

**Institut / Selbst. Abteilung / KKG / Nachwuchsgruppe:**

GSF - Institute of Health Economics and Health Care Management

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**Titel des Highlights:**

Social inequalities in glycaemic control among adults with type 2 diabetes

**Keywords:**

Type 2 Diabetes, Glycaemic Control, Social Inequalities

**Kernaussage des Highlights in einem Satz:**

Glycaemic control, measured by HbA1c levels, is strongly associated with indicators of socio-economic position favouring the better off.

**Darstellung des Highlights:**

Despite clear evidence for the central importance of good glycaemic control for the prevention of macro- and microvascular complications in diabetes, very few studies on social inequalities in diabetes have reflected the crucial role of glycaemic control. In these studies, the statistical approach does not adequately control for confounders. Also, findings are hidden amongst many others, and they are inconsistent between studies. The analyses presented here are based on a cross-sectional survey in the region of Augsburg (Germany), including 373 men and women with type 2 diabetes, drawn from the representative MONICA surveys and the myocardial infarct register (mean age: 68.1 years). The socio-economic position of each person is assessed by two indicators: educational level, and a composite index (based on education, occupation and equivalent household income). A clear association can be seen: The comparison of the lowest with the highest socio-economic group showed an odds ratio of 2.49 (95% CI: 1.22-5.07) for the MI register subgroup and 1.80 (95% CI: 0.80-4.06) for the survey subgroup for failure to achieve the recommended HbA1c target. This association could not be accounted for by differences across social groups in age, sex, diabetes duration, obesity, or physical activity. It should also be pointed out that health outcomes such as neuropathy and diabetic retinopathy are more prevalent in the low status group (as compared with the high status group). It is concluded that social inequalities in glycaemic control do exist, and that the level of diabetes care is inappropriate to the need of socially disadvantaged groups. This finding is particularly important in the present discussion,

as the German health care system has pledged to dramatically improve diabetes care.

**Reference:**

Reisig V, Reitmeir P, Döring A, Rathmann W, Mielck A: Social inequalities and outcomes in type 2 diabetes in the German region of Augsburg. A cross-sectional survey. Int J Public Health 2007; 52: 158-165.

**Bezug zur GSF-Strategie:**

The results present an important link between two GSF research topics, i.e. diabetes mellitus and health care system analysis. They also demonstrate the close cooperation between the Institute of Health Economics and Health Care Management and the Institute of Epidemiology in the KORA-study.

**GSF-interne Kooperationspartner, mit denen das Highlight ggf. erarbeitet wurde:**

Angela Döring, GSF - Institute of Epidemiology