Cour des comptes

PREVENTION AND EARLY MANAGEMENT OF DIABETES

Public thematic report

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Summary

Diabetes is a disease marked by chronic hyperglycaemia, which can damage nerves and blood vessels and eventually lead to complications (including kidney, neurovascular, dental and cardiovascular issues). Type 2 diabetes (T2D) is by far the most common form, accounting for 92 % of cases. It has been rising sharply for several years, due to population ageing (T2D most often develops in adulthood after the age of 45), the increase in obesity, and longer life expectancy among people with diabetes.

A disease on the rise, driven by rising obesity and an ageing population, and marked by social inequalities

According to data published by *Santé publique France*, 3.8 million people were receiving pharmacological treatment for diabetes in 2023, representing a prevalence[1] of 5.2 %. This figure has been steadily increasing since the early 2000s (the prevalence was 4.7 % in 2010). In addition, there are those with diabetes who are either receiving non-drug treatments or not receiving treatment at all, as well as those whose diabetes has not been diagnosed. Their numbers are only estimated periodically through population surveys, the most recent of which, carried out in 2016, placed the first group (aged 18 to 74) at 1.2 %, and the second group at 1.7 %. Despite the rapid rise in the prevalence of this condition, France remains less affected than other countries. According to data from the International Diabetes Federation, it ranks fourth among the least affected countries in the European Union (EU-27), after Ireland, the Netherlands and Sweden.

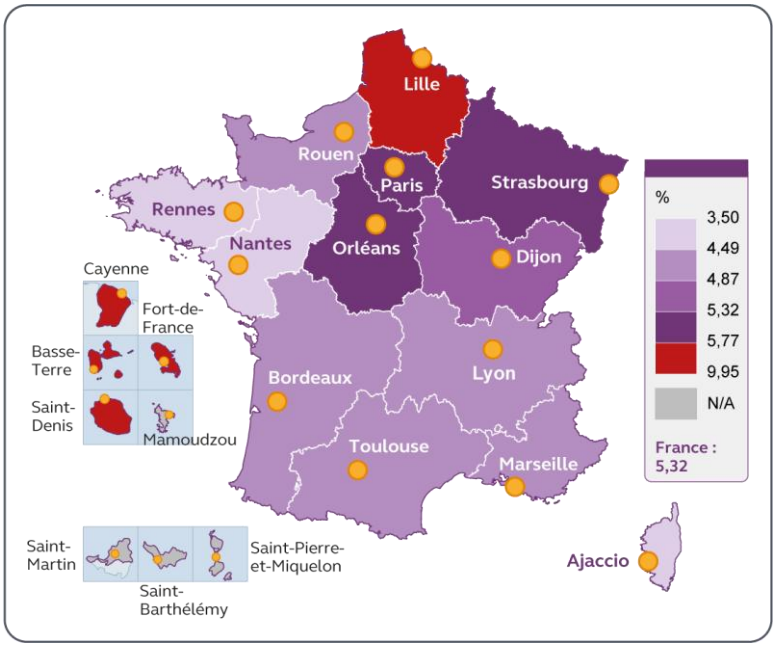
The long-term illness (ALD) scheme covers people with diabetes (ALD 8) from the point of diagnosis, with no severity criteria. In 2022, ALD 8 covered 3.6 million insured individuals, making it the most common long-term illness in terms of numbers and one of the fastest growing (+4.8 % on average between 2010 and 2022, compared with +2.7 % for all ALDs).

This increase is linked to population ageing and the longer life expectancy of people living with diabetes, as well as the rising prevalence of overweight and obesity within the population—both of which are major risk factors for diabetes.

Type 2 diabetes is more common among the most disadvantaged people. The risk of developing this disease is 2.8 times higher for the poorest 10 % of the population than for the wealthiest 10 %, making diabetes the chronic disease that most affects the most disadvantaged people. These inequalities mirror those observed in the increase in obesity. The prevalence of diabetes is also unevenly distributed across the country. Overseas departments and regions appear to be particularly affected.

[1] Standardised prevalence measures the proportion of the population affected by a disease, taking into account the age structure of the population.

