National Framework
Poland

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Registeries DM - POLAND

- There is no national registry of diabetes in Poland.

Diabetes care in adults is spread out to numerous diabetes & GP units.

Diabetes care in children is centralised, mainly at the university, regional centers.

Organizing and maintaining regional register for children (but no in adults care) are possible in motivated units done by people with passion without any additional financial support.

Regional registeries T1 DM in children (0-14yrs) POLAND

Fig. 1 The regions of Poland under investigation, with location and population density

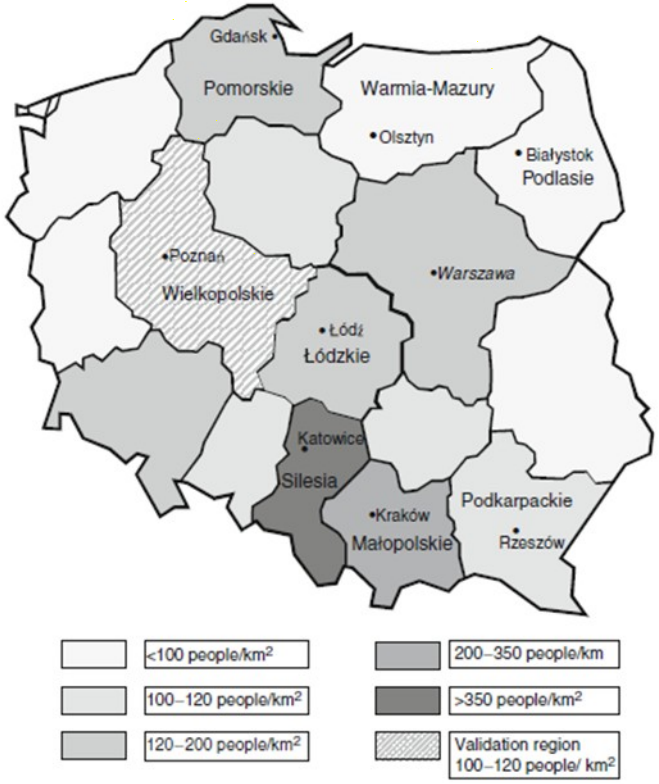

Fig. 1 The regions of Poland under investigation, with location and population density

Regional registers 1989-2012

Regional registers – **active** 1989-2015
~ 30% population

Upper Silesian-Katowice register , Poland

Poland population ~40mln

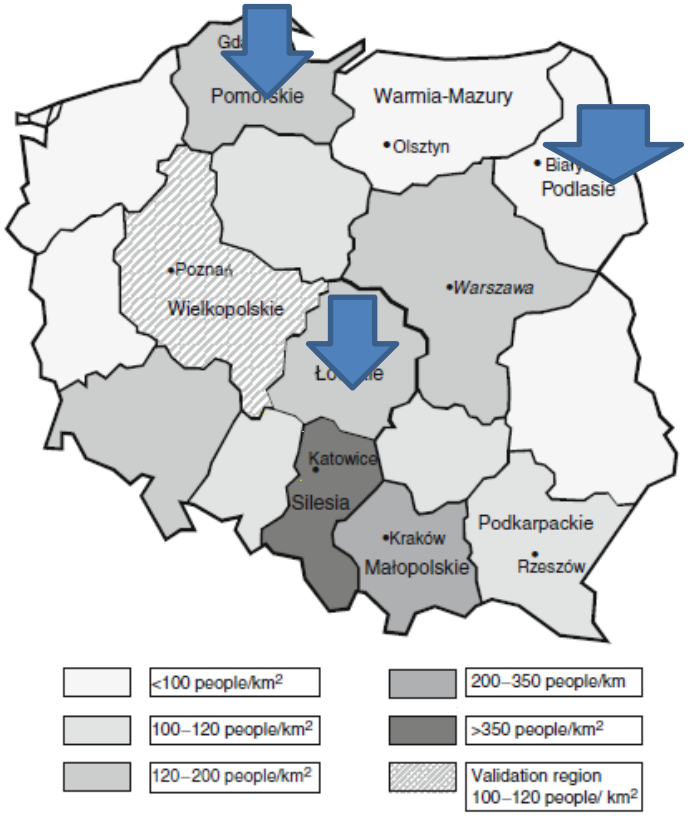

Fig. 1 The regions of Poland under investigation, with location and population density

- Covers Upper Silesia region in Poland, population 4.6 mln = 12.5% of Poland population,
- The biggest regional, university based register of T1DM children aged 0-14 yrs
- Formaly created in 1989, as a part of EURODIAB project and still a member of this group
- Participation in EUCID, EUBIROD projects

The other Polish, based on EURODIAB criteria, regional registries of childhood diabetes are from the following regions: Lodz, Gdansk, and Bialystok.

