

Chronic conditions

Chronic conditions such as cancer, chronic respiratory problems and diabetes are not only the leading causes of death across OECD countries but also represent a major disability burden among the living. Many chronic conditions are preventable, by modifying major risk factors such as smoking, alcohol use, obesity and physical inactivity. The COVID-19 pandemic further underscored the impact of chronic conditions on health outcomes from other diseases, as data show that people with underlying health conditions are at higher risk of dying from COVID-19 (OECD, 2023^[1]). The pandemic also contributed to the increase in multimorbidity of chronic conditions and to their late diagnosis and control.

More than one-third of people aged 16 and over reported living with a longstanding illness or health problem on average across 24 OECD countries in 2021 (Figure 3.15). This figure ranges from more than one in two in Finland to just under one in four in Italy. As populations age, the prevalence of chronic conditions – including multimorbidity – rises. Health systems increasingly need to be prepared to deliver high-quality chronic care management to meet the needs of ageing populations.

Socio-economic disparities are also large: on average across OECD countries, 43% of people in the lowest income quintile report a longstanding illness or health problem compared to 27% of people in the highest income quintile (Figure 3.15). This income gap is largest in Lithuania, Belgium, Estonia and Ireland, where people in the lowest income quintile are 2 or more times as likely to have at least one longstanding illness or health problem compared to people in the highest income quintile. The income gap is smallest in Italy and Türkiye, where individuals in the lowest income quintile are slightly less likely to report living with a longstanding illness or health problem compared to individuals in the highest income quintile.

One of the most significant chronic conditions is diabetes. It has a particularly large disability burden, causing cardiovascular disease, blindness, kidney failure and lower limb amputation. It occurs when the body is unable to regulate excessive glucose levels in the blood. In 2021, 6.9% of the adult population were living with diabetes on average across OECD countries (age-standardised data). In addition, a further 48 million adults across OECD countries were estimated to have undiagnosed diabetes (IDF, 2021^[2]).

Among OECD member countries, diabetes prevalence is highest in Mexico, Türkiye, Chile, the United States and Spain, with over 10% of adults living with diabetes (age-standardised data). For OECD partner countries, diabetes prevalence is also high in South Africa, Indonesia and China, also at around 10% or higher (Figure 3.16).

Age-standardised diabetes prevalence rates have stabilised in many OECD member countries over the last decade, especially in western Europe. However, they have increased markedly in Türkiye, Iceland and Spain, with a rise of 60% or more, as well as in OECD partner countries such as Indonesia and South Africa. Such upward trends are due in part to rising rates of obesity, poor nutrition and physical inactivity, as well as to their interactions with population ageing (Kotwas et al., 2021^[3]).

Diabetes is much more common among older people, and slightly more men than women have the condition. It also disproportionately affects those from disadvantaged socio-economic groups. The economic burden of diabetes is substantial: in OECD countries, an estimated USD 650 billion was spent on treating diabetes and preventing complications in 2021 (IDF, 2021^[2]).

Definition and comparability

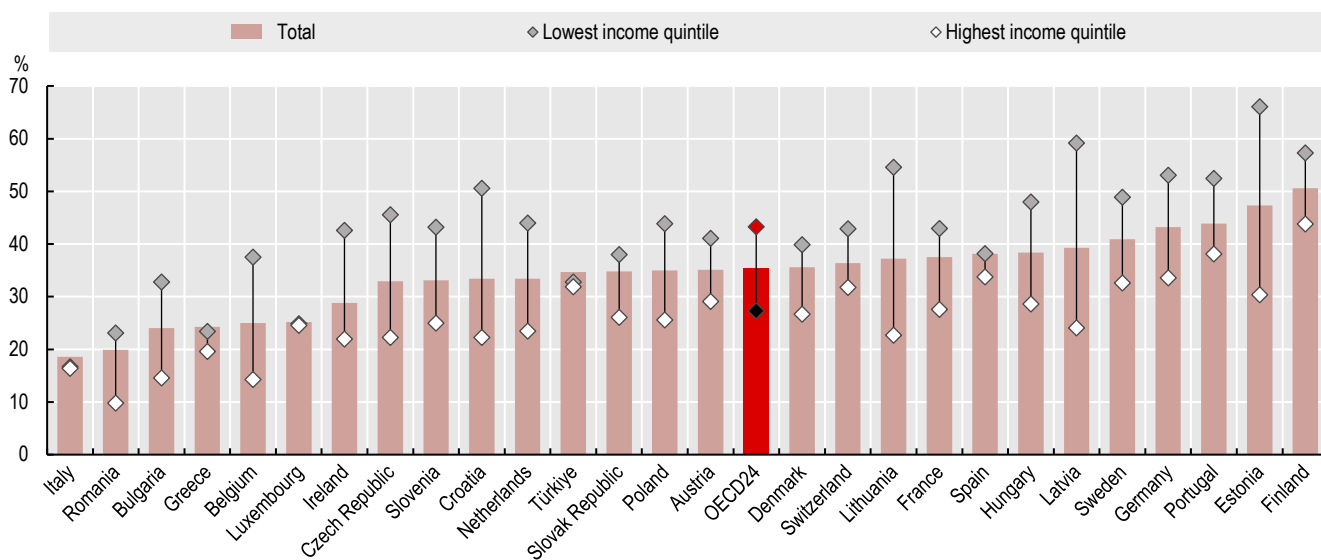
Data related to longstanding illnesses or health problems are based on the results of the EU Statistics on Income and Living Conditions instrument (EU-SILC). The comparability of data on longstanding illnesses and health problems is limited by the fact that the indicator is derived from self-reported data, which can be affected by people's subjective assessment of their health and by social and cultural factors. These data cover people aged 16 and over.

