Change in Prevalence and Distribution of Diabetes Mellitus Type I and Type II over Time in the Netherlands
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Background
As the development of diabetes mellitus (DM) type II (T2DM) is related to age and obesity, population changes over time with respect to these factors may have changed the prevalence and distribution of type I (T1DM) and T2DM in the Netherlands.

Objective
To quantify the trend in prevalence and distribution of T1DM and T2DM in the Netherlands from 2005 to 2012.

Methods
• Using the General Practitioner (GP) Database and the Out-patient Pharmacy Database of the PHARMO Database Network, the trend in prevalence of DM and distribution of T1DM and T2DM from 2005 to 2012 was assessed.
• Per year, patients with ≥2 antidiabetic drug dispensings within 6 months were selected as DM patient.
• Patient numbers were extrapolated to the Netherlands to determine prevalence of DM.
• For all patients, diabetes treatment at September 30 of that year was assessed.
• For patients with a GP recorded diagnosis for T1DM or T2DM, distribution of T1DM and T2DM was stratified by treatment. This distribution of DM type by treatment was applied to the treatment of patients with no GP recorded DM type to assess the distribution of T1DM and T2DM.

Results
• In each year, approximately 150,000 patients were included.
• The prevalence of DM in the Netherlands increased from 38 per 1000 males and 40 per 1000 females in 2005 to 54 per 1000 males and 52 per 1000 females in 2012 (Figure 1).
• The distribution of T1DM and T2DM among patients with DM changed from 15% and 85% in 2005 to 8% and 92% in 2012 (Figure 2).
• Among patients with T1DM mean age (±SD) decreased from 48 (±22) years in 2005 to 44 (±22) years in 2012.
• Among patients with T2DM mean age increased from 63 (±12) years in 2005 to 67 (±12) years in 2012.

Conclusion
This study describes the epidemiology of DM in the Netherlands over 2005-2012. Prevalence of DM increased and relatively more patients were diagnosed with T2DM. These changes can be explained by the ageing Dutch population, better survival, more obesity and early detection of T2DM. Furthermore, introduction of the T2DM care program in 2005 probably has led to a better registration of T2DM patients.