International Diabetes Federation Europe

WHAT IF WE KNEW EARLIER?

KNOW YOUR NUMBERS

Early detection. Earlier action. Better health.

Type 2 diabetes (T2D) often progresses silently for years before being detected, with symptoms emerging once complications have developed. Delayed diagnosis and treatment drive up healthcare costs, worsen health outcomes and increase the long-term social and economic burden.

Early detection and screening can lower the risk of disease progression or even reverse its trajectory. This requires not only identifying people at risk, but also ensuring that screening leads to timely, joined-up action.

> **Millions of people are living with T2D without knowing it. Finding diabetes earlier can prevent complications, improve quality of life and reduce the burden on health systems.**

Early detection opens the door to a healthier tomorrow.

THE SCALE OF THE CHALLENGE IN THE EU

Too many people are diagnosed too late. Early action can change the trajectory.

1 in 4
people living with diabetes in the EU are undiagnosed.
Delays in diagnosis range from 2 to 12 years.

By the time of diagnosis
many people already have one or more complications, including half with signs of cardiovascular disease (CVD).

A one-year delay
in achieving glycaemic management goals increases the risk of cardiovascular events.

1 in 3
people living with diabetes develop CVD.

T2D and intermediate hyperglycaemia
increase the risk of CVD by
2-4 times.

Early-onset T2D
(under 40 years) is increasingly prevalent and is associated with faster progression and more severe complications.

1 in 3 people with coronary artery disease (CAD) live with T2D.

Early and tight glycaemic management (requiring early diagnosis) can reduce mortality.

Obesity accelerates the risk of developing T2D and CVD.

INTERCONNECTED CONDITIONS. GREATER IMPACT.

Shared risk factors. Multiple conditions. Greater impact.

CVD, T2D, obesity and other non-communicable diseases (NCDs) are strongly interconnected. They share risk factors and biological mechanisms, which drive disease prevalence and worsen each other's outcomes. An integrated approach delivers benefits across multiple conditions and helps build fairer, more resilient health systems.

- **High blood glucose**
- **High blood pressure**
- **Abnormal cholesterol levels**
- **Excess body weight**

→ **CVD**, **T2D**, **OBESITY**, **Other NCDs**

WHAT CAN BE DONE?

From early detection to lifelong healthier lives.

1 IMPLEMENT TARGETED, INTEGRATED HEALTH CHECKS

- Screen people at risk (for all types of diabetes).
- Integrate screening in primary care and beyond (e.g. pharmacies, schools, workplaces, mobile clinics).
- Include priority groups (e.g. pregnancy & postpartum, early-onset T2D, menopause, migrants and high-risk ethnic groups).

2 SUPPORT NATIONAL IMPLEMENTATION

- Include screening and risk reduction in national NCD plans (for T2D and CVD).
- Strengthen primary and community care across Member States.

3 ADDRESS CONDITION-SPECIFIC BARRIERS

- Tackle stigma and discrimination.
- Develop a European Diabetes Code, driven by people living with diabetes and based on evidence.
- Use clear, inclusive communication and reach underserved groups.

4 PROMOTE FURTHER RESEARCH

- Generate more evidence on the benefits of screening and early intervention (e.g. in people with intermediate hyperglycaemia).
- Ensure research is conducted alongside new interventions.