

Alter, Geschlecht und soziale Lage

**LV Typ-2-Diabetes
Bachelor Studiengang WS
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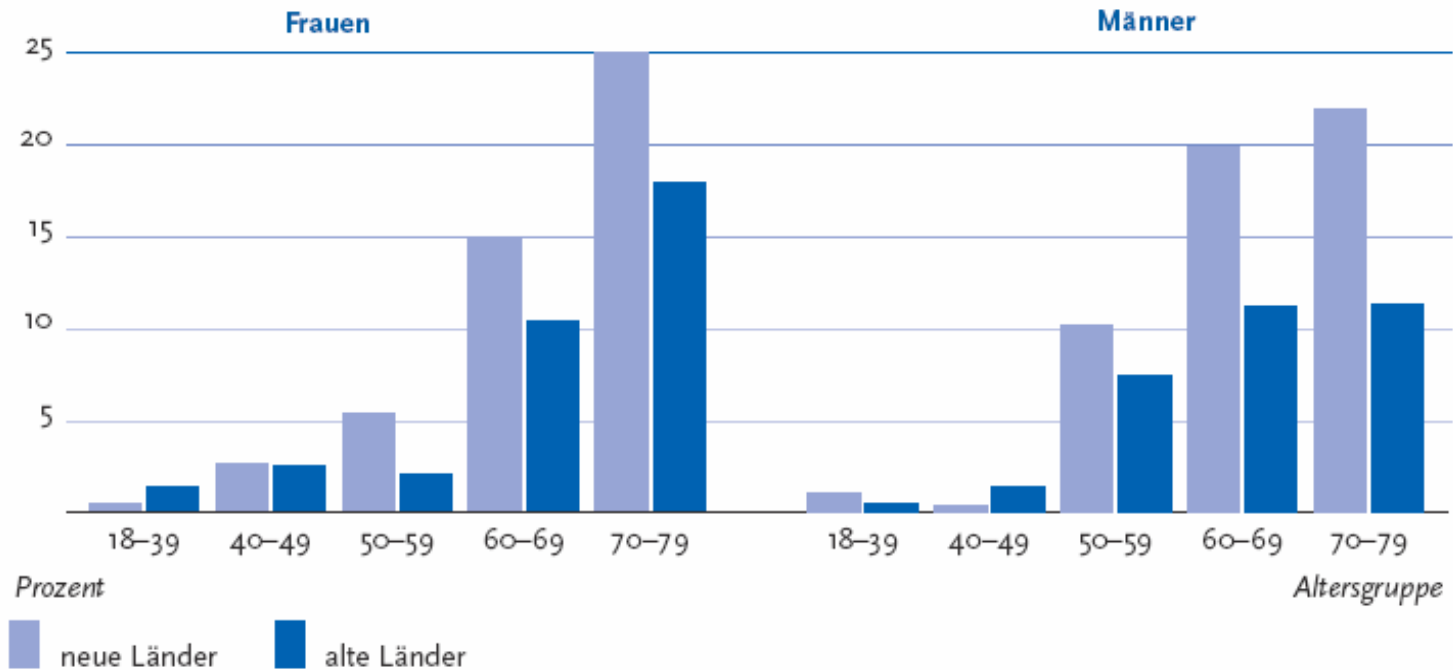
Universität Bremen



VFwF e.V.

Altersverteilung Typ-2-Diabetes (RKI)

Abbildung 1
Prävalenz des Diabetes nach Alter, Geschlecht und Regionen
Quelle: RKI, Bundes-Gesundheitssurvey 1998 [20]



CDC National Public Health Initiative on Diabetes and Women's Health -1-

- More than half (9.1 million) of the cases of diabetes occur among women.
- From 1990 to 2000, the prevalence of diabetes increased almost 50% among women.
- The prevalence of diabetes among women aged 45-55 years was less than 2% in the 1960s, but rose consistently in the 1980s and 1990s. In the early 1990s, the rate was about 6%.
- Women in minority racial and ethnic groups are the hardest hit by type 2 diabetes; the prevalence is about two to four times higher among black, Hispanic, American Indian, and Asian Pacific Islander women than among white women. Because minority populations are expected to grow at a faster rate than the U.S. population as a whole, the number of women in these groups who are diagnosed with diabetes will increase significantly over the coming years.

