



DIABETES: FACTS AND STATS

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DIABETES UK
CARE. CONNECT. CAMPAIGN.

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**PART ONE
HOW COMMON
IS DIABETES?**



RISK

1 IN 20 PEOPLE AT LOW RISK ARE LIKELY TO DEVELOP TYPE 2 DIABETES IN THE FUTURE

MODERATE RISK

1 IN 10 PEOPLE AT MODERATE RISK ARE LIKELY TO DEVELOP TYPE 2 DIABETES

HIGH RISK

1 IN 5 PEOPLE AT HIGH RISK ARE LIKELY TO DEVELOP TYPE 2 DIABETES IN THE FUTURE

The infographic uses human icons to represent risk levels. In the 'RISK' section, 19 blue icons and 1 yellow icon represent 1 in 20. In the 'MODERATE RISK' section, 9 blue icons and 1 yellow icon represent 1 in 10. In the 'HIGH RISK' section, 4 blue icons and 1 yellow icon represent 1 in 5.

DIABETES RISK SCORE

1. How often do you eat sugary foods and drinks? (e.g. cakes, biscuits, crisps, soft drinks, alcohol)

2. How often do you eat fatty foods? (e.g. butter, cream, cheese, meat, fish oils)

3. How often do you eat starchy foods? (e.g. bread, pasta, potatoes, rice)

4. How often do you eat fruit and vegetables?

5. How often do you exercise?

6. How often do you smoke?

7. How often do you drink alcohol?

8. How often do you have a family history of diabetes?

9. How often do you have a history of high blood pressure?

10. How often do you have a history of heart disease?

11. How often do you have a history of kidney disease?

12. How often do you have a history of eye disease?

13. How often do you have a history of nerve damage?

14. How often do you have a history of foot problems?

15. How often do you have a history of skin conditions?

16. How often do you have a history of depression?

17. How often do you have a history of anxiety?

18. How often do you have a history of stress?

19. How often do you have a history of sleep problems?

20. How often do you have a history of other health problems?



GLOBALLY

The estimated diabetes prevalence for adults between the ages of 20 and 79 worldwide for 2012 was 382 million and it is expected to affect 592 million people by 2035. It is estimated that 175 million people have undiagnosed Type 2 diabetes.

The International Diabetes Federation (IDF) estimated that in 2013 five countries had more than 10 million people with diabetes: China, India, the United States of America, Brazil, the Russian Federation.

The IDF also reported that in 2013 the ten countries with the highest diabetes prevalence in the adult population were Tokelau (37.5%), Micronesia, Marshall Islands, Kiribati, Cook Islands, Vanuatu, Saudi Arabia, Nauru, Kuwait and Qatar (22.9%).

Diabetes affects people in both urban and rural settings worldwide, with 64% of cases in urban areas and 36% in rural¹.

UK

It is estimated that more than one in 17 people in the UK has diabetes (diagnosed or undiagnosed)².

DIAGNOSED

There are 3.2 million people who have been diagnosed with diabetes in the UK (2013)³.

By 2025, it is estimated that five million people will have diabetes in the UK⁴.

It is equivalent to:

- more than 400 people every day (410)
- over 17 people every hour (17.12).
- around three people every ten minutes. (2.85)⁵.

(based on difference between 2025 estimate – current diagnosed: divided by 12 years to 2025; divided by 365/24/60x10)

UNDIAGNOSED

It is estimated that there are around 630,000 people in the UK who have diabetes but have not been diagnosed⁵.

PREVALENCE

In 2013, the prevalence of diabetes in the adult population across the UK was as follows⁶:

| Country | Prevalence | Number of people |
|------------------|------------|------------------|
| England | 6.0% | 2,703,044 |
| Northern Ireland | 5.3% | 79,072 |
| Scotland | 5.2% | 252,599 |
| Wales | 6.7% | 173,299 |

This gives a UK average prevalence of 6.0% in adults⁶.

TYPE 1 AND TYPE 2

For adults and children, we estimate that:

- 10 per cent of people with diabetes have Type 1 diabetes.
- 90 per cent of people with diabetes have Type 2 diabetes^{7,8}.

Slightly more men than women have been diagnosed with diabetes. Audits suggest that about 56 per cent of all adults with diabetes in the UK are men and 44% are women^{7,8}.

