

Increase in Diabetes Prevalence in Taiwan

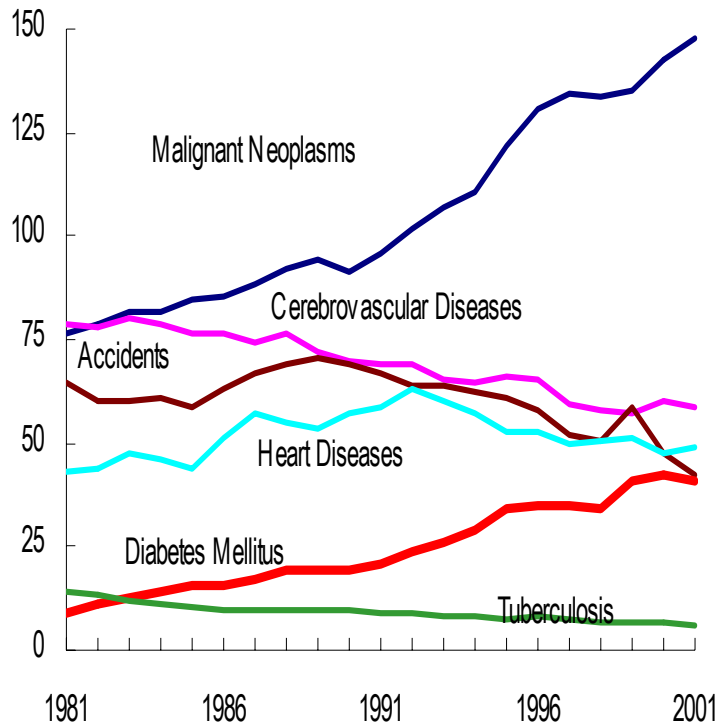
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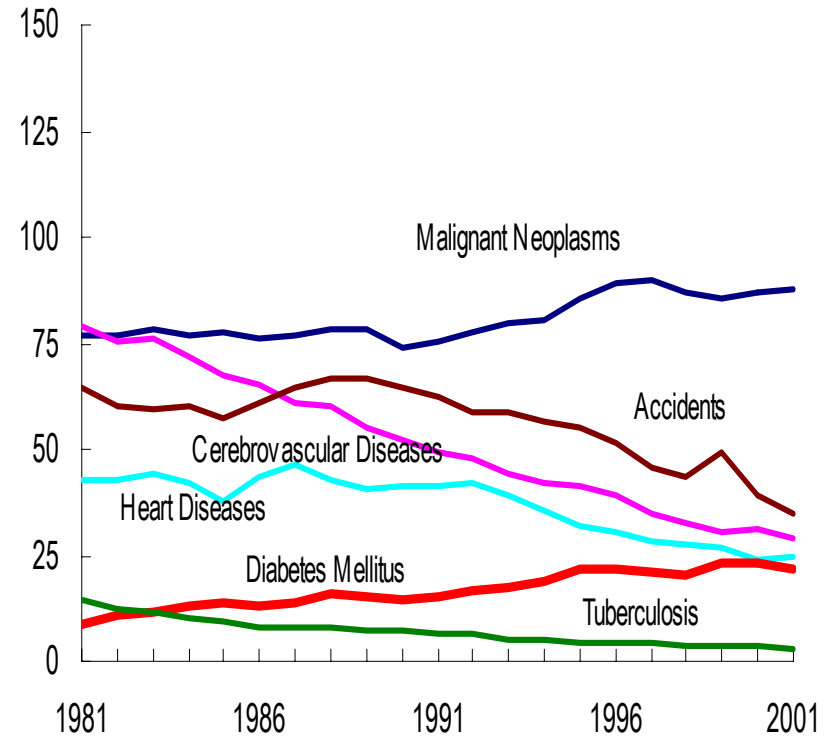
Bureau of Health Promotion