All registers together cover more than 30% of Polish population.

Upper Silesia density: ~400 persons/1km²
(average for Poland = 125 persons/1km²)

T1DM incidence, children aged 0-14yrs, Poland

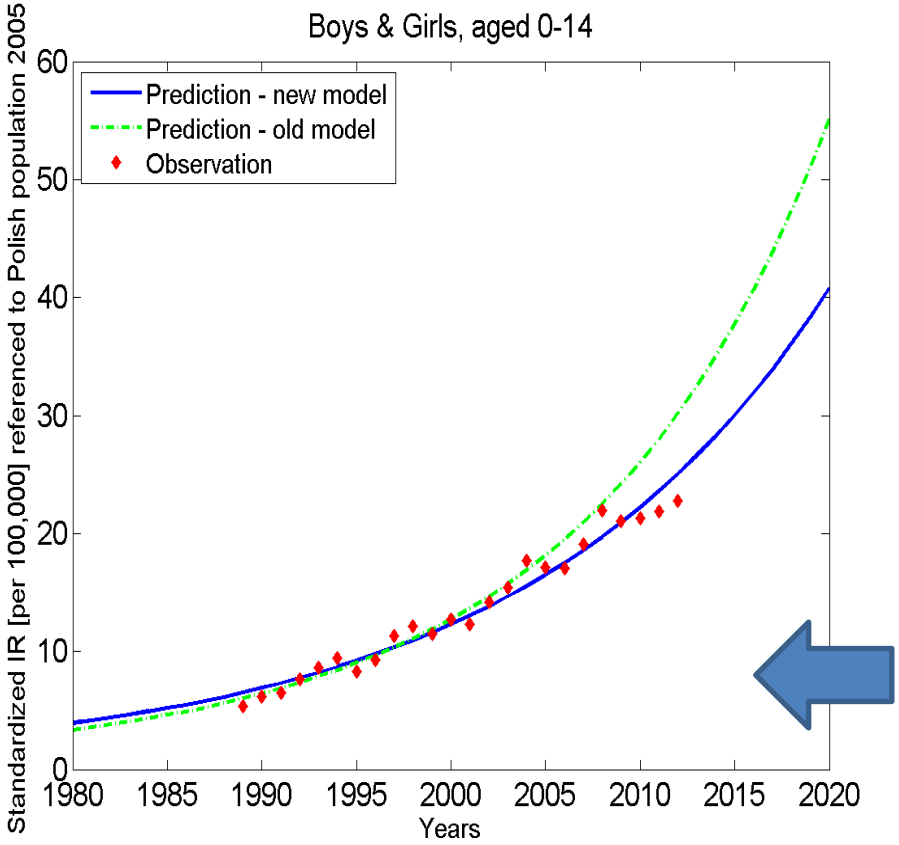

Fig. 2. Primary and corrected model for time trend of standarized incidence rate of type 1 diabetes among children aged 0-14 in Upper Silesia, Poland.

ıe analysis of T1DM incidence in the years 1989-)04, validated by data from the years 1970-1989 as published in 2011 in Diabetologia .

/e also presented a predictive model of T1DM cidence in children for the next years up to 2025.

ıe validation/correction of that primary model with the use of ıta from next 8 years (till 2012).

ıe mathematical model for time trend of T1 DM incidencepre, ındardized for age and sex, in Poland,

'89 to 2012.

ıd diamonds - observed cases

- Green dotted line – model obtained for data from 1989-2004

Blue line – corrected model obtained for data 1989-2012

The significant slowdown of IR increase observed during last few years might results from massive immigration of Polish young couples.

Policy and Governance component

Strong cooperation between our regional center, National Health Service and Polish Ministry of Health allowed for creating new health programmes, eg:

- Influence on politics in diabetes care in Poland, eg:
  - Reimbursement of insulin pumps, disposals for patients aged 0-26yrs
  - Reimbursement of drugs for T1DM patients (glargine)
  - CGM?
  - Introducing education visit to pediatrician care for diabetic children

- For work on Low of Public Health (*PJCh is a member of Polish Academy of Sciences – Public Health Section*); now we finalize the Act
- From 2 last yrs we have been started to analyse regional DM data from National Health Service, using ICD 10 disease's coding system (prevalence, costs, etc)
- For establishing the multi-center working groups including clinicians, epidemiologists, bioinformaticians, and representatives of governmental agencies

Thank You

Upper Silesia
KATOWICE
GLIWICE