Diabetes is responsible for 5% of all sight loss in the UK.

7% of people with newly registered sight loss have diabetes in England and Wales.

Diabetes is one of the leading causes of preventable sight loss in the UK.

14% of working age people who have severe visual impairment have diabetes.

Diabetes makes you one and a half times more likely to get glaucoma and twice as likely to get cataracts. Both can lead to sight loss.

Almost half of people with Type 1 diabetes have some form of diabetic retinopathy.

More than a quarter of people with Type 2 diabetes have some form of diabetic retinopathy.

After 20 years of living with diabetes almost:

- everyone with Type 1 will have some degree of retinopathy.
- two thirds of people with Type 2 will have some degree of retinopathy.
The basics

Kidney disease is called nephropathy or renal disease. It’s caused when high blood sugar levels damage blood vessels in the kidneys. It develops slowly over many years so it usually affects people who’ve had diabetes for a while. Catching kidney damage early means it can be treated. If it hasn’t been caught early or the damage gets worse then people can eventually require kidney dialysis or a transplant. This is called kidney failure or end stage renal disease. Everyone with diabetes should have their blood and urine checked each year to check for any problems with their kidneys.

What we do

Professor Harry Keen qualified as a doctor on the day the NHS was established. He became one of the world’s leading diabetes researchers. We were alongside him the whole way. In 1964, with our funding, he developed a way to screen people with diabetes for kidney failure. What he discovered still forms the basis of the urine test we use today to screen for kidney disease. Since 1964 our research has continued to hunt for new ways to prevent and treat kidney failure.

What you need to know

We don’t have a weekly figure for kidney failure because it’s an ongoing problem. Once someone needs kidney dialysis they’re on it for life or until they get a transplant. This means it doesn’t make sense to divide it into weeks like we can do with other complications. We have such varying figures for kidney problems because of the way they are counted. The UK Renal Registry only counts people whose reason for being on there is recorded as diabetes. This means people might be recorded as having another contributing factor or not even counted at all.

You can find out more at www.diabetes.org.uk/kidneys

Kidney disease

Infographics available

1  At least 10,350 people in the UK have end stage kidney failure because of their diabetes.

2  More than one in three people who need kidney dialysis or a transplant have diabetes.

3  Almost one in five people with diabetes will need treatment for kidney disease during their lifetime.

4  We think there are more than 22,650 people in the UK who need dialysis or a kidney transplant because of their diabetes.

5  People with diabetes are five times more likely to need either kidney dialysis or a kidney transplant.
The basics

Living with diabetes is tough. It never stops. And managing it, for the most part, is down to the person who’s living with it. Someone newly diagnosed with Type 2 might have to deal with changing their lifestyle and breaking habits they’ve had for decades. Others with Type 2 will have to cope with a diagnosis and immediately deal with a complication. People with Type 1 need to get their insulin right every single meal. They might need to adjust it for exercise, how they’re feeling, whether they’re ill or even just because of the weather. Getting this right all the time is impossible. Some people with Type 1 get anxiety because of their fear of hypos. A lot of people feel guilt, always wondering if there’s more they can be doing. There are lots more reasons why someone with diabetes might experience mental health problems.

Mental health and depression

What you need to know

We’re there for people. Our helpline provides emotional support to anyone with diabetes who gets in touch. Our local support groups bring people with all types of diabetes together to offer each other support and advice, and share experiences. The Diabetes UK Support Forum does the same thing, with thousands of people ready to answer questions, listen and offer tips morning, noon and night. Even talking about mental health problems on social media can help. It means people know they’re not the only one having trouble and encourages people to be open about what they’re going through.

What we do

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What you need to know

There’s a difference between having depression and diabetes and depression which is caused by diabetes. And they need to be treated differently. Mental health problems caused by diabetes are commonly known as diabetes burnout. What diabetes burnout means is different to different people. Some people will feel completely fed up and exhausted about managing their diabetes. Others might stop engaging with it by not checking their bloods or going to appointments, while others might stop taking their medication.

