

The costs of treating long-term diabetic complications in a developing country: a study from India.

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Abstract

OBJECTIVE:

Diabetes is a major public health problem associated with huge economic burden in developing countries. The aim was to assess the direct costs of treating long-term diabetic complications among hospitalized subjects with type 2 diabetes.

METHODS:

A total of 368 (M: F, 254:114) hospitalized patients were divided into groups based on the presence of complications and were compared with a group without any complications (Group 1; n = 86), Group 2; n = 67 with chronic kidney disease, Group 3; n = 53 with cardiovascular complications, Group 4; n = 58 who underwent foot amputation, Group 5; n = 66 with retinal complications and Group 6; n = 38 with presence of two complications. Details on socio-demography, hospitalization, direct costs of all inpatient care were recorded. The data on expenditure was obtained from hospital bills.

RESULTS:

The patients with foot complications or with presence of two diabetic complications tend to stay long for every inpatient admission. On an average, patients with foot complications (19020 INR) and those who had two complications (17633 INR) spent four times more and patients with renal disease (12690 INR), cardiovascular (13135 INR) and retinal complications (13922 INR) spent three times more than patients without any complications (4493 INR). The median expenditure for hospital admissions for the previous two years was higher for patients with foot and cardiovascular complications and it was highest if they had presence of two complications.

CONCLUSIONS:

The present study highlights the direct cost estimates and economic burden of treating severe long-term diabetic complications. It is therefore important that emphasize should be placed on primary and secondary preventive measures of diabetes.