Leading Causes of Death, Taiwan Area, 1981-2001

Crude Death rates per 100,000 population



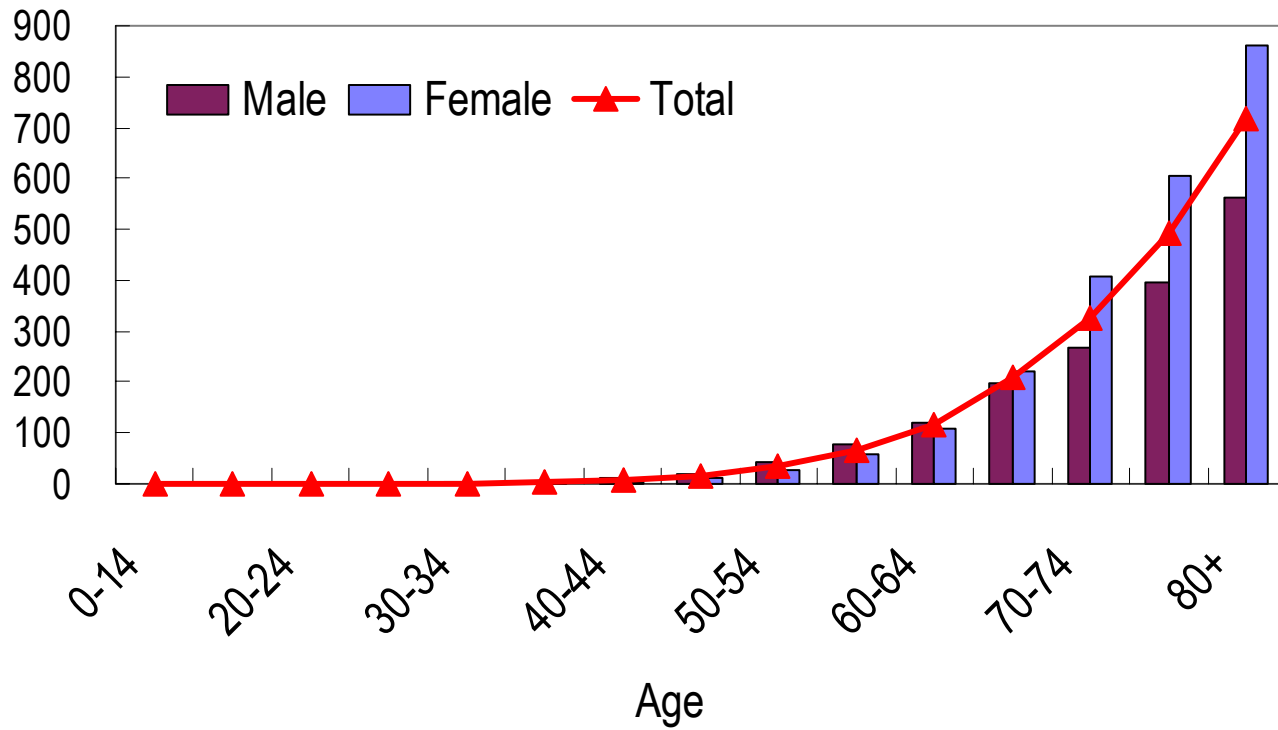
Age Adjusted Death rates per 100,000 population



