

New Mexico

Prediabetes and Diabetes Facts

Prediabetes and diabetes are conditions that exist on a continuum. Prediabetes occurs when a person's blood sugar is higher than normal but not as high as it would be with diabetes, and there may be no external symptoms of disease. Diabetes is a group of diseases marked by high levels of blood sugar due to defects in insulin production, insulin action, or both.

Prediabetes

Although prediabetes is a precursor to diabetes, evidence shows that some people with prediabetes can return their blood sugar to normal levels, preventing or delaying progression to diabetes. In addition to type 2 diabetes, people with prediabetes also have an increased risk of developing heart disease and stroke. Data from the telephone-based New Mexico Behavioral Risk Factor Surveillance System (BRFSS) show that 7.0% or 106,310 of NM adults aged 18 and older had diagnosed prediabetes in 2008-2010.

Table 1: Diagnosed Prediabetes Estimated Prevalence (%) 2008-2010, NM BRFSS

Have you ever been told by a doctor or other health professional that you have prediabetes or borderline diabetes?

	Percent of Adults		Percent of Adults
New Mexico	7.0	Health Region	
Female	8.4	Northwest	7.9
Male	5.7	Northeast	6.9
		Metro	7.1
Age Group		Southeast	6.3
18-39 years	2.8	Southwest	7.1
40-59 years	4.1		
60 years & older	2.8		
Household Income		Race/Ethnicity	
< \$15,000	9.4	American Indian/ Alaska Native	10.7
\$15-24,999	7.9	Asian/ Native Hawaiian /Other Pacific Isle*	7.0*
\$25-34,999	7.6	Black/ African American*	9.5*
\$35-49,999	8.0	Hispanic	8.2
> \$50,000	6.4	White	6.0

* This estimated rate should not be used to describe population/group risk because it is statistically unreliable.

Data Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

All rates except age group rates are age-adjusted to the 2000 US standard.

Table 1 shows that the rate of diagnosed prediabetes in NM was higher in women than in men. The highest rate was for the middle age group (40-59) at 4.1%, while the rate for both the youngest and oldest age groups was 2.8%. The American Indian rate was almost twice the White rate and the Hispanic rate was 1.4 times higher than the White rate. All these differences in rates are statistically significant.

Smoking can increase blood pressure, decrease levels of good cholesterol (HDL), and increase insulin resistance; smoking may also play a role in the development of type 2 diabetes. Smoking thus further raises the already increased risk of heart disease or stroke in adults with diabetes or prediabetes. Twenty percent of NM adults with prediabetes or diabetes, and 18.5% of NM adults without diagnosed prediabetes or diabetes, reported that they smoked in 2008-2010. These two rates are statistically similar.

Diabetes

Uncontrolled diabetes can lead to serious complications and premature death. However, people with diabetes can successfully manage their diabetes and lower their risk of complications.

Table 2: Diagnosed Diabetes Estimated Prevalence (%) 2008-2010, NM BRFSS

Have you ever been told by a doctor that you have diabetes?

	Percent of Adults		Percent of Adults
New Mexico	8.0	Health Region	
Female	7.7	Northwest	9.8
Male	8.4	Northeast	6.2
		Metro	7.3
Age Group		Southeast	10.2
18-39 years	3.0	Southwest	9.2
40-59 years	8.4		
60 years & older	16.7		
Household Income		Race/Ethnicity	
< \$15,000	14.0	American Indian/Alaska Native	13.7
\$15-24,999	10.3	Asian/Native Hawaiian /Other Pacific Isle*	8.2
\$25-34,999	10.0	Black/African American*	15.5
\$35-49,999	8.4	Hispanic	11.9
> \$50,000	5.2	White	5.3

* This estimated rate should not be used to describe population/group risk because it is statistically unreliable.

Data Source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)

All rates except age group rates are age-adjusted to the 2000 US standard.

From 2008-2010, an estimated 8% of NM adults aged 18 years and older were diagnosed with diabetes (Table 2). Despite appearances, the rates for females and males were statistically the same. As is common with many chronic conditions, the oldest age group (60+) had the highest estimated prevalence, at 5.6 times that of the youngest age group (18-39). The age group 40-59 had a rate almost three times that of the age group 18-39.

