

# Preface

*Diabetes in America, 3rd Edition*, is sponsored by the Division of Diabetes, Endocrinology, and Metabolic Diseases of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health. This edition is similar in scope to the 2nd edition, published in 1995, and provides a comprehensive compilation of largely national epidemiologic data on diabetes and its complications and associated medical care. It includes both published data and unpublished data that were specifically analyzed for this new edition.

A large group of people contributed to *Diabetes in America, 3rd Edition*. The authors are recognized experts who represent every facet of diabetes; as are the multiple reviewers per chapter who provided detailed assessment of comprehensiveness, accuracy, perspective, and readability; and the scientific editors who provided overall review of chapters and reviewer comments. A Steering Committee of diabetes experts helped to plan, develop, and monitor the progress of the compendium. The NIDDK is indebted to the many volunteer hours of this large group of individuals. The *DIA* staff of epidemiologists, programmers, coordinators, technical editors, and graphics experts worked meticulously to make this a first-rate publication.

*Diabetes in America, 3rd Edition*, contains 42 chapters organized into three sections. “Spectrum of Diabetes” includes the descriptive epidemiology of diabetes in terms of prevalence and incidence; sociodemographic, metabolic, and lifestyle characteristics; genetics and risk factors for developing diabetes; and unique aspects of diabetes in younger and older populations and in pregnant women (chapters 1–16). “Complications of Diabetes and Related Conditions” comprises the many complications that affect individuals with diabetes, including mortality (chapters 17–36). “Prevention and Medical Care for Diabetes” includes clinical trials and studies to prevent diabetes; medication use and self-care practices, health care utilization, and quality of care; and economic aspects, including health insurance and health care costs (chapters 37–42). New in this compendium are separate chapters on the Genetics of Type 1 Diabetes and of Type 2 Diabetes; Monogenic Forms of Diabetes; Lifestyle Characteristics of People with Diabetes and Prediabetes; Diabetes and Cognitive Impairment; Impact of Sleep and Circadian Disturbances on Glucose Metabolism; Cancer and Diabetes; Bone and Joint Complications in Diabetes; the Prevention of Type 1 Diabetes and of Type 2 Diabetes; and Quality of Care in People with Diabetes. Information on diabetes and its complications in racial/ethnic groups that appeared in the 2nd edition as separate chapters have been melded into the compendium’s other chapters.

*Diabetes in America, 3rd Edition*, is rich in data, including cross-sectional national data, as well as smaller geographic community and longitudinal studies. U.S. data are used to illustrate points as much as possible, with regional/community, international, and managed care data used as supplements to complement and expand on national data and to fill in gaps. Data on both type 1 and type 2 diabetes are included as they exist, although the national data largely combine type 1 and type 2 diabetes. Data sources are generally described with any limitations that apply. Our goal is for each chapter to be written as a synthesized, stand-alone summary that can be read and used as a reference for the topic addressed. We want the reader to gain a broad understanding of the topic with the use of summary figures and tables interspersed in the chapter text itself. Appendices at the back of chapters provide more detailed stratified estimates for those who need them.

Although this compendium emphasizes the presentation of epidemiologic data, there have been many clinical trials completed since the 2nd edition, and they are also presented. The chapters on primary prevention of type 1 and type 2 diabetes rely heavily on randomized clinical trial data, including trials with pharmacologic interventions. In other chapters where the subject area has advanced due to clinical trials, clinical trial data are summarized briefly to show the strongest evidence available for the effectiveness of interventions, focusing on major outcome trials and how they confirm or refute epidemiologic hypotheses on the etiology of the outcome.

We hope that *Diabetes in America, 3rd Edition*, serves as a reliable scientific resource for conveying the scope and impact of diabetes and its complications and medical care, for helping to guide diabetes health policy and priorities, and for identifying areas of needed research. We believe the information in this compendium will appeal to a broad range of readership, including persons with diabetes and their families to gain a better understanding of the totality of the condition; clinicians who need information on the probability of their patients developing diabetes and associated complications; health policy makers who need sound quantitative knowledge to guide their decisions; and the research community for identifying areas where important scientific knowledge is particularly lacking.

## **Catherine C. Cowie, PhD, MPH**

Senior Advisor, Diabetes Epidemiology Program  
National Institute of Diabetes and Digestive and Kidney Diseases