Prevalence rate of diabetes treated in 2022



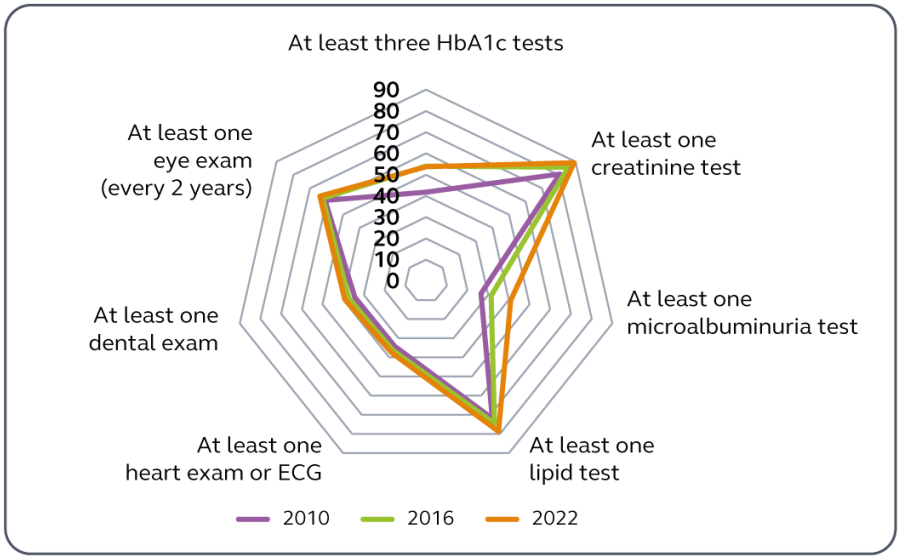
Source: Santé publique France – Géodes

Increased spending without improvement in the quality of care

Healthcare spending attributable to diabetes is rising in line with overall spending on care and services for people with diabetes, mainly due to ageing and increasing longevity, which are leading to an increase in the number of patients with diabetes and the proportion with complications. Expenditure specifically attributable to diabetes is estimated by the National Health Insurance Fund (Cnam) at €10.2 billion, up 34.8 % since 2015, making it the fourth largest item of expenditure among chronic diseases. Average spending per individual stood at €2,350 in 2022 (compared with €2,105 in 2015), made up of 85 % outpatient care, 8 % hospital stays and 7 % cash benefits (corresponding to daily allowances paid by the health insurance system in the event of sick leave or incapacity). Looking more broadly at expenditure, including all reimbursements for care and benefits for people with diabetes, whether related to diabetes or to another condition they may also have, total spending reached €35.4 billion in 2022.

At the same time, there has been little improvement in health outcomes, even though the risk factors for developing the disease and its complications are well known, as are the recommendations for treatment and follow-up. The indicators for follow-up and preventive examinations, published each year in the social security policy evaluation report (REPSS) appended to the draft law adopting the social security accounts (PLACSS), are improving only slowly. Moreover, as a sign of only limited improvement in the quality of early diabetes care, the number of hospital admissions for complications has declined only slightly since 2013, even though their cost, calculated using 2022 tariffs, has fallen since 2015.

Trends in adherence to recommended follow-up and preventive examinations for patients with diabetes



Source: Social Security Policy Evaluation Report – Health, 2023
Note: The HbA1c level, or glycated haemoglobin, is the percentage of red blood cell haemoglobin that has bound with glucose over a period of roughly 120 days. It therefore reflects the average blood sugar level over a period of two to three months. Testing is recommended every three months to monitor diabetes control and the effect of treatment. Creatinine is normally eliminated in urine, and testing allows kidney function to be monitored. Similarly, microalbuminuria allows the onset of nephropathy to be monitored.

A lack of early detection undermines effective care

Nearly 30 % of people newly diagnosed with diabetes in 2021 already had an advanced form of the disease, with complications specific to the condition. Yet the risk of diabetes can be detected early by identifying risk factors (such as age, weight, etc.) that justify biological screening through a blood glucose test. Although many initiatives have been developed at the local level to promote diabetes detection, they are not large enough to effectively detect people with diabetes who could benefit from early care, which allows for lifestyle changes, the first line of treatment for diabetes.

The "*Mon bilan prévention*" (My prevention check-up) scheme could be an opportunity to promote early screening for diabetes and the adoption or reinforcement of healthy behaviours, provided that it benefits the most disadvantaged people, who are also the most affected by this disease.

Lifestyle changes, the first line of treatment for diabetes

Type 2 diabetes is primarily treated in primary care, with hospitals only becoming involved in cases of serious complications. In addition to early screening, the main challenge in managing diabetes is to implement treatments aimed at reducing the risk factors associated with patients' lifestyles in order to prevent complications from developing and worsening.

In fact, before any drug treatment is considered, therapies aimed at modifying patients' lifestyles should be the first line of treatment for diabetes, which also needs to be continued

over the long term. These therapies are based on three dimensions: the implementation of a personalised and adapted nutritional programme; combating a sedentary lifestyle by promoting appropriate physical activity (APA), and therapeutic patient education (TPE) based on support from a multidisciplinary team to help patients acquire self-management skills for their condition as soon as it is diagnosed, which they can then maintain as it progresses.

