

BRFSS Fact Sheet

Diabetes Management



Tennessee
Department of Health

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<http://state.tn.us/health>

Definition:

Diabetes: Group of diseases marked by high levels of blood glucose resulting from defects in insulin production and/or action.

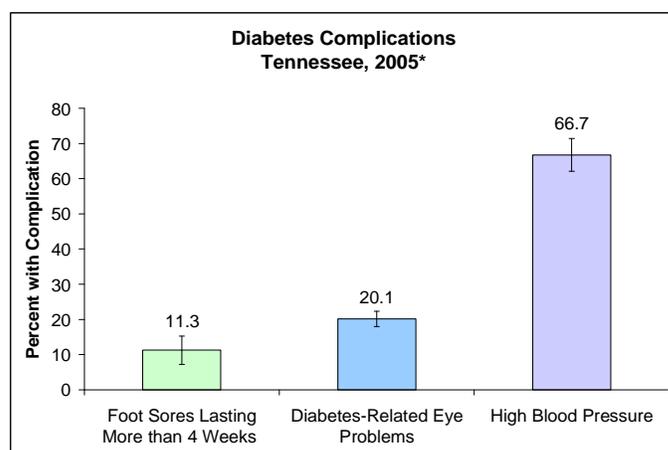
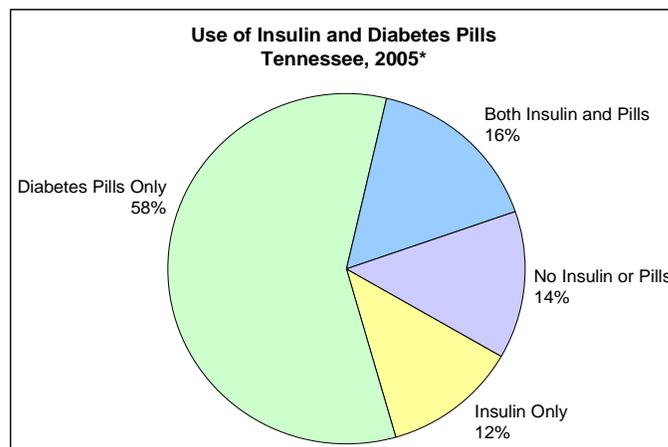
References:

1. American Heart Association. *Heart Disease and Stroke Statistics – 2006 Update*. Dallas, TX: AHA; 2006
2. U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.
3. Hoyert DL, et al. *Deaths: Final Data for 2003*. National Vital Statistics Reports; Vol 54 No 13. Hyattsville, MD: National Center for Health Statistics. 2006.
4. National Diabetes Information Clearinghouse www.diabetes.niddk.nih.gov

Prepared by the Tennessee Department of Health; Office of Policy, Planning and Assessment; Surveillance, Epidemiology and Evaluation section based on 2005 TN Behavioral Risk Factor Surveillance System data.

Diabetes is the sixth leading cause of death in the U.S. and is the leading cause of non-traumatic amputations, blindness among working-aged adults and end-stage renal disease.^{1,2,3} Effective and economical strategies exist for controlling diabetes and preventing serious complications such as those mentioned above.² These strategies include controlling glucose, lipid and blood pressure levels, getting regular foot and eye exams, and getting an annual flu vaccine. Unfortunately, these strategies are not used routinely in clinical management of persons with the disease, resulting in unnecessary illness, disability, death and expense.² One of the Healthy People 2010 objectives is to reduce diabetes-related deaths to 45 per 100,000 population.² Improving diabetes management is important for reaching this goal and for increasing the quality and years of healthy life for all diabetics in Tennessee.

- In 2005, 12.1% of adult diabetics in Tennessee reported taking only insulin for their condition. 58.2% reported taking only diabetes pills, and 16.1% reported taking both insulin and pills. 13.6% were not taking insulin *or* pills for their diabetes.
- Two-thirds of diabetics reported a history of high blood pressure. 11.3% reported having had foot sores lasting more than 4 weeks and 20.1% reported being told by a doctor that diabetes had affected their eyes or that they had retinopathy.
- Over three-quarters of Tennessee diabetics examined their feet for sores and irritations at least once a day (79.4%). 9.3% reported that they *never* check their feet. Among those with a history of foot sores, 4.3% (± 5.0)* did not check their feet daily.
- Approximately three-quarters of diabetics reported doing self glucose testing at least once a day (75.4%). 3.5% reported that they *never* check their glucose.
- A higher percentage of blacks than whites reported doing daily self foot exams and glucose testing. A similar percentage of males and females performed these tasks daily.
- The mean number of doctor visits for diabetes in the past twelve months was 3.8, with a range of 0 to 48 visits. 7.8% (± 2.9) of diabetics reported not having seen a doctor for their diabetes in the past twelve months.