Distribution of diabetes by age group in England and Wales⁷ and Scotland⁸.

| Age | E&W | Scotland |
|-------|--------|----------|
| 0–9 | 0.22% | 0.26% |
| 10–19 | 0.99% | 1.23% |
| 20–29 | 1.69% | 2.09% |
| 30–39 | 3.83% | 3.55% |
| 40–49 | 10.69% | 9.69% |
| 50–59 | 18.95% | 18.97% |
| 60–69 | 26.05% | 26.46% |
| 70–79 | 24.14% | 24.67% |
| 80+ | 13.42% | 13.07% |

CHILDREN

There are about 35,000 children and young people with diabetes, under the age of 19, in the UK⁹. Figures from 2009 suggested that there were about 29,000 children under the age of 18¹⁰.

About 96% have Type 1 diabetes; about 2% have Type 2 diabetes and 2% have MODY, other rare forms of diabetes or their diagnosis is not defined⁷.

Slightly more boys seem to have diabetes than girls: 52% boys and 48% girls, though girls are twice as likely to have Type 2 diabetes¹¹.

Children with Type 1 diabetes

The current estimate of prevalence of Type 1 diabetes in children and young people under the age of 19 in the UK is one per 430 – 530¹².

The incidence of Type 1 diabetes in children under the age of 14 is 24.5/100,000¹³.

The peak age for diagnosis is between 10 and 14 years of age¹⁴.

Children with Type 2 diabetes

In 2000, the first cases of Type 2 diabetes in children were diagnosed in overweight girls aged nine to 16 of Pakistani, Indian or Arabic origin. It was first reported in white adolescents in 2002¹⁵.

According to the National Paediatric Diabetes Audit, children of Asian origin were 8.7 times more likely to have Type 2 diabetes than their White counterparts and children of Black origin were 6.2 times more likely¹¹.

**PART TWO
WHO IS
AT RISK OF
DIABETES?**



Diabetes is a common health condition. The chances of developing it may depend on a mix of genes, lifestyle and environmental factors.

The risk factors are different for Type 1 and Type 2 diabetes. Type 1 diabetes develops when the insulin-producing cells in the pancreas have been destroyed. No one knows for certain why these cells have been damaged, but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a viral or other infection.

Type 2 diabetes usually appears in middle-aged or older people, although more frequently it is being diagnosed in younger overweight people, and it is known to affect people from BAME backgrounds at a younger age. Type 2 diabetes occurs when the body is not making enough insulin, or the insulin it is making is not being used properly. The risk of developing Type 2 diabetes can be reduced by changes in lifestyle¹⁶.

Some of the risk factors are provided in more detail below.

GENES

Type 1 diabetes

Although more than 85% of Type 1 diabetes occurs in individuals with no previous first degree family history, the risk among first degree relatives is about 15 times higher than in the general population¹⁷.

On average:

- if a mother has the condition, the risk of developing it is about 2–4 per cent
- if a father has the condition, the risk of developing it is about 6–9 per cent
- if both parents have the condition, the risk of developing it is up to 30 per cent
- if a brother or sister develops the condition, the risk of developing it is 10 per cent (rising to 10–19 per cent for a non-identical twin and 30–70 per cent for an identical twin)¹⁸.

Type 2 diabetes

There is a complex interplay of genetic and environmental factors in Type 2 diabetes. It tends to cluster in families. People with diabetes in the family are two to six times more likely to have diabetes than people without diabetes in the family¹⁹.

ETHNICITY

Type 2 diabetes is more than six times more common in people of South Asian descent and up to three times more common among people of African and African-Caribbean origin²⁰.

Age and sex standardised prevalence rates (per 100) of Type 2 diabetes according to ethnic group are as follows:

| | |
|--------------------------|-----|
| White | 1.7 |
| All ethnic minorities | 5.7 |
| African Caribbean | 5.3 |
| All South Asians | 6.2 |
| Indian or African Asian | 4.7 |
| Pakistani or Bangladeshi | 8.9 |
| Chinese | 3.0 |

Studies show that people of Black and South Asian ethnicity also develop Type 2 diabetes at an earlier age than people from the White population in the UK, generally about 10 years earlier²¹.

OBESITY

Obesity is the most potent risk factor for Type 2 diabetes. It accounts for 80–85 per cent of the overall risk of developing Type 2 diabetes and underlies the current global spread of the condition²².

