

Diabetes in Prince Edward Island

Estimated prevalence and cost¹

Prevalence	2019	2029
Diabetes (type 1 and type 2 diagnosed)	16,000 / 10%	20,000 / 12%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes combined	47,000 / 30%	56,000 / 33%
Increase in diabetes (type 1 and type 2 diagnosed), 2019-2029	29%	
Direct cost to the health-care system	\$17 million	\$22 million
Out-of-pocket cost per year ²		
Type 1 diabetes on multiple daily insulin injections	\$1,500	
Type 1 diabetes on insulin pump therapy	\$1,900-\$5,200	
Type 2 diabetes on oral medication	\$1,700	

Impact of diabetes

- Diabetes complications are associated with premature death. Diabetes can reduce lifespan by five to 15 years. It is estimated that at least one in every ten deaths in Canadian adults was attributable to diabetes in 2008–2009.³
- People with diabetes are over three times more likely to be hospitalized with cardiovascular disease, 12 times more likely to be hospitalized with end-stage renal disease and almost 20 times more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population.¹³
- Diabetes contributes to 30% of strokes, 40% of heart attacks, 50% of kidney failure requiring dialysis, and 70% of non-traumatic lower limb amputations every year⁴ and is a leading cause of vision loss.
- The prevalence of clinically relevant depressive symptoms among people with diabetes is about 30%; individuals with depression have an approximately 60% increased risk of developing type 2 diabetes.⁵
- The risk of blindness in people with diabetes is up to 25 times higher than in those without diabetes.⁶ Diabetes is the leading cause of acquired blindness in Canadians under the age of 50.⁷ Diabetic retinopathy affects 500,000 Canadians.⁸

- Foot ulceration affects an estimated 15%–25% of people with diabetes in their lifetime.⁹ One-third of amputations in 2011–2012 were performed on people reporting a diabetic foot wound.¹⁰
- Some populations are at higher risk of type 2 diabetes, such as those of African, Arab, Asian, Hispanic, Indigenous or South Asian descent, those who are older, have a low income or are living with overweight. Diabetes rates are three to five times higher in First Nations populations than in the general population, a situation compounded by barriers to care for Indigenous peoples.¹⁵
- For many Canadians with diabetes, adherence to treatment is affected by cost. The majority of Canadians with diabetes pay more than 3% of their income or over \$1,500 per year for prescribed medications, devices and supplies out of their own pocket.^{11,12}
- Among Canadians with type 2 diabetes, 33% do not feel comfortable disclosing their disease to others.²²
- Hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) may affect mood and behaviour, and can lead to emergency situations, if left untreated.

Policy, programs and services related to diabetes

- In Budget 2014, the Government of Prince Edward Island introduced an insulin pump program for eligible children and youth with type 1 diabetes up to 19 years of age.
- *P.E.I. Diabetes Strategy 2014-2017* sets goals and performance measures to improve prevention, detection and management of diabetes, aligning itself with the principles outlined in the Diabetes Charter for Canada. There are plans to renew the strategy in 2019.
- New healthy eating officers and health promoter positions have been hired to support community development.
- Wellness grants have been issued to support implementation of health promotion projects.
- The NutriSTEP screening program, launched by Public Health Nursing, assists with the early identification of children at risk of, and living with, overweight and obesity and implements early intervention strategies.
- Each primary care network in the province has established services for high risk individuals.
- Diabetes Prevention Program pilots have been completed, including ones offering group education to people with prediabetes within primary care networks.
- Promotion and implementation of the CANRISK screening tool is part of provincial diabetes risk assessment clinics.
- Diabetes education is provided to health-care professionals at various workshops, grand rounds and accredited educational events.
- The diabetes flow sheet and other clinical tools (e.g. the diabetic foot assessment screen) are used by many primary care providers in their practices.
- Pharmacare coverage has been increased to include new diabetes medications.