You can find out more at www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/emotional-issues
People with diabetes are twice as likely to suffer from depression. And are more likely to be depressed for longer and more frequently.

Around 40% of people with diabetes struggle with their psychological wellbeing, often because of the demands of diabetes.

64% of people sometimes or often feel down because of their diabetes.

The NHS spends an extra 50% treating the physical health of someone who has Type 2 diabetes and poor mental health compared to someone with Type 2 and no mental health problems.

33% of people contacting our helpline in 2017 were calling for emotional support.

For people without diabetes, having depression increases someone’s risk of Type 2 diabetes by 60%.

Less than a quarter of people with diabetes get the emotional and psychological treatment they need from the NHS.
The basics

People have to manage their diabetes themselves. There’s a lot to learn about living with it, it’s complicated, and someone’s diabetes can change over time. Getting it right more often than not isn’t simple. People with diabetes are given a target for their blood sugar levels. They’re a little higher than someone without diabetes but not by much. The more often they’re in this safe range, the better they generally feel and the lower their risk of complications. But lots of different things affect blood sugar levels and what works one day, might not work the next.

Management of diabetes

What we do

We help people get to grips with their diabetes, whether it’s through our events or the information and support we give on our helpline and website. In 2000 we funded a team to design the DAFNE course, which helps people with Type 1 diabetes get their insulin right and adjust it to how they want to live their life. The extra money we campaigned for the NHS to spend on diabetes in England and Northern Ireland is partly going towards getting more people on diabetes education courses. On our website people with diabetes can understand more about their condition by using our free Learning Zone. It tailors information, giving people the knowledge they need for their life, when they need it. Our Community Champions work with their local communities to offer information and support about living with diabetes.

What you need to know

The number of people meeting treatment targets is a little complicated. NICE is the National Institute for Health and Care Excellence. They give advice and guidance to the NHS about the standard of care people should be getting and the outcomes they should be achieving. One way this is done for people with diabetes is using a HbA1c check, which measures someone’s average blood glucose level over three months. NICE says people with Type 1 or Type 2 should have a HbA1c of under 48 mmol/mol (6.5%). For people with Type 2 who are on medication it is 53 mmol/mol (7.0%). People who do not have diabetes will have a HbA1c of under 42 mmol/mol (6%). NICE also recommends people with diabetes have a blood pressure of 140/80 and a cholesterol of 4mmol/l (which is a lower target than people without diabetes). The stats we use about treatment targets for this page are actually from the National Diabetes Audit which sets them slightly higher. So it’s likely even fewer people are meeting the NICE targets than stated. Whatever the statistics, the lower someone’s HbA1c, cholesterol and blood pressure the more they reduce their risk of complications.

You can find out more at www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes
Management of diabetes

Infographics available

1. **Over two thirds** of people don’t fully understand their diabetes.

2. 15% of people with Type 1 and 6% of people with Type 2 have exceptionally high blood glucose levels, putting them at serious risk of complications.

3. **Fewer than one in five** people with Type 1 diabetes are meeting the recommended treatment targets that will reduce their risk of complications.

4. **Two in five** people with Type 2 diabetes are meeting the recommended treatment targets that will reduce their risk of complications.

5. People who go on diabetes education courses have lower blood glucose levels, improved health and fewer complications.
DAFNE, a diabetes education course for people with Type 1:

- reduces time spent with blood glucose levels at dangerously high levels
- reduces people’s blood glucose levels
- and means fewer serious hypos.

The X-PERT and DESMOND courses:

- increases people’s diabetes self-management skills and confidence
- improves their blood glucose levels
- and reduces cardiovascular risk factors.

People with diabetes spend around three hours with a healthcare professional every year.