Among New Mexico's racial and ethnic groups, the White population had the lowest rate. The Black/African American rate was three times, the American Indian/Alaska Native rate was 2.6 times, and the Hispanic rate was 2.2 times, the White rate.

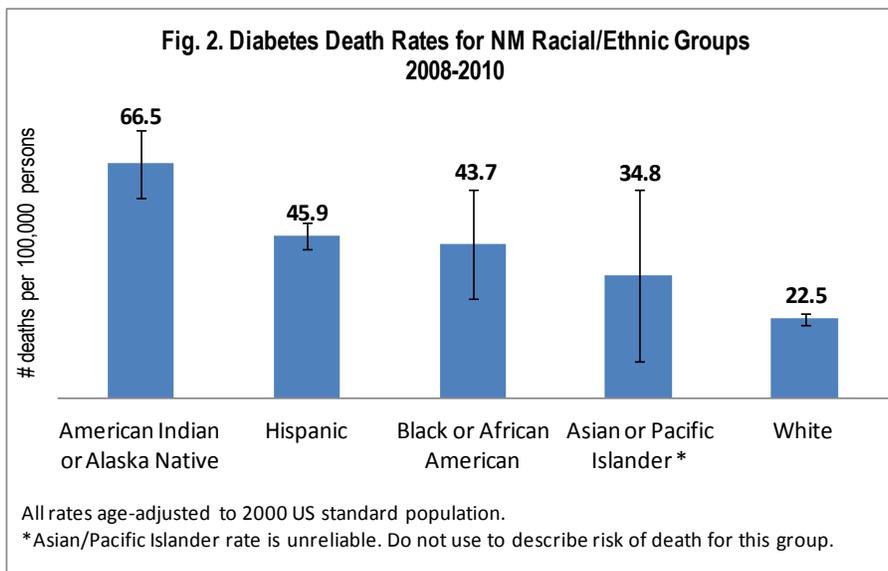
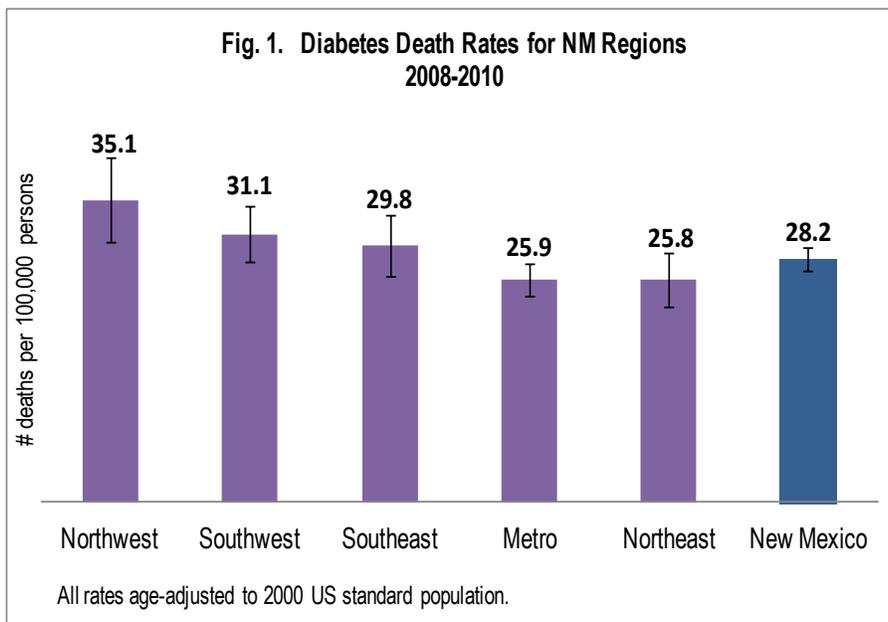
A common pattern found world-wide is that the lower the income, the higher the diabetes rate. The lowest household income group (<\$15,000) had the highest rate, while the highest household income group (>\$50,000) had the lowest rate. The rate of diagnosed diabetes for the lowest income group was 2.7 times higher than the rate for the highest income group.

Among NM's Health Regions, the prevalence for the NW, SE and SW regions were higher than the Metro and NE regions. The NW, SE and SW rates were about 1.5 times higher than the NE rate. The SE rate was slightly higher than the state rate, while the NE rate was slightly lower than the state rate.