CDC National Public Health Initiative on Diabetes and Women's Health -2-

- Diabetes is a more powerful cause of heart disease among women than men.
- The prognosis of heart disease, the most common complication of diabetes, is more serious among women than men. Among persons with diabetes who have had a heart attack, women have lower survival rates and poorer quality of life than men do.
- Many older women with diabetes live alone and are poor. Poverty is also a major concern for women of childbearing age who have diabetes.

CDC National Public Health Initiative on Diabetes and Women's Health – 3 -

Factors That Place Women at Risk for Diabetes and Its Complications:

- Women face increasing risk of diabetes and its complications because of certain social and economic trends. Increasing numbers of women:
- live in poverty (by age 65, women are twice as likely as men to be poor),
- are employed (women tend to work in small companies that provide fewer benefits and lower pay than larger companies, and often struggle to balance job and family responsibilities),

CDC National Public Health Initiative on Diabetes and Women's Health – 4 -

- are uninsured and lack access to health care (approximately one in seven women lacks health insurance),
- are overweight and do not exercise regularly (about one-third of women aged 20 years or older are overweight, and nearly two-thirds do not engage in regular physical activity),
- live alone, particularly as they get older (women live an average of 7 years longer than men; by age 75, women outnumber men by a ratio of 2 to 1), and
- are members of racial and ethnic minority populations (who tend to be diagnosed with type 2 diabetes more often).

<http://www.cdc.gov/diabetes/pubs/interim/background.htm#top>

Definitionen „soziale Ungleichheit“ -1-

- „Soziale Ungleichheit wäre zu definieren als gesellschaftlich hervorgebrachte Handlungsbedingungen, die es bestimmten Gesellschaftsmitgliedern besser als anderen erlauben, so zu handeln, dass öffentlich artikuliert und allgemein akzeptierte Lebensziele für sie in Erfüllung gehen“ (Hradil 1987).

Definition „soziale Ungleichheit“ -2-

- „Soziale Ungleichheit meint die in der Sozialstruktur einer Gesellschaft verankerte ungleiche Verteilung begehrter (materieller und immaterieller) Güter, welche die Erreichung allgemein akzeptierter Lebensziele beeinflusst“ (Siegrist 1995).

Kontrast „Individuelle Ungleichheit“

- Individuelle Ungleichheit meint demgegenüber ungleiche Ausprägung biologischer Merkmale wie z.B. Aussehen und körperliche Stärke.

(Anm.: wo platzieren wir kosmetische Chirurgie in diesem Zusammenhang?)

Indikatoren für soziale Ungleichheit

- Beruflicher Status (Arbeiter, Angestellter, Beamter, Selbständige)
- Bildungsabschluss
- Einkommen
- Oder. Schicht-Index (Status, Einkommen, Bildungsabschluss)

→ „perfekte“ Indikatoren gibt es nicht, auch Forschung muss mit Kompromissen leben.

Studien berücksichtigen immer mehr Parameter:

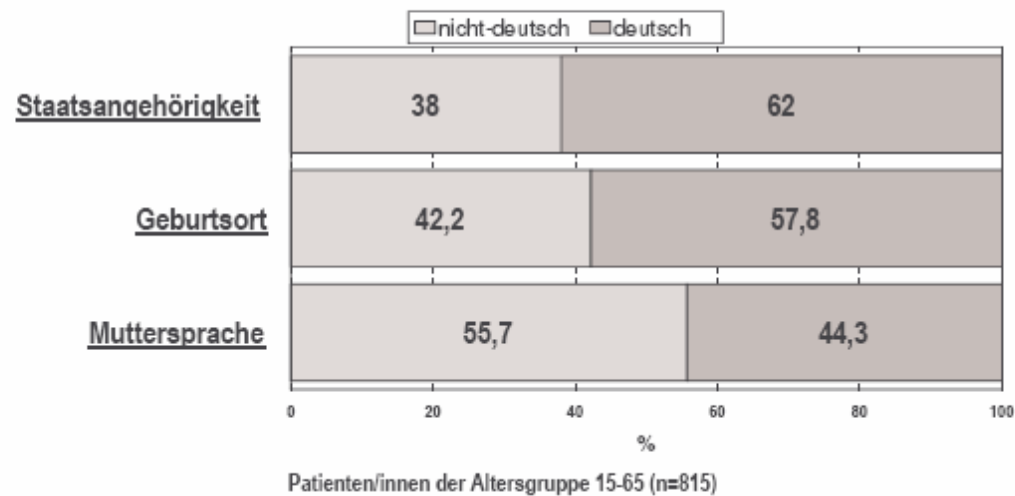
Weitere Parameter wie Alter, Geschlecht, ethnische Zugehörigkeit sind teils „gesetzt“, teils (s. Migration) schwerer zu definieren als auf den ersten Blick gedacht (s. Folienvortrag Borde „Migrantensensible Studiendesigns“)