Almost two in every three people in the UK are overweight or obese (62 per cent of women and 66 per cent of men)²³.

In England, most people are overweight or obese. This includes 61.3% of adults and 30% of children aged between 2 and 15²⁴.

The proportion that were overweight, including obese, increased from 58% to 65% in men and from 49% to 58% in women between 1993 and 2011. There was a marked increase in the proportion of adults that were obese from 13% in 1993 to 24% in 2011 for men and from 16% to 26% for women²⁵.

In 2011, in England around three in ten boys and girls (aged 2 to 15) were classed as either overweight or obese (31% and 28% respectively)²⁵.

The DH recommends that adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week²⁶.

Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity²⁶.

Adults should also undertake physical activity to improve muscle strength on at least two days a week²⁶.

All adults should minimise the amount of time spent being sedentary (sitting) for extended periods²⁶.

Across Great Britain, only 39 per cent of men and 29 per cent of women are meeting recommended physical activity levels²⁷.

DEPRIVATION

Deprivation is strongly associated with higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control. All these factors are inextricably linked to the risk of diabetes or the risk of serious complications for those already diagnosed²⁸.

It is difficult to get clear evidence of absolute risk related to deprivation.

The Health Survey for England 2011 found that men in the lowest quintile of equivalised household income were 2.3 times more likely to have diabetes than those in the highest quintile, and for women the risk was 1.6 times higher. For people in the most deprived quintile of the Index of Multiple

Deprivation, men had a 1.8 times increased risk and women had 3.1 times increased risk²⁹.

However, data from the National Diabetes Audit suggests that people in the most deprived quintile are 1.5 times more likely to have diabetes than those in the least deprived³⁰. The variation in deprivation and diabetes is only seen in those with Type 2 diabetes. Deprivation has no effect on developing Type 1 diabetes, which is unsurprising as it is not lifestyle related.

GESTATIONAL DIABETES

Gestational diabetes is a type of diabetes that arises during pregnancy (usually during the second or third trimester). In some women, it occurs because the body cannot produce enough insulin to meet the extra needs of pregnancy. In other women, it may be found during the first trimester of pregnancy, and in these women, the condition most likely existed before the pregnancy.

Gestational diabetes affects up to 5 per cent of all pregnancies³¹.

Women who are overweight or obese are at a higher risk of gestational diabetes³².

The lifetime risk of developing Type 2 diabetes after gestational diabetes is at least 7 per cent³³.



**PART THREE
THE IMPACT
OF DIABETES**

Good diabetes management has been shown to reduce the risk of complications^{34,35}. But when diabetes is not well managed, it is associated with serious complications including heart disease, stroke, blindness, kidney disease and amputations leading to disability and premature mortality. There is also a substantial financial cost to diabetes care as well as costs to the lives of people with diabetes.

By the time they are diagnosed, half of the people with Type 2 diabetes show signs of complications³⁶. Complications may begin five to six years before diagnosis and the actual onset of diabetes may be ten years or more before clinical diagnosis³⁷.

CARDIOVASCULAR DISEASE

The term cardiovascular disease (CVD) includes heart disease, stroke and all other diseases of the heart and circulation, such as hardening and narrowing of the arteries supplying blood to the legs, which is known as peripheral vascular disease (PVD). People with diabetes have about twice the risk of developing a range of CVD, compared with those without diabetes³⁸. Research shows that improving dietary habits, managing weight, keeping active and using medication where required to help control risk factors like diabetes, high cholesterol, triglyceride levels and high blood pressure reduces the overall chance of developing CVD^{39,40,41,42}.

Cardiovascular disease is a major cause of death and disability in people with diabetes, accounting for 44 per cent of fatalities in people with Type 1 diabetes and 52 per cent in people with Type 2⁴².

People with Type 2 diabetes have a two-fold increased risk of stroke within the first five years of diagnosis compared with the general population^{43,44}.

In relation to hospital admission, there is a 75.7% increased risk of angina, a 55.1% increased risk of myocardial infarction (heart attack), a 73.2% increased risk of heart failure and a 34.1% increased risk of stroke among people with both types of diabetes.⁴⁵ This means that about one quarter of hospital admissions for heart failure, heart attack and stroke are in people with diabetes⁴⁵. The same data suggests that the chance of death within a year in this population is increased 2 to 5 times, with heart failure being the most common and the most deadly cardiovascular complication of diabetes.