The sources and methods used by the International Diabetes Federation (IDF) are outlined in the Diabetes Atlas, 10th edition (IDF, 2021^[2]). The IDF produces estimations based on a variety of sources that met several criteria for reliability. The majority were national health surveys and peer-reviewed articles. Age-standardised rates were calculated using the world population, based on the distribution provided by the WHO. This can lead to an underestimation of prevalence compared to age-standardisation based on the OECD population. Adult population here covers those aged between 20 and 79 with diagnosed type 1 or type 2 diabetes. In addition, methodology and data changes over time may impact comparability of prevalence estimates. IDF prevalence estimates are often higher than OECD countries' national estimates, due to OECD countries typically having older populations. For example, in Spain the IDF estimate of 10.3% was higher than the latest value of 7.2% reported by the Spanish Ministry of Health.

References

- IDF (2021), *IDF Diabetes Atlas, 10th edition*, International Diabetes Federation, Brussels, <http://www.diabetesatlas.org>. [2]
- Kotwas, A. et al. (2021), "Epidemiological factors for type 2 diabetes mellitus: evidence from the Global Burden of Disease", *Archives of Public Health*, Vol. 79/1, <https://doi.org/10.1186/s13690-021-00632-1>. [3]
- OECD (2023), *Ready for the next crisis? Investing in Resilient Health Systems*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/5971a279-en>. [1]

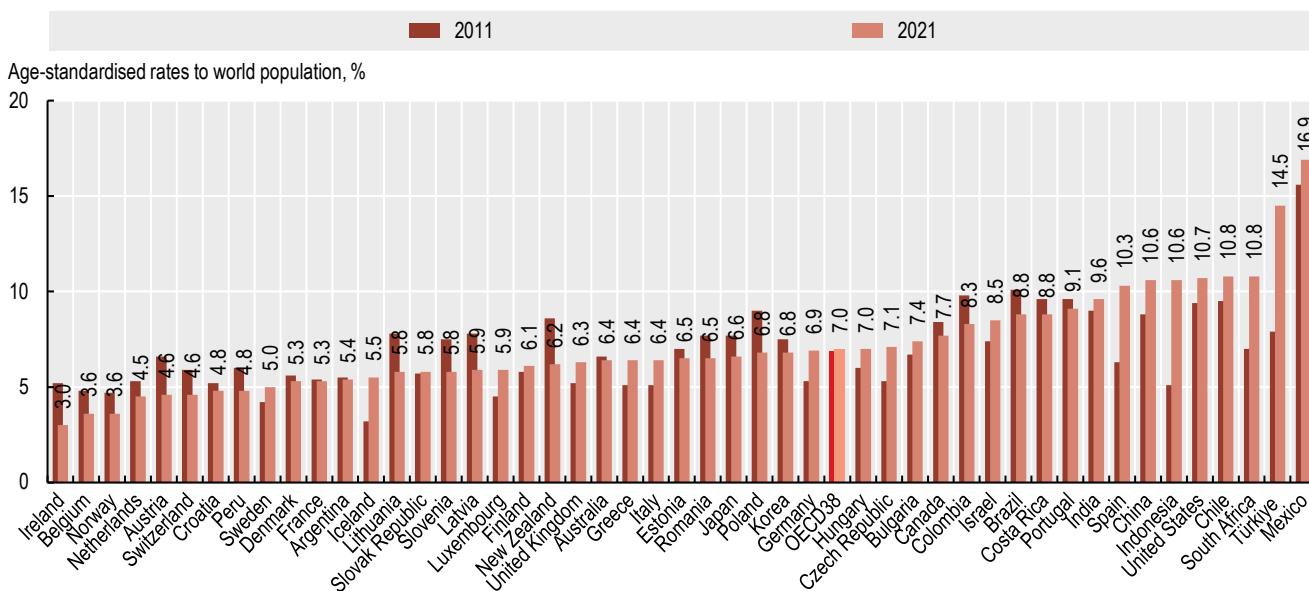
Figure 3.15. People reporting a longstanding illness or health problem, by income quintile, 2021 (or nearest year)



Source: Eurostat 2023.

StatLink <https://stat.link/fizjv2>

Figure 3.16. Type 1 and 2 diabetes prevalence among adults, 2011 and 2021 (or nearest year)



Source: IDF (2021_[2]), IDF Diabetes Atlas, 10th edition, www.diabetesatlas.org. Estimates may differ from national estimates owing to different age-standardisation approaches.

StatLink <https://stat.link/ozhi83>



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