For the remaining 8,757 hours they must manage their diabetes themselves.
There are nine checks that every person with diabetes should get every year. These are things like HbA1c, cholesterol, blood pressure, kidney, eye and feet checks. They help spot complications or increasing risk of complications. They also give people a chance to set some targets to work towards with their healthcare professionals. When people with diabetes go into hospital – whether it’s because of their diabetes or something else – they still need the right care. That means being able to get their medication, treat their diabetes and manage their condition. Sometimes they’ll be able to do this themselves, other times they’ll need nurses and doctors to do this for them.

Along with the nine checks, there are other elements of care everyone with diabetes should get each year. We call them the 15 Healthcare Essentials. We make sure people know what care they should get and support them to access it. Our Clinical Champions and Shared Practice and Policy teams work together to improve care for people across the NHS whether it’s their GP or practice nurse, known as primary care, or with specialists or during a hospital stay.

There is a wealth of diabetes-related statistics. There are annual audits of care and what care people get can be drilled down to as local as a GP practice. If you’d like more help finding local statistics email stats@diabetes.org.uk

We only talk about eight health checks in our infographics because the National Diabetes Audit only collects data on eight. The audit doesn’t collect data on eye screening as that’s the responsibility of Public Health England. The eight checks the audit collects data on are HbA1c, blood pressure, cholesterol, a foot examination, two tests of kidney function, body mass index (BMI) and asking if someone smokes.

You can find out more at www.diabetes.org.uk/15-healthcare-essentials
Almost one in three people with diabetes will experience a medication error during their hospital stay.

Nearly two fifths of people treated with insulin will experience an insulin error during their hospital stay.

57% of people with Type 1 and 41% of people with Type 2 don’t get eight basic health checks every year.
Diabetes care and care in hospitals

Infographics available

4

More than a quarter
of hospitals do not have a dedicated diabetes inpatient specialist nurse.

5

Almost one fifth
of people with diabetes will have a hypo during a hospital stay.

6

1.3%
had a severe hypo during their hospital stay.

7

28% of people
needed to see a specialist diabetes team during their hospital stay but didn’t.

8

1 in 25 inpatients
with Type 1 diabetes develop dangerously high blood sugars during their hospital stay.

9

Less than two thirds
of people with serious foot problems have a proper foot check within 24 hours of being admitted to hospital.
The basics

Diabetes affects every part of someone’s body. And it makes having a baby even more complicated. In order to have a safe pregnancy, keeping blood sugars levels as balanced as possible is even more important.

**Gestational diabetes** is a type of diabetes that affects pregnant women, usually during the second or third trimester. Women with gestational diabetes don’t have diabetes before their pregnancy, and after giving birth it usually goes away. It’s caused by the hormones produced during pregnancy which can make it difficult for your body to use insulin properly.

What we do

Our website and helpline provide women with the advice, support and information they need to have a baby. We’re funding various pieces of research aiming to help women with diabetes during pregnancy. One recent successful trial helped 16 women have babies by giving them an artificial pancreas to use through their pregnancy which helped them manage their blood sugar levels far more easily. We’re also funding research into gestational diabetes, including understanding its emotional impact and better supporting women to stay active through their pregnancy.

You can find out more at [www.diabetes.org.uk/pregnancy](http://www.diabetes.org.uk/pregnancy)

If you or someone close to you has diabetes and you’re concerned by what you’ve read, please call our helpline. You can call 0345 123 2399 or email helpline@diabetes.org.uk from Monday to Friday, 9am to 6pm.
Pregnancy and diabetes

Compared to women without diabetes, women with diabetes are:

1. **More likely** to have a pre-term baby
2. **More likely to** have a Caesarean section delivery
3. **As likely to** have a baby weighing more than 4kg.
4. Babies of women with diabetes are:
   - **5x** times as likely to be stillborn
   - **3x** times as likely to die in their first months of life.

Gestational diabetes is increasing due to levels of obesity and more pregnancies in older women.

