

Diabetes

Fact Sheet



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WHAT YOU NEED TO KNOW ABOUT DIABETES

Diabetes in the General Public¹

Diabetes is a condition in which the body fails to produce insulin or does not properly use it. Insulin is a hormone that helps balance the amount of sugar, the body's main source of energy, in the blood. If left untreated, high levels of blood sugar (glucose) can result in complications, such as blindness, heart attacks, strokes, kidney failure, and limb amputations. Diabetes is the 6th leading cause of death by disease.

- There are three basic types of diabetes:
 - Type 1 diabetes—destroys the insulin producing cells in the pancreas.
 - Type 2 diabetes—causes the body to become insensitive to insulin and the cells of the body can no longer use insulin.
 - Gestational diabetes—is diabetes that occurs during pregnancy.
- 20.8 million people in the United States, or 7% of the population, have diabetes.
- An estimated 14.6 million have been diagnosed, unfortunately 6.2 million people (or nearly one-third of the above total) are unaware that they have the disease.
- Type 2 diabetes accounts for 90%–95% of all diagnosed cases of diabetes.
- 1.5 million new cases of diabetes were diagnosed in people aged 20 years or older in 2005.
- 54 million people, ages 40–74 years old, have “pre-diabetes” or high blood sugar levels that are higher than normal, but not yet high enough to be diagnosed as diabetes.

Diabetes in African Americans

- 3.2 million people aged 20 years and older (or 13.3% of all African Americans) have diabetes. Of this number, one third are not aware that they have the disease.²
- 1.8 times more likely to have diabetes than non-Hispanic whites of similar age.⁵
- One in four, or 25%, of African Americans between the ages of 65 and 74 has diabetes.²
- One in four African American women over 55 years of age has diabetes.²
- About 65% of deaths are caused by heart disease and stroke.²
- There is a 27% higher death rate for blacks compared to whites.⁴
- African Americans experience higher complications, such as blindness, kidney disease and amputations, than do non-Hispanic whites with diabetes.
 - Blindness: Almost 50% as likely to develop diabetic retinopathy, a type of eye disease which can lead to blindness.
 - Kidney Disease: 2.6 to 5.6 times as likely to suffer from kidney disease with more than 4,000 new cases of End Stage Renal Disease (ESRD) each year.²
 - Amputations: 1.6 times more likely to suffer from lower-limb amputations.³

Risk Factors¹

Risk factors are things that increase your chances of getting a disease or condition. The risk of developing type 2 diabetes increases with the number of risk factors such as:

- Over age 45
- African American descent
- Parent, brother, or sister with diabetes
- Diabetes during pregnancy
- History of having a baby weighing over 9 lbs.
- High blood pressure
- Physical inactivity
- Overweight or obesity
- High cholesterol
- High triglycerides

Complications¹

- Heart Disease and Stroke—Both cause 65% of all deaths in people with diabetes.
- High Blood Pressure—About 73% of people with diabetes have high blood pressure > 130/80.
- Eye Disease—Diabetes is leading cause of new cases of blindness in adults 20-74 years of age.
- Kidney Disease—Diabetes is leading cause, contributing to 44% of new cases occurring in 2002.
- Dental Disease—Almost one-third of people with diabetes have severe periodontal disease.
- Nerve Disease—About 60% to 70% of people with diabetes have mild to severe nerve damage.
- Amputations—Over 60% of non-traumatic lower-limb amputations occur in people with diabetes.
- Smoking doubles the risk of heart disease in people with diabetes.

Ways to Reduce the Risk of Diabetes

- Eat a balanced diet.
- Take part in moderate physical activity for 30 minutes a day, five days a week.
- Lose weight, if you are overweight. Losing 5 to 7 percent of your body weight, along with a low-fat diet and regular physical activity, can prevent or delay the onset of diabetes.⁵



Symptoms¹

Many of the symptoms of diabetes go ignored, but if symptoms are detected early, treatment can decrease the chance of developing the complications of diabetes. Some symptoms of diabetes are:

- Frequent urination
- Increased fatigue
- Excessive thirst
- Irritability
- Extreme hunger
- Blurred vision
- Unusual weight loss

Additional Tips

- Eat smaller food portions.
- Know the glycemic index (GI) of your foods. GI is a ranking of carbohydrates based on their immediate effect on blood sugar and insulin levels.
- Choose low GI foods because they produce only small changes in the blood sugar.
- **Helpful tips:**
 - Choose breakfast cereals based on oats, barley and bran.
 - Eat breads with whole grains.
 - Eat plenty of fresh salad vegetables with a low fat dressing.