www.epiberlin.de/download/Vortrag_Borde.pdf

„...Migrationshintergrund“

5. Wie lässt sich Migrationshintergrund abbilden?

Verschiedene Kategorien zur Definition kultureller Vielfalt
am Beispiel der Berliner Notfallambulanzstudie (Borde, Braun, David 2001-2003)



Typ-2-Diabetes in Singapur und ethnische Zugehörigkeit

Table II. Adjusted means of selected variables by ethnic group.

Variable	Ethnic group Adjusted means			p value
	Chinese	Malay	Indian	
Age at diagnosis (years) ^a	53.1	50.8	52.0	0.18
Body mass index (kg/m ²) ^b	24.86**	27.39**	25.65**	<0.01
HbA1c (%) ^c	7.68*	7.97	8.31*	<0.01
Albuminuria (mg/mmol Cr) ^d	1.19	1.14	0.85	0.13

Variables adjusted for by analysis of co-variance (ANCOVA):

^a family history of diabetes, family history of hypertension, body mass index and associated hypertension.

^b age, gender, exercise status and duration of diabetes.

^c age, duration of diabetes, body mass index and treatment.

^d age and hypertension status.

* Statistically-significant pairwise (p<0.05) by Bonferroni test.

** Statistically-significant (p<0.05) between Chinese and Malay, and Indian and Malay, by Bonferroni test.

Hong et al Singapore Medical Journal 2004; 45: 154

Die AOK-Mettmann-Diabetes-Studie -1-

Frequencies column-%	Age groups			Pearson χ^2 ; df = 2	Sex		Pearson χ^2 ; df = 1
	>40 yrs	40–55 yrs	> 55 yrs		Men	Women	
No diabetes	33 562 99.8 %	23 170 98.8 %	19 372 95.8 %	$\chi^2 = 1382.5$ $p < 0.0001$	51 899 98.4 %	24 205 98.6 %	$\chi^3 = 3.09$; $p = 0.80$
Diabetes type 2	58 0.2 %	281 1.2 %	851 4.2 %		840 1.6 %	350 1.4 %	
Total	33 620 (43.5 %)	23 451 (30.3 %)	20 223 (26.2 %)		52 739 (68.2 %)	24 555 (31.8 %)	77 294 (100 %)

Geyer et al. Sozial- und Präventivmedizin 2004; 49: 329-335

Die AOK-Mettmann-Diabetes-Studie -2-

Table 3 The occurrence of diabetes over occupational status groups for the whole study population and separately for three age strata

Frequencies column-%	Group	Occupational position				Pearson χ^2 ; df = 3
		Unskilled/ semi-skilled	Skilled manuals	Skilled non- manuals	Intermediates/ professionals	
Whole population	No diabetes	42 844 98.3 %	19 856 98.3 %	10 701 99.1 %	2 703 99.6 %	$\chi^2 = 64.39$ $p < 0.0001$
	Diabetes type 2	741 1.7 %	342 1.7 %	97 0.9 %	10 0.4 %	
Age > 40 yrs	No diabetes	19 009 99.8 %	8 341 99.8 %	5 065 99.9 %	1 146 100 %	$\chi^2 = 5.28$ $p = 0.15$
	Diabetes type 2	40 0.2 %	13 0.2 %	5 0.1 %	0 0 %	
Age 40 < 55 yrs	No diabetes	1 864 98.6 %	5 633 98.6 %	3 562 99.2 %	1 111 99.8 %	$\chi^2 = 16.73$ $p < 0.001$
	Diabetes type 2	177 1.4 %	72 1.3 %	30 0.8 %	2 0.2 %	
Age > 55 yrs	No diabetes	10 971 95.4 %	5 881 95.8 %	2 074 97.1 %	446 98.2 %	$\chi^2 = 19.28$ $p < 0.0001$
	Diabetes type 2	524 4.6 %	257 4.2 %	62 2.9 %	8 1.8 %	
Total	43 585 (56.4 %)	20 198 (26.1 %)	10 798 (14.0 %)	2 713 (3.5 %)	77 294 (100 %)	