Age-Specific Mortality Rates for Diabetes, Taiwan

Death rate per
100,000
population

Area, 2000



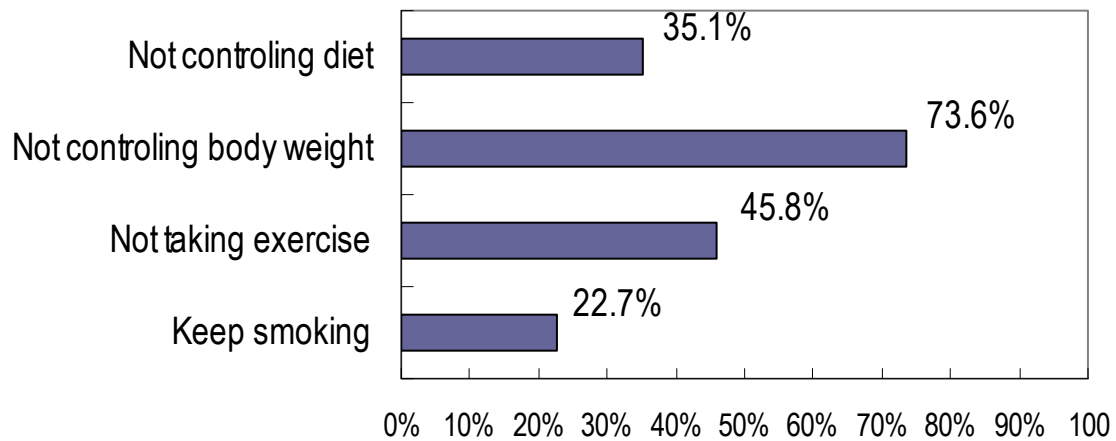
Facts of Diabetes in Taiwan

- Prevalence rate: 4%
- Estimated number of patients: 900,000
(30% of the patients are not taking medication)
- Medical Expenses:
 - 4.3 times higher than non-diabetes patients
 - 11.5% of National Health Insurance medical expenses
 - 3/4 of the expenses are spent on treatment of complications
- Standardized mortality rate: 33.5 (per 100,000)
(Korea:20.1; Singapore:8.9; Japan:4.5; USA:13.7; UK:4.9)

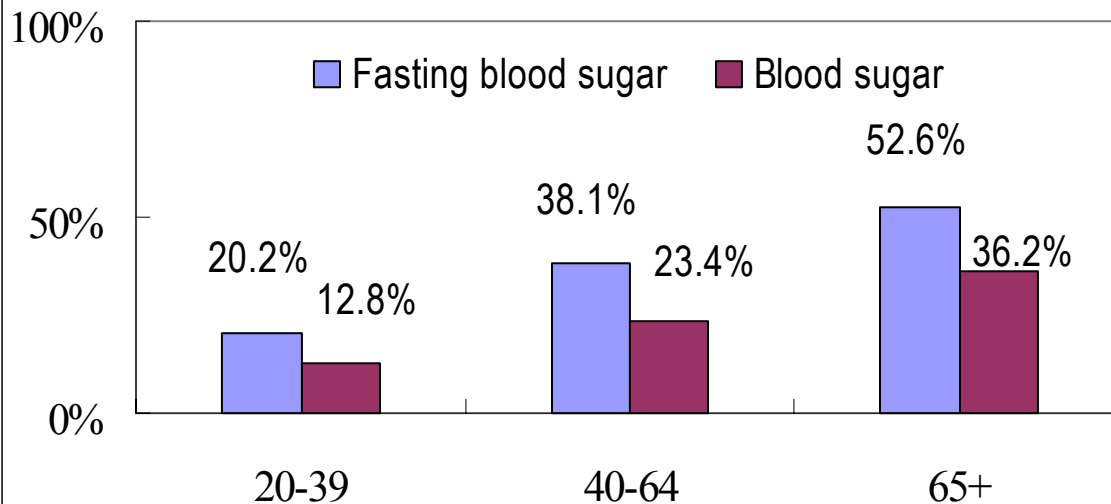
Prevalence of Diabetes in Taiwan

Area	Year	Age	Male	Female	Criteria
Taiwan (NAHSIT)	1993- 1996	65+	6.7	21.5	Diagnosed with DM and on medication; OGTT (+) or fasting WBG>180mg/dl
Taiwan (NHIS)	1994	65+	10.4	15.2	Have ever been told by a physician or nurse (self-reported)
	2001	65+	15.8	17.1	Have ever been told by a physician or nurse (self-reported)
Taiwan* (Elderly survey)	1989	65+	6.5	11.2	Have ever been told by a physician or a nurse (self-reported)
	1993	65+	7.4	13.7	Have ever been told by a physician or a nurse (self-reported)
*:non- aboriginal town	1996	65+	10.1	14.4	Have ever been told by a physician or a nurse (self-reported)
	1999	65+	13.7	18.5	Have ever been told by a physician or a nurse (self-reported)