5% of the 956,861 pregnancies in the UK in 2015 involved diabetes. Of these, around:

- **42,000** were from gestational diabetes
- **3,600** were from Type 1 diabetes
- **2,400** were from Type 2 diabetes
Sex and diabetes

The basics

Diabetes can affect every part of the body. And that means your penis or vagina too. The reasons people with diabetes experience sexual problems are the same as any other long-term complication – high blood sugar levels, cholesterol and blood pressure. They can damage the blood vessels and nervous system causing reduced blood flow and loss of sensation in sexual organs. It can affect both women and men and everyone with diabetes should be asked whether they’re having any sexual problems at their annual review. Sexual problems, particularly in men who struggle to get or keep erections, is an early sign of other complications so it’s vital people don’t ignore it. For people who use insulin, hypos and sex do not go well together. And just like any other kind of exercise, sex can send people’s blood sugar levels high or low.

What we do

Our helpline is there for anyone who’s got questions, needs advice or is looking for emotional support around sex. Our social media campaign, The One, used real life stories to promote being open about sex and diabetes. Our online communities will discuss anything from whether they keep their pumps on or off and what to do the first time you have sex with a new partner when you’ve got diabetes.

What you need to know

Sex and diabetes is one of the few areas where we struggle for data and, similarly, there hasn’t been much research into the problem either. Statistics and research are notoriously difficult to gather as it’s such a personal thing. What might be a problem for one person might not be for another. You can find out more at www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/sex-and-diabetes

Infographics available

1. Both men and women with diabetes are more likely to have sexual problems than people without diabetes.

2. More than one in four women with Type 1 diabetes have sexual problems.

3. Men with diabetes are three times more likely to have trouble getting or keeping an erection than men without diabetes.

4. Only 15 to 20% of men are asked about sexual problems during their annual review.
Children and diabetes

The basics

A lot of people with Type 1 diabetes are diagnosed as children. Most children will have been quite ill beforehand. For most parents it will be a total shock. Their family’s life has been turned upside down and suddenly there is an awful lot to learn very quickly. Along with coping with hypos, blood checking, and working out insulin doses, there’s an emotional sledgehammer to deal with too. Even though it is no one’s fault, parents often feel guilty. There’s also care in school and clubs to think about and making sure their child can take part in all the other adventures of childhood. Type 2 diabetes in children is on the increase but still very rare. As with Type 2 diabetes in adults, it can be treated by lifestyle changes and, in some cases, medication.

What we do

We make sure diabetes doesn’t get in the way of being a kid. Our 4Ts campaign raises awareness of the four main symptoms – toilet, thirsty, tired, thinner – so more children are diagnosed before they’re seriously ill. Our Type 1 Bag offers support and information to parents and lets them know how we can help. We convinced governments in England and Wales to change the law so children with all health conditions get the care they need in school. To help schools across the UK do this we created our Make the Grade packs, which explain what they need to do to get care right. If schools are struggling our helpline supports parents to get the care their child needs in place. Our local support groups give children and parents the chance to meet other people who are going through the same thing and learn from each other.

What you need to know

There is no way of knowing exactly how many children have Type 2 diabetes. We do know there are at least 6,000 children and people younger than 25 with Type 2 diabetes in England and Wales. You can find out more at www.diabetes.org.uk/children
Children and diabetes

Infographics available

1. **About 36,000** children under 19 years of age have diabetes.

2. **Around 90%** of children with diabetes have Type 1 diabetes.
   - About 10% have Type 2 and other types of diabetes like MODY, cystic fibrosis related diabetes or their diagnosis is not defined.

3. **23% of children** are diagnosed with diabetes in diabetic ketoacidosis (DKA).

4. The first children with Type 2 diabetes were diagnosed in the UK in the year 2000.

5. Most children are diagnosed with diabetes between the ages of 10 and 14.

6. **More than 3,000** children are diagnosed with diabetes every year.

