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1. Title:
Factors associated with undiagnosed NIDDM in the ARIC population

2. Writing group:
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3. Timeline:
Analyses may be done immediately using prevalent cases of diabetes from Visit 1 data.

4. Rationale:
There is evidence from NHANESII that as many as 50% of adults in the US population with NIDDM may be undiagnosed. Controversy exists regarding the utility of large scale screening for NIDDM in the general population, since to date there is no conclusive evidence to support the benefits of treating asymptomatic hyperglycemia. Recent studies illustrating the benefits of intensive therapy in preventing microvascular complications among individuals with IDDM have renewed interest in whether early detection may improve outcomes for NIDDM. Few investigators have looked at the use of fasting hyperglycemia to screen for NIDDM in a population as large as ARIC. This is a unique opportunity to better describe factors associated with the likelihood of being diagnosed with NIDDM. In addition, some investigators believe that the excess of ESRD among African Americans with NIDDM may be in part due to later diagnosis and poor control. Previous ARIC analyses have demonstrated that African Americans with hypercholesterolemia are not only less likely to be aware of their disease, they are also less likely to be treated and controlled. (Nieto et al, in press). Since diabetes is a disease which is more prevalent among blacks, and particularly among women, such differences have important public health implications.

5. Main hypotheses:
Awareness of the diagnosis of NIDDM may differ according to important demographic variables.

Individuals with undiagnosed NIDDM may have significant levels of hyperglycemia which are comparable to those found in diagnosed diabetics.

6. Data:
Dependent variables: self-reported NIDDM (HOM10E)
Independent variables: age, race (RACEGRP), sex (GENDER), ARIC field center (CENTER), body mass index (BMI01), reported physical activity (derived codes LEIS IO1, WORK IO3, SPRT IO1), stayed overnight in hospital (HOM11), mother have diabetes Y or N (HOM15B), father have diabetes (HOM23B), presence of personal physician or clinic (FTRA33), time since participant last saw a doctor (MHXAO1Y, MHXAO1M, MHXAO2), health insurance status (MHXAO3), self-reported high blood pressure or high cholesterol (HOM10A, HOM10B), highest grade completed in school (HOM54), combined family income (HOM62).