A need to rethink the economic framework for diabetes care

Numerous care pathways incorporating therapeutic education and adapted physical activity services, as well as specific therapeutic support programmes, are being developed by healthcare stakeholders and encouraged by public authorities. These include, for example, the Sophia remote support service provided by the health insurance system, the Asalée association's system of nurses who support patients with chronic diseases in urban areas, and therapeutic education programmes funded by regional health agencies (ARS) through the Regional Intervention Fund (FIR). However, these initiatives remain isolated or experimental, vary from region to region, and are subject to ad hoc funding, which also often varies from one region to another.

To ensure equitable access to therapeutic support, it would seem more appropriate to offer each patient, at the time of diagnosis, a care pathway or package that includes therapeutic education, adapted physical activity and nutritional intervention. Such a measure had been included in the 2021 Social Security Financing Act, modelled on the care pathways already in place for cancer and chronic kidney disease, but the implementing decree was never issued.

In this context, it would be appropriate to consider reimbursing a care pathway that includes therapeutic education and physical activity, as recommended in June 2024 by the General Inspectorates of Social Affairs and Finance (IGAS and IGF) in their review of expenditure relating to long-term illnesses (ALD). This would require an overhaul of the long-term illness scheme to better support therapeutic lifestyle changes.

Under this reform, the ALD scheme for diabetes would be restructured into two levels, in line with the recommendations made by the inspectorates. The implications of such a reform, which would probably be justified for other chronic diseases, must of course be carefully assessed in terms of changes in the remaining costs for patients and the balance between the savings and additional expenditure that would result for the compulsory health insurance system. However, it is an avenue that the Court encourages the public authorities to pursue.

A crucial focus on the determinants of health

Beyond efforts to improve early patient care, it is even more vital to prevent the onset of the disease by addressing the underlying determinants of health. This need for primary prevention is all the more pressing given that population ageing leads to a rise in prevalence, and therefore an increase in healthcare needs. In the case of type 2 diabetes, for which obesity is the main risk factor, promoting better nutrition and physical activity is a key lever identified in the 2018–2022 National Health Strategy (SNS), and reaffirmed in the draft of the future SNS, which is still awaiting adoption despite being intended to cover the 2023–2033 period.

The Court had already examined the prevention and treatment of obesity in a 2019 report[2]. This new review provided an opportunity to reiterate many of its earlier findings on the

[2] Court of Accounts, *Prevention and control of obesity*, communication to the Social Affairs Committee of the National Assembly, November 2019.

implementation of this policy, whose key components—defined on the one hand in the National Nutrition and Health Programme (PNNS) and on the other in the National Food Programme (PNA)—remain poorly coordinated, pending the adoption of the National Strategy for Food, Nutrition and Climate (SNANC), provided for under the Climate and Resilience Act of 22 August 2021, the drafting of which has also been delayed.

Beyond the local implementation of this policy through regional health plans (PRS) and territorial food projects (PAT), the impact of which is difficult to assess, it is essential to step up efforts to raise consumer awareness, provide information, regulate advertising, and control the food supply, including through greater use of behavioural taxation.

Although France has introduced nutritional labelling, advertising restrictions and a tax on sugary drinks, these measures still rely heavily on voluntary action by stakeholders. They would benefit from being made more binding in order to influence food formulation and ensure fairer access to healthy food. As for behavioural taxation, although increased since 1 March 2025, its application remains limited to sugary drinks, whereas an expansion to cover all products with added sugars is increasingly being recommended by stakeholders and institutions. On both fronts, the Court considers that more proactive action from public authorities is now needed.

Recommendations

1. Introduce two levels of recognition for type 2 diabetes in the long-term illness (ALD) scheme, depending on severity and complications (*ministry of health, CNAM*).
2. Upon diagnosis of type 2 diabetes, offer a care pathway including patient education, nutritional support and appropriate physical activity (*ministry of health*).
3. Develop all forms of therapeutic patient education, without limiting them to the current programmes defined by decree (*ministry of health*).
4. Conduct a survey of the various forms of therapeutic education available to ensure that they meet patients' needs (*ministry of health*).
5. Extend the scope of audiovisual programmes (television and social media) subject to the ban on advertising fatty, sugary or salty products equivalent to NutriScore D and E (*ministry of health, ministry of food*).
6. Assess the effects on consumption and product composition of the increase in the tax on sugary drinks and encourage manufacturers to reduce added sugars in all their food products (*ministry of health, ministry of food, ministry of the economy*).