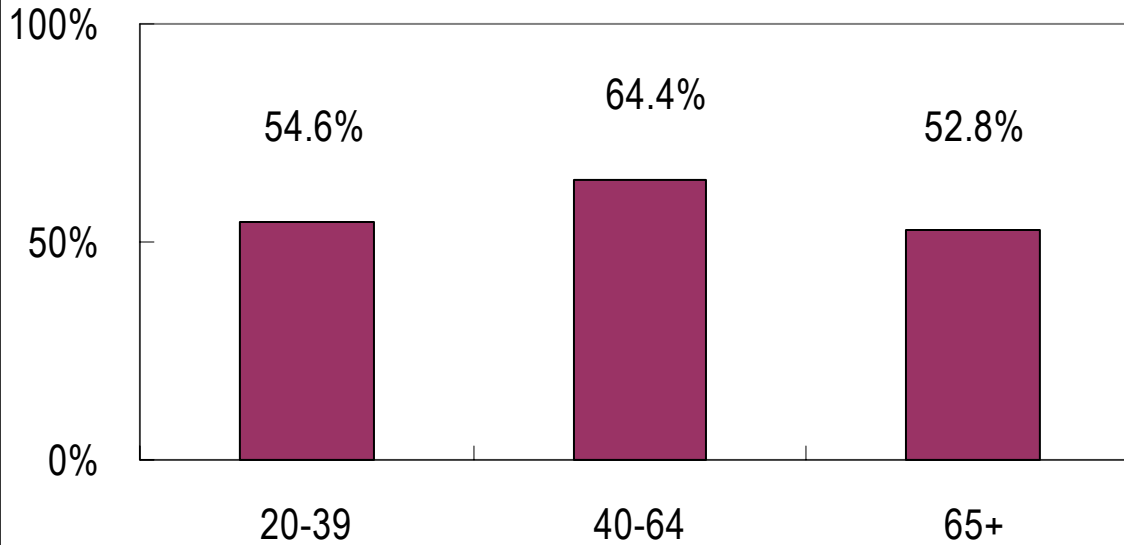
Self-care behavior among self-reported diabetes patients aged 20 and above, NHIS 2001



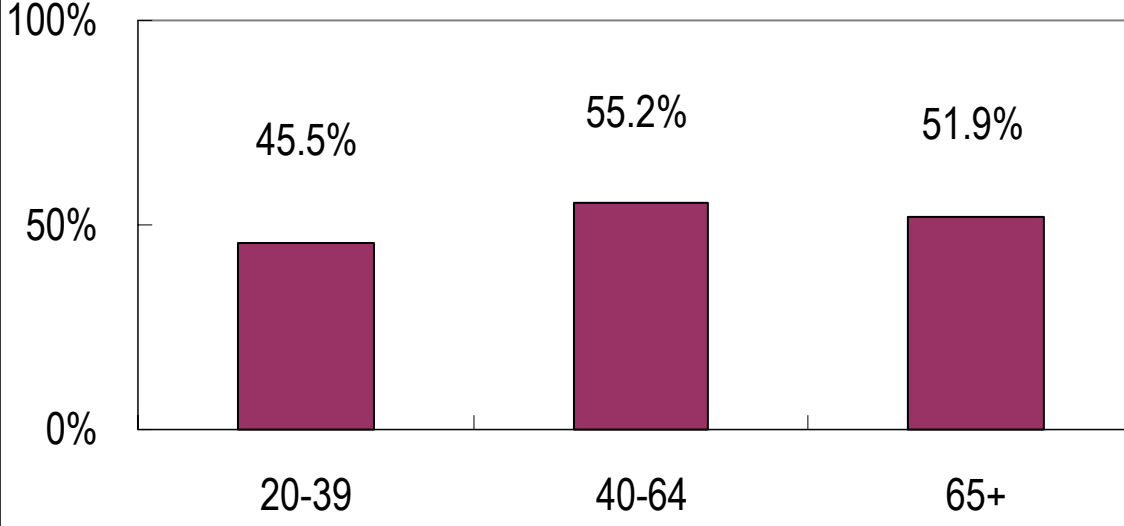
Ever Had blood sugar checked during the past year, by age, NHIS 2001



Percentage of diabetes patients who ever had retina checked, by age, NHIS 2001



Percentage of diabetes patients who ever had urine albumin checked, by age, NHIS 2001



Measures of Diabetes Prevention and Control in Taiwan

- Improving the awareness of risk factors for diabetes
- Improving the acceptance for screening
- Promoting shared care system
- Setting up of centers for health promotion of diabetic patients
- Issue of “diabetes passport”
- Establishing basic data on diabetes for reference in policy-making