

Prevalence of patients treated with anti-diabetic medicine in Greenland and Denmark. A cross-sectional register study

Diabetes mellitus is a large and growing worldwide health issue. Prior to this publication, a direct comparison of the prevalence of persons treated with anti-diabetic medicine in Greenland and Denmark has not been found. Therefore, the aim of this study is to estimate and compare the age- and gender-specific prevalence of patients treated with anti-diabetic medicine comparing Greenland and Denmark. The study was performed as a cross-sectional register study using data from population and medical registers in Greenland and Denmark. A total of 784 Greenlandic and 215,580 Danish patients treated with anti-diabetic medicine were included. The prevalence of patients aged 20–79 years treated with anti-diabetic medicine in Greenland was 2.6% (95% CI 2.4–2.8), much lower (p 0.001) compared to Denmark with 5.2% (95% CI 5.2–5.2). The difference was less pronounced after excluding those treated with insulin and women below 45 years treated with metformin. In conclusion, this study showed a lower prevalence of patients treated with anti-diabetic medicine in Greenland than Denmark. The main reason may be a much higher prevalence of undiagnosed diabetes in Greenland, particularly among the middle-aged. Differences in awareness of diabetes and access to continued primary healthcare may be contributing factors.

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Gestational diabetes and macrosomia among Greenlanders. Time to change diagnostic strategy?

Gestational diabetes mellitus (GDM) is a serious condition associated to both maternal and offspring complications. Yet, no globally accepted consensus exists on how to test and diagnose GDM. In Greenland, the clinical criteria for testing and diagnosing GDM are adapted from Danish guidelines. The aim of this study was to estimate the prevalence of GDM among Greenlanders using both the current clinical GDM criteria and the recent WHO 2013 criteria and, further, to study the association between GDM, pre-pregnant overweight or obesity and macrosomia. A cross-sectional study of all 450 Greenlandic women who gave birth to a singleton in Nuuk within 1 year was performed. Based on an oral glucose tolerance test measuring capillary whole blood glucose, 119 women were categorised as having clinical GDM, WHO 2013 GDM or not GDM. Macrosomia defined as birth weight above 4,000 g was used as outcome variable. The prevalence of clinical GDM and WHO 2013 GDM was 0.4% (95% CI; 0–1.1) and 6.9% (95% CI; 4.5–9.2). WHO 2013 GDM, fasting blood glucose, pre-pregnant maternal overweight and obesity were associated with macrosomia. WHO 2013 GDM criteria were superior to clinical criteria in predicting macrosomia indicating that it may be time to consider the diagnostic strategy used in Greenland. Pre-pregnant overweight may also need more intensified lifestyle-intervention.

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