A large national survey in China revealed 92.4 million diabetes mellitus patients in year 2011. The interval from year 2008 to year 2011, HbA1C control remained challenging and more aggressive treatment was needed. China is the top country of the top 10 countries with the heaviest diabetes burden in the world. The data are derived from a survey of 12,074 patients in 9 major Chinese cities. The patients aged ≥18 years were diagnosed and managed by qualified internists, diabetologists or endocrinologists in 9 major cities. Chi-square test and Student t-test were used for testing the differences between two waves. RESULTS: In contrast with W1 (n=1648), W2 patients were younger (mean: 56.9 vs. 53.2 years), more physically active (83.0% vs. 17.8%), and had a higher BMI (mean: 26.4 vs. 24.0 kg/m²). The data may suggest that diabetes control in a longitudinal analysis will help understand the gap in the year 2011 and improve glycaemic control to meet the criteria recommended by the therapeutic guidelines.

CONCLUSIONS: The objective of this survey was to update the characteristics of Chinese T2DM patients and describe their blood glucose control.

METHODS: This study used cross-sectional data from the ASPIRE™ Diabetes-T2DM Specific Disease Programme (DSP) which provides insights into real-world behaviors and outcomes of T2DM patients in two waves: Wave 1 (W1) in year 2008 and Wave 2 (W2) in year 2011. The DSP collected data on patients ≥18 years with a diagnosis of diabetes and A1C >6.5% from 241 physicians and 81 internal medicine, across general hospital in three Tier 1 cities (Beijing, Shanghai, Guangzhou) and two Tier 3 cities (Nanjing, Changsha, Wuhan, Shenyang, Xian, in China. The data were collected through physician interviews, patient record forms (PRF), and self-report questionnaires (PSC). Both the PRF and PSC were anonymous and confidential. The descriptive statistic (mean and standard deviation for continuous variables, and frequency and percentage for categorical variables). Analysis was used on GLUP and HbA1C levels as independent variables. The fit of the model was determined using a stepwise regression procedure. A significance level of 0.05 was used. The comparison were for exploratory purpose. The multiple regression was not adjusted for controlling the study type 1 error.

RESULTS: A total of 2770 T2DM patients were included in this study: 1648 were from W1 (year 2008) and 2059 were from W2 (year 2011) (Table 1). Compared with W1, W2 patients were younger (mean: 56.9 ± 5.7 years), had higher BMI (26.4 ± 5.2 vs. 24.0 ± 2.3 kg/m²), shorter duration in years of managing on diet alone prior to starting an anti-diabetic medication (ADM) earlier (40 days of ADM use vs. 69 days, P<0.05), and fewer on biphasic insulin/mixtures (51.1% vs. 66.2%, P<0.01). The results show that patients from W2 were more physically active (83% active or very active vs. 64% active or very active  in W1, P<0.05). The patients aged ≥18 years were diagnosed and managed by qualified internists, diabetologists or endocrinologists in 9 major cities. Chi-square test and Student t-test were used for testing the differences between two waves. In contrast with W1 (n=1648), W2 patients were younger (mean: 56.9 vs. 53.2 years), more physically active (83.0% vs. 17.8%), and had a higher BMI (mean: 26.4 vs. 24.0 kg/m²). The data may suggest that diabetes control in a longitudinal analysis will help understand the gap in the year 2011 and improve glycaemic control to meet the criteria recommended by the therapeutic guidelines.