The increasing rate of diabetes diagnoses in the United States is cause for alarm. Related healthcare costs are staggering, as data shows the total annual cost of diabetes treatment in 2002 (including direct and indirect costs) was estimated at $132 billion, or one out of every 10 healthcare dollars spent in the United States. Other studies have suggested that diabetes-related amputations cost approximately three billion dollars per year ($38,077 per amputation procedure). With the rise of diabetes diagnoses, there is also an expected rise in the number of amputees.

Recent Trends in the United States

- The CDC estimates that 23.6 million Americans currently have diabetes—7 percent of the U.S. population—up from 18.2 million in 2003.
- Each year, over half of all amputations in the United States are caused by diabetes mellitus and subsequent complications, with most being lower-extremity amputations.
- From 1980 to 2003, the number of diabetes-related LEA hospital discharges increased from an average of 33,000 to a high of 84,000 in 1997, dropping to 75,000 in 2003.
- Damage to the foot’s sensory nerves, diabetic neuropathy, contributes to foot deformities and/or ulcers that increase the chance of lower-extremity amputations (LEA) unless treated.

Rates and Demographic Trends

- In 1997, a total of 87,720 out of 131,218 LEA hospital discharges (67 percent) were diabetes related.
- The age-adjusted* LEA rate for people with diabetes (5.5 per 1,000 people with diabetes) was 28 times that of people without diabetes (0.2 per 1,000 people). Diabetes-related LEA discharges had an average age of 66 years, while non-diabetes-related LEA discharges had an average age of 71 years.
- Trends by Age: In 2003, the LEA rate per 1,000 people with diabetes was:
  - 3.9 among people under age 65
  - 6.6 among people age 65 to 74
  - 7.9 among people age 75 or older
- Regardless of diabetic status, these rates were higher for men than women and higher for non-Hispanic Blacks than individuals who are Hispanic or non-Hispanic White.
- Trends by Race: In 2003, the age-adjusted LEA rate per 1,000 people with diabetes was:
  - 5.0 among individuals who are Black
  - 3.2 among individuals who are White
• Among people with diabetes, LEA rates were highest among men, individuals who are non-Hispanic Black and the elderly.

• Trends by Sex: In 2003, the age-adjusted LEA rate among men (5.8 per 1,000 persons with diabetes) was approximately twice the rate among women (2.9 per 1000 persons with diabetes).  

• Level of amputation: In 2002, the age-adjusted LEA rate per 1,000 people with diabetes was:
  - 2.6 Toe
  - 0.8 Foot
  - 1.6 Below Knee
  - 0.8 Above Knee

• LEAs occur at a much higher rate among people with diabetes (67 percent).

* The age-adjustment process removes differences in the age composition of two or more populations to allow comparisons between these populations independent of their age structure. For more information on this and other statistical measures, please see Guidelines for Using and Developing Rates for Public Health Assessment, Washington State Department of Health, 2001. [http://www.doh.wa.gov/Data/Guidelines/Rateguide.htm](http://www.doh.wa.gov/Data/Guidelines/Rateguide.htm).