KIDNEY DISEASE

Kidney disease can happen to anyone but it is much more common in people with diabetes and people with high blood pressure. The kidneys are the organs that filter and clean the blood and get rid of any waste products by making urine. They regulate the amount of fluid and various salts in the body, helping to control blood pressure. They also release several hormones. Kidney disease (or nephropathy) is caused by damage to small blood vessels making the kidneys work less efficiently and this can cause the kidneys to start to fail. The development of diabetic nephropathy usually takes at least 20 years⁴⁶. Keeping blood glucose levels as near normal as possible and blood pressure well controlled can greatly reduce the risk of kidney disease developing as well as other diabetes complications^{34,35}.

About one in four people with diabetes will develop some stage of kidney disease during their lifetime with the condition with nearly one in five developing overt kidney disease which may need treatment⁴⁵.

Diabetes is the single most common cause of end stage renal disease requiring dialysis or transplant (renal replacement therapies – RRT) with nearly a quarter of all patients having diabetes recorded as the primary cause of their kidney failure⁴⁷ and a third of all patients starting RRT having diabetes⁴⁸. For those undergoing RRT, survival rates are lower than for people without the condition (3.4 years vs 6.5 years)⁴⁹. People with diabetes are nearly three times as likely to need RRT as the general population⁴⁵.

Kidney disease accounts for 21 per cent of deaths in Type 1 diabetes and 11 per cent of deaths in Type 2⁵⁰.

End stage renal disease (for which RRT is required) appears to be decreasing in people with Type 1 diabetes⁴⁶. This is most likely related to improved management and tighter control of HbA1c.

EYE DISEASE

People with diabetes are at risk of developing a complication called retinopathy. Retinopathy affects the blood vessels supplying the retina – the seeing part of the eye. Blood vessels in the retina of the eye can become blocked, leaky or grow haphazardly. This damage gets in the way of the light passing through to the retina and if left untreated can damage vision. Keeping blood glucose, blood pressure and blood fat levels under control will help to reduce the risk of developing retinopathy^{34,35}. For protection against retinopathy, current recommendations are that it is best to have eyes screened with a digital camera when first diagnosed and then every year, to identify and then treat eye problems early.

Diabetic retinopathy accounts for about 7% of people who are registered blind in England and Wales⁵¹.

Diabetes is the leading cause of preventable sight loss in people of working age in the UK⁵².

Within 20 years of diagnosis nearly all people with Type 1 and almost two thirds of people with Type 2 diabetes (60 per cent) have some degree of retinopathy⁵³.

People with diabetes have nearly 50% increased risk of developing glaucoma, especially if they also have high blood pressure⁵⁴, and up to a three fold increased risk of developing cataracts⁵⁵ both of which can also lead to blindness.

AMPUTATION

Foot problems can affect anyone who has diabetes. Diabetes, particularly if it is poorly controlled, can damage your nerves, muscles, sweat glands and circulation in the feet and legs leading to amputations. Reviewing the feet of people with diabetes regularly and keeping blood glucose, blood fats and blood pressure under control can prevent some of the complications associated with the feet³⁴.

Diabetes is the most common cause of lower limb amputations⁵⁶ and over 6,000 leg, toe or foot amputations happen each year in England alone⁵⁷. This is over 100 amputations a week amongst people with diabetes⁵⁷. People with diabetes are estimated to be up to 30 times more likely to have an amputation compared with the general population⁵⁸.

According to some studies, amputation carries with it a significantly elevated mortality at follow-up, ranging from 13% to 40% at 1 year to 39–80% at 5 years⁵⁹.

There are huge geographical variations in amputation rates – across England there is a ten-fold variation in the incidence of major amputation⁶⁰.

Many amputations are preceded by foot ulceration caused by a combination of impaired circulation and nerve damage. Various studies suggest that about 2.5% of people with diabetes have foot ulcers at any given time⁶¹. This would suggest that there are about 80,000 people with foot ulcers across the UK⁶².

DEPRESSION

The emotional well being of people with diabetes is important and is integral to the overall health of an individual, particularly for people with long term conditions such as diabetes. People with diabetes may have emotional or psychological support needs resulting from living with diabetes or due to causes external to the condition.