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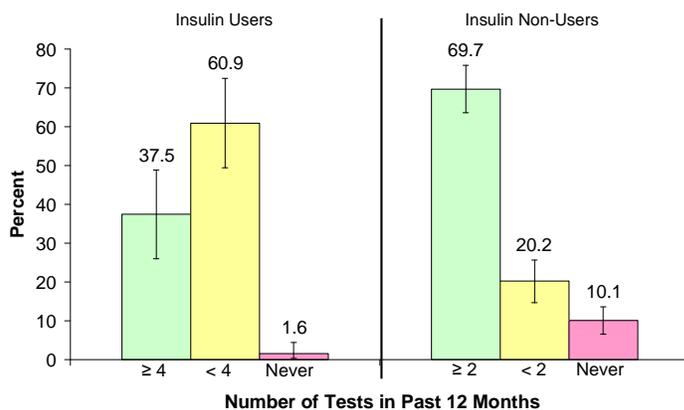
Diabetes Management

- 34.5% of diabetics reported not having had a foot exam by a health care provider and 31.0% reported not having had a dilated-eye exam in the past twelve months.
- 58.5% of diabetics aged 18 and older reported not having received a flu vaccination (injectable and/or nasal spray) in the past twelve months compared to 72.6% (± 2.0) of non-diabetics. 51.2% reported never having received a pneumococcal pneumonia shot, compared to 80.3% (± 1.6) of non-diabetics.
- 43.4% of diabetics in Tennessee reported never having taken a diabetes management class.
- Among diabetics taking insulin, 37.5% reported having had a hemoglobin A1C test at least 4 times in the past twelve months. 1.6% had never had an A1C test. Among diabetics not taking insulin 69.7% reported having had a hemoglobin A1C test at least twice in the past twelve months. 10.1% had never had an A1C test.[‡]

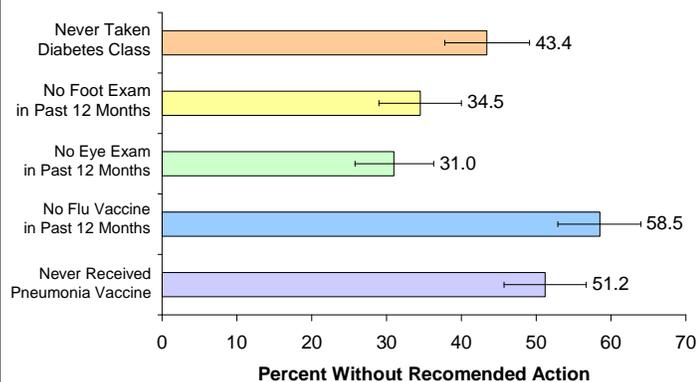
Diabetes Management Recommendations⁴

- Daily self glucose testing
- Daily self foot examination
- Eat healthy, exercise and don't smoke
- Take medicines as directed
- Brush and floss teeth daily
- Annual foot exam by health care provider
- Annual dilated-eye exam
- Annual cholesterol/lipid screening
- Annual kidney function test
- Annual flu vaccination
- Pneumococcal pneumonia vaccination
- Biannual dental exam
- Hemoglobin A1C test every 3 months (if taking insulin) or every 6 months (if not taking insulin)

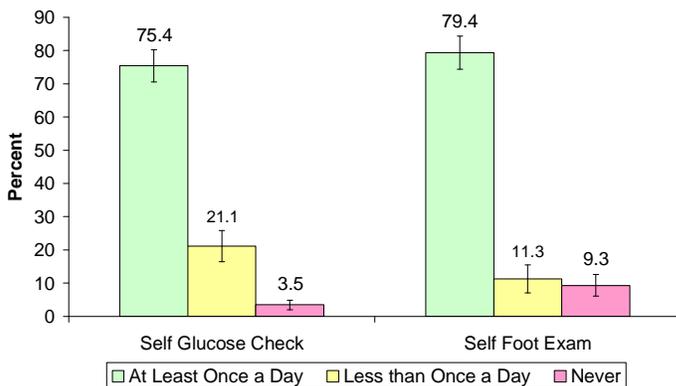
Frequency of Hemoglobin A1C Testing in Past 12 Months Tennessee, 2005*



Diabetes Management Tennessee, 2005*



Diabetes Self-Management Tennessee, 2005*



*The number above each column indicates the percent value for that column. Error bars represent 95% confidence intervals, as do ranges for percentages given in the text.

[‡]A hemoglobin A1C test is used to determine the amount of sugar in the blood over the past 2-3 months.