Diabetes death rates from 2008-2010 for NM's Health Regions and NM racial/ethnic populations are shown in Figures 1 and 2. The NW diabetes death rate was 1.4 times higher than the Metro and NE rates and 1.2 times higher than the state rate.

For diabetes death rates by race and ethnicity, the White rate was the lowest while the American Indian/Alaska Native rate was the highest. The American Indian/Alaska Native rate was three times the White rate and the Hispanic and Black/African American rates were twice the White rate.

Death rates from diabetes are most likely underestimates, since some deaths, such as diabetes-related cardiovascular deaths, may not be coded as deaths caused by diabetes. They may instead be categorized as deaths due to cardiovascular causes. Thus, diabetes death rates are likely to be higher than shown here.

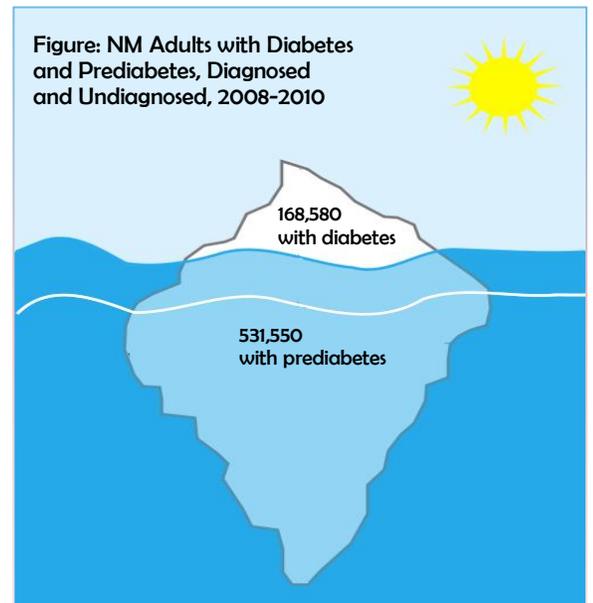


What Works to Prevent or Delay Diabetes

People at high risk for diabetes, including those with prediabetes, may prevent or delay the onset of diabetes by losing a modest amount of weight (5-7% of body weight), increasing physical activity (at least 150 minutes per week) and adopting a healthier diet. The National Diabetes Prevention Program (NDPP, www.cdc.gov/diabetes/prevention) is a proven intervention to help people at high risk for diabetes to achieve these lifestyle changes and is being implemented throughout the USA and NM.

Prediabetes and Diabetes Are Often Undiagnosed

Telephone surveys can only count people who report having been diagnosed with prediabetes, but this group is small in comparison to people whose prediabetes has not been diagnosed. Data from the National Health and Nutrition Examination Survey (NHANES), which identifies people with both diagnosed and undiagnosed prediabetes, show that about 35% of US adults ages 20 and older actually have prediabetes (2005-2008). Based on this estimate, about 531,550 NM adults have prediabetes, most without knowing it. Similar methods show that for 2008-2010, an estimated 11.1% of NM adults (168,580) had either diagnosed or undiagnosed diabetes. This iceberg graphic illustrates the best estimate of the burden of prediabetes prevalence compared to diabetes prevalence in NM when estimates for undiagnosed persons are included.



Prediabetes Resources

For information about diabetes prevention, prediabetes, and the National Diabetes Prevention Program, go to: <http://www.cdc.gov/diabetes/pubs/factsheet11.htm>.

To access:

- ♦ A prediabetes risk assessment;
 - ♦ A free online course for providers about prediabetes; and
 - ♦ A training guide to implementing community walking trails
- go to: www.diabetesnm.org.

Diabetes Resources

For more information about diabetes and what works to prevent and control diabetes, go to: www.thecommunityguide.org/diabetes/index.html and http://ibis.health.state.nm.us/indicator/complete_profile/DiabPrevl.html.

For free online courses for providers on Diabetes and Smoking and Diabetes and Depression, go to: www.diabetesnm.org.

References

Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, 2011. www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf

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NM Diabetes Prevention and Control Program

Judith Gabriele, program manager, 505-476-7613, judith.gabriele@state.nm.us
Corazon Halasan, program epidemiologist, 505-476-7617, corazon.halasan@state.nm.us.