

EDITOR'S CHOICE



Diabetes is Epidemic

This issue of the Journal focuses on diabetes, a condition that affects more than 18 million people in the United States and costs an estimated \$132 billion annually. While mortality has declined for cardiovascular disease, it has increased for diabetes. The prevalence of diabetes is rising at an alarming rate. Nationwide, 1 in 12 adults has diabetes, and type 2 diabetes has become a commonplace childhood disease as well. In New York City, where the prevalence of diabetes (self-reported) more than doubled in less than a decade (1994–2002), prevalence among Latinos is twice as high as that among African Americans and 4 times as high as that among Whites or Asians. Nationally, the highest rates are found among Native Americans.

For every 2 people who have had diabetes diagnosed, there is 1 person who has diabetes and does not know it. Astounding projections have been made; for example, 1 in 2 Latinas will develop diabetes in her lifetime. While diabetes mortality is rising for all race and income groups, complications and higher death rates occur particularly among minorities and low-income groups, thus exacerbating health disparities.

Diabetes is epidemic. The high and rapidly increasing prevalence of the disease demands this description. Declaring diabetes an epidemic also helps make clear that public health approaches must be brought to bear in its control. Established disease control strategies include surveillance, risk identification, interventions aimed at reducing risk, identification of affected individuals, and monitoring of outcomes. Such approaches work well in the control of communicable disease. Do they make sense for diabetes?

Certainly, disease and risk factor surveillance have allowed us to monitor and better understand this epidemic. We know that type 2 diabetes is driven mainly by the rising tide of unhealthy excess weight. The Centers for Disease Control and Prevention has docu-

mented the spiraling increase in obesity over the last 20 years. In 1985, no reporting states had an adult obesity prevalence above 15%. In 2003, adult obesity prevalence exceeded 25% in 4 states. Primary prevention of diabetes requires interventions that address the underlying patterns of physical inactivity and poor nutrition. Policy initiatives to increase opportunities for physical activity and alter the food environment are needed to facilitate personal behavior change.

In addition to surveillance and risk reduction, disease control also relies on a “find them, treat them” approach. Here the analogy between traditional communicable disease control and diabetes control is less certain. We can all benefit from more physical activity and improved nutrition, whether we have diabetes or not. Though the medical costs of diabetes are high, there is no *direct* community peril when we fail to identify people at high risk or with undiagnosed diabetes or fail to control diabetes in those for whom the diagnosis is established. Yet we know that for many people with diabetes, the disease is not well controlled even when it is diagnosed. This constitutes a public health problem requiring a multifaceted public health solution.

Screening of high-risk individuals and monitoring of clinical populations to track quality of care are urgently needed. But improving the outcomes of diabetes is not enough. We also need to do everything we can to prevent the disease, in clinical settings as well as in communities. A public health approach is essential to stem the epidemic. ■

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