7. **14%** of the problems our advocacy service dealt with in 2017 were to do with schools.
Access to technology

The basics

Insulin had not even been discovered 100 years ago. Before then Type 1 diabetes was a death sentence. Living with Type 1 diabetes after 1921 required reusable steel needles. And if you wanted to check your blood sugar levels it involved a urine test and a small science experiment. Even as late as the 1980s people had to draw up their insulin from a vial using a syringe. But since then technology has made living with diabetes easier.

What we do

Whenever there’s been a breakthrough in diabetes technology our research has normally been part of the story. In the 1970s we purchased the UK’s first artificial pancreas and showed that people with Type 1 diabetes could use an insulin pump to improve their blood glucose control. In the 1980s we funded the development of the first insulin pen which has made injections easier for millions of people. In the same decade our research developed the first ever electrochemical blood glucose meter, now an essential part of diabetes management across the globe. Along with developing the technology we’ve fought to make sure people can benefit from it. We’ve pushed the government to make clear everyone with diabetes should get the test strips they need. When they don’t we support them to fight any restrictions. We led a campaign to make flash monitoring – an even quicker way to check blood sugars – available on the NHS.

What you need to know

There is no data on how many people use an insulin pump or a pen. All of the data from this page is taken from our own surveys.


Access to technology

Infographics available

1

28% of people have problems getting the medication or equipment they need to manage their diabetes.

2

One in four people with diabetes aren’t prescribed the amount of test strips they need.

3

One in 20 of the problems our advocacy service dealt with in 2017 were about access to test strips.
Work, driving and diabetes

The basics

Diabetes affects more than just the body. It can make work, school, driving, even going on holiday a lot harder. While not everyone with diabetes considers themselves disabled, under the eyes of the law almost everyone with diabetes – certainly everyone with Type 1 – is recognised as having a disability. This means in England, Scotland and Wales people are protected from discrimination by the Equality Act 2010 and in Northern Ireland by the Disability Discrimination Act. Some of the common problems we deal with are people not being allowed to take rest breaks after a hypo or concerns about taking time off for appointments. Issues with driving are frequent as people with diabetes must renew their license more often, a constant worry for those who drive commercially. People will lose their license if they have two serious hypos – where someone is unable to treat a low themselves – in a year.

What we do

Our helpline provides people with advice about their rights and support to challenge issues caused by their diabetes. We successfully campaigned for the Driver and Vehicle Licensing Agency (DVLA) to reform their rules which were unfairly keeping some people with diabetes off the road. Thanks to our intervention serious hypos which happen when people are asleep no longer contribute to someone losing their license.

What you need to know

These statistics are taken from surveys and our helpline’s record of all the people who we’ve helped through 2017.

You can find out more at www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes
Work, driving and diabetes

Infographics available

1 People with Type 1 are twice as likely as people with Type 2 to feel diabetes has caused them difficulties at work.

2 1 in 5 people with Type 1 diabetes feel they have faced discrimination at work.

3 Of the problems our advocacy service dealt with in 2017 were about problems at work.

4 17% of the problems our advocacy service dealt with in 2017 were to do with driving.

5 Our advocacy service helped deal with 1,593 practical problems caused by diabetes in 2017.

6 37% of people feel their diabetes has caused them a problem at work.
Some numbers about us from 2017

**Infographics available**

1. Our volunteers gave more than 100,000 hours of their time.

2. Our helpline counsellors offered support and advice to people 15,100 times.

3. More than 9,000 people shared their stories for our Future of diabetes project.

4. More than 4,000 people took part in our 1 Million Step Challenge and raised four times as much as 2016.
More than 4,500 people signed up to support our Flash campaign.

More than 6,800 people joined our Food Upfront campaign demanding better labelling on food packaging.

In the last 10 years alone, we’ve invested £64 million in diabetes research across the UK.

Of our Clinical Champions are improving healthcare for people with diabetes in the NHS.
Some numbers about us from 2017

**Infographics available**

10. Our Diabetes UK Support Forum was visited over **half a million times** in 2017 by people looking for hints, tips and help managing their diabetes.

