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Titel des Beitrags: Medical costs of diabetic complications total costs and excess costs by age and type of treatment results of the German CoDiM Study.

Abstract:
AIMS: This study examined the medical costs of diabetic complications by age, type of treatment, and type of complication and researched the relationship between total and excess costs with respect to type of complications.

METHODS: Patients with diabetes (n=26,971) were identified from a German statutory health insurance database by glucose-lowering drug prescriptions and ICD-10 diagnoses. Diabetes complications were defined as microvascular (eye and kidney diseases), foot complications (peripheral neuropathy, peripheral vascular disease), macrovascular (cardio- and cerebrovascular diseases), and uncontrolled glucose metabolism (glycaemic complications). Estimates of frequency and medical costs of complications were calculated for diabetic patients and an age- and sex-matched control group of persons without diabetes.

RESULTS: Half (53%) of the medical costs per diabetes patient in 2001 (euro4,457) were spent for management of complications (euro2,380). In the control group, costs of these diseases were euro761 per person. Consequently excess costs of complication due to diabetes were estimated at euro1,619 (36%) and were caused for treatment of macrovascular (euro643, 14%), microvascular (euro458, 10%), foot complications (euro430, 10%) and glycaemic complications (euro88, 2%). Furthermore 12% were spent for management of hyperglycaemia.
Excess costs for complications per diabetic patient were higher for insulin (euro4,395) versus non-insulin treated patients (euro587). Eye, kidney and foot complications were encountered 3-4 times more often in diabetic patients than in non-diabetic controls, whereas macrovascular diseases were only 1.6 times more frequent. Therefore the proportion of diabetes dependent excess costs of microvascular and foot complications was high (78%), and was considerably lower (56%) for macrovascular complications. CONCLUSIONS: A close relationship exists between diabetes related excess costs and the presence of microvascular and foot complications. It is important to identify these patients early in order to incorporate them into diabetes management programs. A better care of diabetes patients and subsequent prevention of these late complications promises not only to improve quality of life but also to be highly cost-effective.

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