Coming to terms with diagnosis, the development of a complication, the side effects of medication, or dealing with the daily responsibility of self-managing diabetes can take their toll on emotional wellbeing. In some cases this can lead to depression, anxiety, eating disorders or phobias.

Evidence in this area comes from a variety of studies, showing a wide range of prevalence. More recent studies, using better methods and meta-analyses, have shown lower estimates of prevalence.

However, most studies suggest that people with diabetes are twice as likely to suffer an episode of depression⁶³. It also appears likely that people with diabetes may have depressive episodes for longer periods than those without diabetes and they may recur more frequently⁶⁴.

People who suffer with depression however are very likely to develop Type 2 diabetes – with a 60% increased risk⁶⁴.

NEUROPATHY

Neuropathy causes damage to the nerves that transmit impulses to and from the brain and spinal cord, to the muscles, skin, blood vessels and other organs. The best way to reduce the risk of developing neuropathy, or prevent it becoming worse, is to control blood glucose levels³⁴.

Neuropathies (or nerve damage) may affect up to 50 per cent of patients with diabetes⁶⁵.

Chronic painful neuropathy is the most common type of neuropathy and is estimated to affect up to 26% of people with diabetes⁶⁶. It is this type of neuropathy which reduces sensation in the lower limbs and feet and contributes to the increased likelihood of ulceration and amputation in diabetes.

Autonomic neuropathy can have severely debilitating effects on various functions of the body. Gastroparesis – delayed emptying of the stomach leading to abdominal pain, nausea and vomiting – affects up to 50% of people with diabetes at some time⁶⁷. Cardiovascular autonomic neuropathy (CAN) affects the nerves that control the heart and blood vessels. This can lead to rapid heartbeat, exercise intolerance, sudden hypotension (low blood pressure) on standing, and silent myocardial infarction (heart attack). Although there is not good evidence of the prevalence, people who are diagnosed with CAN have a higher mortality risk than those without⁶⁸.

SEXUAL DYSFUNCTION

Erectile dysfunction (ED) or impotence, the inability to achieve or maintain an erection for sexual intercourse, is one of the most common sexual problems experienced by men.

In 2009, a world literature review found that the reported prevalence of erectile dysfunction was between 35 per cent and 90 per cent among men with diabetes⁶⁹.

One study found that 27 per cent of women with Type 1 diabetes reported sexual dysfunction. However, this is an under-researched area⁷⁰.

COMPLICATIONS IN PREGNANCY

Pregnancy poses additional risks for women with diabetes. The chances of having difficulties are greatly reduced through tight blood glucose control before and during pregnancy⁷¹.

Babies of women with diabetes are:

- five times as likely to be stillborn⁷²
- three times as likely to die in their first months of life⁷²
- three to six times as likely to have a major congenital anomaly. This number could be higher as this figure is not adjusted for the higher rate of abortions in women where congenital abnormalities are found⁷³.

Women with diabetes are five times more likely to have a pre-term baby than women without diabetes and three times more likely to have a Caesarean section delivery. They are also twice as likely to have a baby weighing more than 4kg⁷².

One in 250 pregnancies in England, Wales and Northern Ireland involve diabetes⁷².

DEMENTIA

People with Type 2 diabetes are at a 1.5 – 2.5-fold increased risk of dementia⁷⁴, but this is a highly complex area and research as to the reason for this is still at a relatively early stage. It's likely that years of further study will be needed to unpick the mechanisms involved.

LIFE EXPECTANCY AND MORTALITY

Globally, diabetes causes one death every 6 seconds and attributes for 8.4% of all global mortality in the 20–79 age group. 48% of deaths occur in those under 60 years of age¹.

People with diabetes in England and Wales are 37.5% more likely to die early than their peers. For Type 1 diabetes, mortality is 129.5% greater than expected and for Type 2 diabetes it is 34.5% greater. The greatest increased risk of death is in younger ages and in females⁷⁵.

Life expectancy is reduced, on average, in both types of diabetes.

In Type 1 diabetes, the remaining life expectancy figures between those with Type 1 and those without reduces as the age range increased. In men, the difference between the 20 to 24 groups is 11 years, and 5 years in the 65 to 69 groups. Similarly, in women the difference is 14 years between the 20 to 24 groups, and 7 years in the 65 to 69 groups⁷⁶.

In Type 2 diabetes, the average reduced life expectancy for someone diagnosed in their 50s is about 6 years⁷⁷.

