## Diabetes in Manitoba

**Last updated: June 2016**

### KEY STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes and prediabetes prevalent cases (rate)</td>
<td>373,000 (28.1%)</td>
<td>458,000 (31.3%)</td>
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<tr>
<td>Diabetes prevalent cases (rate)</td>
<td>121,000 (9.1%)</td>
<td>165,000 (11.3%)</td>
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<tr>
<td>Undiagnosed diabetes prevalent cases</td>
<td></td>
<td>52,000</td>
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<tr>
<td>Type 1 diabetes prevalent cases</td>
<td>6,100–12,100</td>
<td></td>
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<tr>
<td>Estimated increase in diabetes prevalent cases from 2016 to 2026</td>
<td></td>
<td>37%</td>
</tr>
<tr>
<td>Annual out-of-pocket cost for type 1 diabetes administering insulin by multiple daily injections (% of income)</td>
<td>$844–$3,056 (4%–5%)</td>
<td></td>
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<tr>
<td>Annual out-of-pocket cost for type 1 diabetes, administering insulin with an insulin pump (% of income)</td>
<td>$2,244–$6,186 (8%–11%)</td>
<td></td>
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<tr>
<td>Annual out-of-pocket cost for type 2 diabetes (% of income)</td>
<td>$1,930 (2%–5%)</td>
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</tbody>
</table>

### Impact of diabetes:

- Diabetes complications are associated with premature death. Diabetes reduces lifespan by 5–15 years. It is estimated that one of 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 over 20 times more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population.³
- Diabetes contributes to 30% of strokes, 40% of heart attacks, 50% of kidney failure requiring dialysis, and 70% of nontraumatic lower limb amputations⁴ and is a leading cause of vision loss.
- Thirty per cent (30%) of people with diabetes have clinically relevant depressive symptoms; 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 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 South Asian, Asian, African, Hispanic or Aboriginal descent, those who are overweight, older or have low income. Diabetes rates are 3–5 times higher in First Nations than in the general population, a situation compounded by barriers to care for Aboriginal people.⁵

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diabetes.ca/charter
• Between 25%–57% of Canadians with diabetes indicated their treatment adherence was affected by cost. The majority of Canadians with diabetes pay more than 3% of their income or over $1,500 per year for needed medications, devices and supplies out of their own pocket.\textsuperscript{11,12}

• Thirty-three per cent (33%) of Canadians with type 2 diabetes do not feel comfortable disclosing their diabetes to others.\textsuperscript{12}

• Hypoglycemia (low blood sugar) and hyperglycemia (elevated blood sugar) may affect mood and behaviour and a student’s ability to learn and to participate in school activities as well as lead to emergency situations, if left untreated.

Highlights of diabetes-related policy, programs and services in Manitoba:

• Manitoba government launched a pediatric insulin pump program in April 2012.

• Manitoba has developed and distributed the \textit{Manitoba Diabetes Care Recommendations (2010)}, which are consistent with the Canadian Diabetes Association’s Clinical Practice Guidelines for the Prevention and Management of Diabetes.

• Manitoba released \textit{Diabetes in Manitoba: A Call to Action (2009)} to strengthen existing diabetes partnerships and build new ones to reduce the burden of type 2 diabetes.


• Reduce Your Risk (2008) is a province-wide public education campaign that helps Manitobans to identify and reduce their risk for type 2 diabetes.

• Manitoba has established a retinal screening program for northern communities (2007) which screens for prediabetes in Winnipeg. It has enhanced funding for several self-management tools.

• Manitoba’s Physician Integrated Network (2006) seeks to improve primary care for chronic disease management, including diabetes, through multidisciplinary teams and the use of electronic medical records.

• Manitoba’s Chronic Disease Prevention Initiative (2004) promotes healthy eating, physical activity and smoking cessation.

• Manitoba has implemented several projects to prevent or delay diabetes complications and improve the health of Aboriginal people by addressing foot ulcers.

What does the Diabetes Charter for Canada mean for Manitoba?

In 2016, an estimated 28.1% of the population in Manitoba have either diabetes or prediabetes. Many others face higher risk of developing type 2 diabetes:

• About 50% of people with prediabetes will develop type 2 diabetes if nothing is done.

• Manitoba has the highest concentration of Aboriginal people among provinces among Canadian provinces (16.7%).\textsuperscript{13} The province also has a lower median family income,\textsuperscript{14} and its obesity rate is significantly higher than the national rate.\textbf{Error! Bookmark not defined.}

In the face of increasing burden of diabetes in Manitoba, the Diabetes Charter for Canada (the Charter) is particularly relevant, in that it has established agreed upon rights for people living with diabetes as
well as their responsibilities for their own care. The Charter also describes the rights and responsibilities of health-care providers, as well as the responsibilities of governments, employers, child-centred environments and workplaces. The Diabetes Charter for Canada is an important tool for all members of the diabetes community to address the needs of people living with diabetes in Manitoba.

References

1 Diabetes statistics in Manitoba 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 Manitoba, 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 Canadian Diabetes Association’s 2015 Report on Diabetes: Driving Change, available at https://www.diabetes.ca/getmedia/5a7070f0-77ad-41ad-9e95-ec1bc56ebf85/2015-report-on-diabetes-driving-change-english.pdf.aspx