That's **twice as many** visits than in 2016.

11. We gave **20,000 healthcare professionals** and commissioners across the UK information and practical tools for improving diabetes care in 2017.

12. We helped **165,980 people** know their risk of Type 2 diabetes and what they can do to reduce it in 2017.

13. Two thirds of people in the general population would recommend us to someone.

**Some numbers about us from 2017**

**Infographics available**

14. We have more than **1,500 Diabetes Voices** campaigning for better diabetes care.

15. In 2017, more than **530 people** came to one of our **Type 1 Events**.

16. We raised **£35.9 million**.
What people think of us

Infographics available

- 71% of people with Type 1 diabetes would recommend us.
- 84% of people with Type 2 diabetes would recommend us.
- 87% of people with a family or friend who has diabetes would recommend us.

What you need to know

Fewer people with Type 1 diabetes recommending us is a historic issue and something we’ve worked hard to tackle over the last couple of years. We’ve spent more time talking about how Type 1 diabetes affects people’s lives, whether that’s your love life, nights out or just the general frustration of bewildering blood sugar levels.
What people think about diabetes

1. Diabetes affects more people than all cancers and dementia combined.

But just 17% of people think diabetes is serious.

When the general population are asked to rank conditions based on their impact on people’s health and life.

- **85%** Cancer
- **69%** Alzheimer’s
- **56%** Heart disease
- **52%** Mental illness
- **48%** Stroke
- **17%** Diabetes

And that reflects people’s willingness to support us.

Just 1% of the general population would pick us to donate £5 a month to.

- **22%** Cancer Research
- **20%** Macmillan
- **10%** British Heart Foundation
- **7%** Alzheimer’s Society
- **6%** Mind
- **1%** Diabetes UK
What people think about diabetes

2 The more everyone understands the damage diabetes can do the more likely they are to donate to us.

Once people know about **four or more** complications of diabetes we become the charity they’d **most likely donate to**.

<table>
<thead>
<tr>
<th></th>
<th>0 complications</th>
<th>1–3 complications</th>
<th>4+ complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes UK</td>
<td>4%</td>
<td>9%</td>
<td>20%</td>
</tr>
<tr>
<td>Macmillan</td>
<td>19%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Cancer Research</td>
<td>22%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Alzheimer’s Society</td>
<td>5%</td>
<td>6%</td>
<td>8%</td>
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<tr>
<td>British Heart Foundation</td>
<td>9%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

What you need to know

When we talk about the general population in these statistics we don’t count people with diabetes or people with a close connection to someone with the condition. When we talk about everyone, that includes the general population and people with diabetes and people with close connections to someone with the condition.

What people think about diabetes

3 Unprompted the following percentage of the general population could name these complications of diabetes.

- **25%** Sight loss
- **25%** Amputation
- **10%** Heart disease
- **7%** Kidney damage
- **6%** Foot ulcers
- **6%** Nerve damage
- **5%** Death
- **5%** Stroke
- **4%** Shorter life span
- **1%** Problems in pregnancy

But almost **one in five** people don’t think diabetes is an important cause that requires support and action.

So this is why it’s so important we’re frank with people about the seriousness of diabetes and just what it can do.
References

Headline stats

2. Figure based on newly diagnosed figures from the 2011/12 and 2012/13 National Diabetes Audit, extrapolated up to the whole population with diabetes indicated by the QOF data for the equivalent years and divided by two to give an annual average.

How many people have diabetes

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Diabetes care and in hospitals

Pregnancy and diabetes

Sex and diabetes
Children and diabetes


Access to technology


Work, driving and diabetes


Some numbers about us from 2017

1–16 Diabetes UK annual report 2017 www.diabetes.org.uk/about-us/annual-reports

What people think of us

1. Wave 1 - Walnut Diabetes Brand Tracker

What people think about diabetes

1–3 Wave 1 – Walnut Diabetes Brand Tracker