- The Insulin Pump Program for Children and Youth has been implemented.
- Blood glucose test strip coverage for women during pregnancy was increased in the province.
- School Wellness Teams are in place within various families of schools.
- There is a provincial skin and wound care clinical nurse lead position and a leading provincial initiative to standardize diabetic foot screening, complete with a treatment algorithm.
- A retinopathy screening program has been initiated. As well, through the provincial diabetes program, a diabetes database has been established and there are provincial medical directives to standardize the treatment of hypoglycemia.
- Insulin pens are now used across all P.E.I. hospitals.
- In October 2013, P.E.I. introduced a new catastrophic drug program to support individuals whose drug costs affect their household's ability to maintain life essentials.
- P.E.I.'s High Cost Diabetes Program subsidizes medication costs for people with type 2 diabetes who are registered for the Diabetes Control Program.
- P.E.I. offers diabetes education programs for Indigenous populations.

Challenges

Prince Edward Island faces unique challenges in preventing type 2 diabetes and meeting the needs of those living with diabetes:

- The median age in the province is 43.5 years.²³ Approximately 16% of the provincial population are seniors (65 years and older), which is among the highest rates in Canada.²⁴
- The median after-tax family income is one of the lowest of all the provinces and falls below the Canadian average.²⁵
- Overweight in the province among adults is at about 38%; obesity is at 37%.²⁶
- P.E.I. has the highest rural population in Canada. Accessing care for people with diabetes is more challenging in rural areas across Canada than in urban areas.²⁷
- As with other smaller provinces, P.E.I. has difficulty in attracting and retaining specialists who are limited in numbers and on whom people with diabetes rely heavily.

Diabetes Canada's recommendations to the Government of Prince Edward Island

1. Broaden and increase access to blood glucose test strips for people with diabetes to align with Diabetes Canada's minimum reimbursement recommendations.
2. Remove the current age restriction and expand the existing insulin pump program to include all people with type 1 diabetes who would benefit from pump therapy and for whom it has been prescribed.
3. Support diabetes foot care and amputation prevention initiatives.
4. Support Diabetes 360°, a nation-wide strategy to prevent and manage diabetes.
5. Introduce a levy on sugar-sweetened beverages as a fiscal measure to reduce excess sugar intake from beverages in the population and lower type 2 diabetes risk.

References

- ¹ Diabetes statistics in Prince Edward Island are estimates generated by the Canadian Diabetes Cost Model, a forecasting model that provides projections on prevalence, incidence and economic burden of diabetes in Canada based on national data from government sources.
- ² Estimated out-of-pocket costs for type 1 and type 2 diabetes were calculated based on composite case studies. As such, the estimates may reflect the out-of-pocket costs for many people with diabetes in Prince Edward Island, but not all. The costs are 2015 estimates and may vary depending on income and age. For details on the methodology and estimates, please see the appendix in the Diabetes Canada's 2015 Report on Diabetes: Driving Change, retrieved from <https://www.diabetes.ca/getmedia/5a7070f0-77ad-41ad-9e95-ec1bc56ebf85/2015-report-on-diabetes-driving-change-english.pdf.aspx>.
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- ¹¹ Out-of-pocket costs that exceed 3% or \$1,500 of a person's annual income are defined as catastrophic drug costs by the Kirby and Romanow Commissions on healthcare. Please see Diabetes Canada. (2011). The burden of out-of-pocket costs for Canadians with diabetes. Retrieved from <http://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/burden-of-out-of-pocket-costs-for-canadians-with-diabetes.pdf>.
- ¹² Diabetes Canada (2015). 2015 Report on Diabetes: Driving Change. Toronto, Ont.: Diabetes Canada. Retrieved from <https://www.diabetes.ca/getmedia/5a7070f0-77ad-41ad-9e95-ec1bc56ebf85/2015-report-on-diabetes-driving-change-english.pdf.aspx>.
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Last updated: May 2019