WHAT IS NMA DOING ABOUT DIABETES IN AFRICAN AMERICANS?

- Without preventive action, one in every three children born in the year 2000 will develop diabetes in their lifetime.⁶
- In response to the above information, the National Medical Association (NMA) is conducting outreach activities in selected cities across the U.S. to educate the general public and NMA physicians about diabetes. The NMA Diabetes Education Program grant is a five-year project, funded by the National Diabetes Education Program (NDEP), to accomplish the above goal.



WANT TO LEARN MORE?

For additional information on diabetes, consult your health care provider. You can also obtain more information by contacting the following resources:

- **Centers for Disease Control and Prevention (CDC)** <http://www.cdc.gov> ■ 800.311.3435
- **National Institute of Diabetes & Digestive & Kidney Disease (NIDDK)** <http://www.niddk.nih.gov>
- **U.S. Department of Health and Human Services. Office of Minority Health (OMH)** <http://www.omhrc.gov>
- **National Diabetes Education Program (NDEP)** <http://ndep.nih.gov> ■ 301.496.3583
- **NDEP Better Diabetes Care** <http://www.betterdiabetescare.nih.gov>
- **American Diabetes Association (ADA)** <http://www.diabetes.org> ■ 800.232.3472
- **National Medical Association (NMA)** <http://www.NMAnet.org> ■ 202.347.1895 x263
- **NMA Diabetes Education Program** <http://www.NMAdiabetesnet.org>

Sources:

- 1 General diabetes statistics are from the American Diabetes Association website, accessed on June 25, 2006. <http://diabetes.org>
- 2 African American diabetes statistics are from the American Diabetes Association website, accessed on June 25, 2006. <http://www.diabetes.org/communityprograms-and-localevents/afamstats.jsp>
- 3 CDC 2006. National Diabetes Surveillance System <http://www.cdc.gov/diabetes/statistics/index.htm>
- 4 Gu, K., Cowie, C.C., & Harris, M.I. (1998). Mortality in adults with and without diabetes. in a national cohort of the US population 1971-93, *Diabetes Care*, 21: 1138-1145.
- 5 Knowler, W.C., Barrett-Connor, E., Fowler, S. E., Hamman, R. F., Lachin, J. M., Walker, E. A., and Nathan, D. M. (2002). Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin: Diabetes Prevention Program Research Group. *NEJM*, 346:393-403.
- 6 Narayan, J.P., Boyle, T.J., Thompson, S.W., et al. (2003). Lifetime Risk for Diabetes Mellitus in the United States. *JAMA*, 290(14):1884-1890.

NATIONAL MEDICAL ASSOCIATION DIABETES EDUCATION PROGRAM



What

A national diabetes education program conducted by the NMA.

Purpose

To mobilize local NMA coalition efforts to conduct community-driven diabetes outreach programs that increase public education and awareness about diabetes.

Goal

The primary goal of the program is to conduct community outreach to decrease the disparity of diabetes in the African-American population.

Specific Objectives

The NMA Diabetes Education Program:

1. Creates local coalitions in the identified cities to increase community awareness about diabetes;
2. Conducts coalition-driven community outreach efforts that increase the public's awareness and knowledge about diabetes;
3. Educates diabetic patients, of NMA physicians, about diabetes and its complications; and
4. Educates NMA physicians on the current practice guidelines for treatment and management of diabetes.

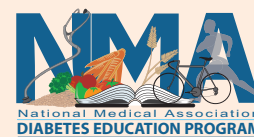
NMA Societies Involved

The project has created diabetes coalitions in at least six cities. Coalitions have been implemented in Atlanta, Georgia; Houston, Texas; Indianapolis, Indiana; Los Angeles, California; Pine Bluff, Arkansas; and Washington, D.C.

Local Partners

Each NMA local affiliate (society), in the cities above, will collaborate with local partners such as the Student National Medical Association, the Auxiliary to the National Medical Association, community-based organizations, churches, state-based diabetes prevention and control programs, local health departments, medical related programs of historically black colleges and universities (HBCU's), the American Diabetes Association, local physicians, diabetes patients and advocates, and others to implement this program.

For additional information, please contact:
www.NMAnet.org or 202.347.1895 ext.263 & ext.241



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