Data from the NDA for the last few years suggest that more than 20,000 people with diabetes die before their time each year in England and Wales⁴⁵.

FINANCIAL COSTS

It is currently estimated that about £10 billion is spent by the NHS on diabetes. 10 per cent of the NHS budget is spent on diabetes⁷⁸.

This works out at around:

- £192 million a week
- £27 million a day
- **£1 million an hour**
- £17,000 a minute
- £286 a second.

The total cost (direct care and indirect costs) associated with diabetes in the UK currently stands at £23.7 billion and is predicted to rise to £39.8 billion by 2035/6⁷⁸.

One in seven hospital beds is occupied by someone who has diabetes. In some hospitals, it is as many as 30%⁷⁹. People with diabetes are twice as likely to be admitted to hospital⁸⁰.

One in four people admitted to hospital with heart failure, heart attack or stroke has diabetes⁷⁵.

42.2 million prescription items were dispensed in primary care units across England in 2012 at a net ingredient cost of nearly £768 million. This is an increase in cost of 7.7 per cent over 2010⁸¹.

People with diabetes experience prolonged stays in hospital. This results in about 80,000 bed days per year⁸².

One in 20 people with diabetes incurs social services costs. More than three-quarters of these costs were associated with residential and nursing care, while home help services accounted for a further one-fifth. The presence of complications increases social services costs four-fold⁸³.



**PART FOUR
DIABETES
CARE**

The National Diabetes Audit 2011–12^{7,75} includes the following key findings about the quality of care for people with diabetes in England and Wales.

57% of people with Type 1 diabetes and 27% of people with Type 2 diabetes in England and Wales do not receive all eight annual health checks to manage their diabetes effectively.

There are big variations in the percentage of patients receiving the care processes. People living in the worst performing CCGs are four times less likely to receive the eight health checks than those living in the best performing.

Only 20.8% of all people with diabetes are achieving the targets recommended to reduce their risk of developing diabetes complications. In Type 1 diabetes this is only 11.8% and 21.5% in Type 2, so despite many people being tested for blood pressure, cholesterol and HbA1c, relatively few are then achieving the targets they should.

| Achieving target: | Type 1 | Type 2 |
|---------------------------|--------|--------|
| HbA1c below 6.5% | 6.5% | 26.2% |
| Cholesterol below 4mmol/l | 29.7% | 41.3% |
| BP below 140/80 | 57.9% | 47.3% |

These figures have not changed significantly over the last three years.



**PART FIVE
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Wales <http://wales.gov.uk/topics/statistics/headlines/health2013/general-medical-services-contract-quality-outcomes-framework-2012-13/?lang=en>
Scotland <http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework>
Northern Ireland http://www.dhsspsni.gov.uk/index/stats_research/stats-resource/stats-gp-allocation/gp_contract_qof.htm
- 4** Figures based on AHPO diabetes prevalence model: <http://bit.ly/aphodiabetes>
The APHO model estimates that by 2025 there will be 4,086,458 million people with diabetes in England, 371,310 people in Scotland, and 287,929 people in Wales. The model was not used to give a 2025 prediction for Northern Ireland so we are using the current APHO model estimate total for diagnosed and undiagnosed for 2010 of 109,000 [unpublished]. Adding these up gives us the estimate of five million people with diabetes in 2025 (4,854,697).
- 5** This figure was worked out using the diagnosed figure from the 2012/3 Quality and Outcomes Framework and the AHPO diabetes prevalence model. A figure for Northern Ireland was not predicted by the AHPO model, so undiagnosed prevalence for Northern Ireland was extrapolated on the % undiagnosed figure for Scotland.
- | Country | Prevalence | Number of people | Total | Prev | Undiag |
|--------------|-------------|------------------|------------------|-------------|----------------|
| England | 6.0% | 2,703,044 | 3,211,368 | 7.4% | 508,324 |
| NI | 5.3% | 79,072 | 94,767 | 6.4% | 15,695 |
| Scotland | 5.2% | 252,599 | 302,742 | 6.9% | 50,143 |
| Wales | 6.7% | 173,299 | 232,766 | 9.4% | 59,467 |
| Total | 6.0% | 3,208,014 | 3,841,643 | 7.5% | 633,629 |
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Scottish Diabetes Survey 2012: <http://www.diabetesinscotland.org.uk/Publications.aspx> (3,827)
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