

North America and Caribbean

Participant characteristics

Of the 255 people who took part in Taking Diabetes to Heart from IDF's North America and Caribbean Region, 138 (55%) were women. Almost half of the respondents were aged over 60 (124 people; 49%) and one in seven were under 40 (38; 15%). A third (97; 38%) had lived with T2D for fewer than three years. The majority (136; 53%) had had T2D for more than six years, with 97 having lived with the condition for over nine years. The majority (68%) had tertiary level education, 28% had been educated to secondary level and 2% had primary school education.

Knowledge of CVD and risk factors

Most participants correctly identified heart attack (90%), peripheral arterial disease (81%), heart failure (79%), atherosclerosis (75%), stroke (73%) and/or angina (69%) as types of CVD. Approximately half were also aware that aortic aneurysm (54%) and brain haemorrhage (51%) were forms of CVD (Figure 25).

Figure 25: Knowledge of CVD – NAC

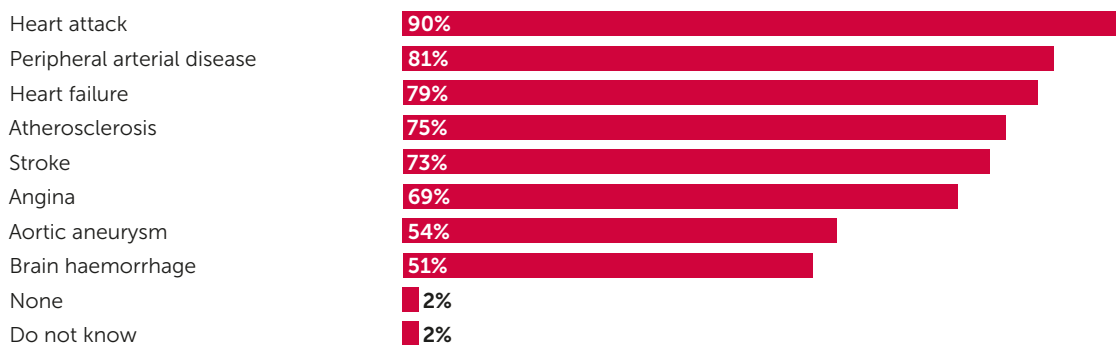
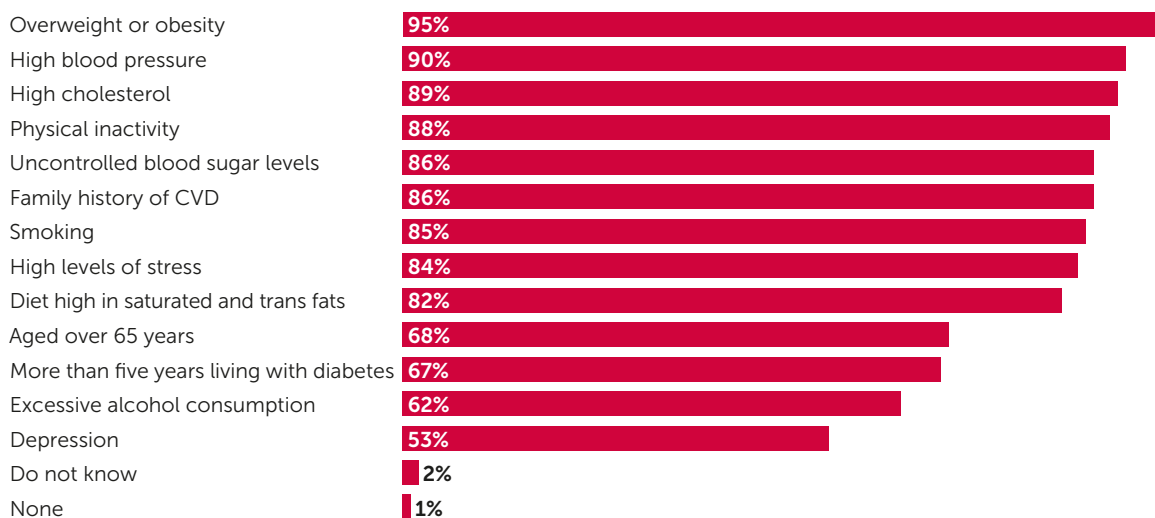


Figure 26: Knowledge of CVD risk factors – NAC



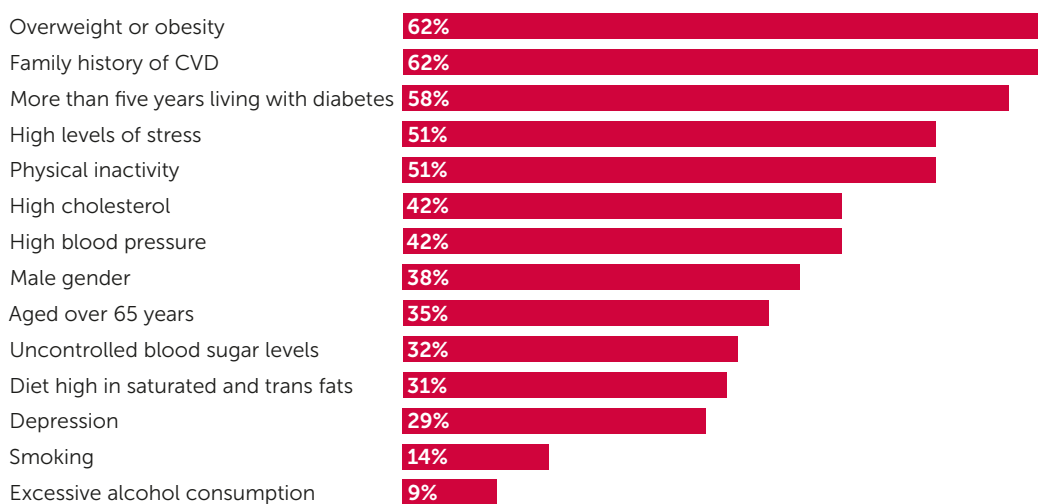
Several CVD risk factors were also correctly identified by the majority of respondents, including overweight or obesity (95%); high blood pressure (90%); high cholesterol (89%); physical inactivity (88%); uncontrolled blood sugar levels (86%); family history of CVD (86%); high levels of stress (84%); smoking (85%); and/or a diet containing high amounts of saturated and trans fats (82%). More than half recognised a number of other risk factors including: being aged over 65 (68%); having lived with T2D for more than five years (67%); excessive alcohol consumption (62%); and/or depression (53%) (Figure 26).

Awareness of CVD and risk factors

Over a quarter of participants (69; 27%) considered themselves to be at no or low risk of CVD. More than half (57%) thought they were either somewhat at risk or at moderate risk. A minority (16%) considered themselves to be at high risk.

More than half reported that being overweight or obese (62%); having a family history of CVD (62%); living with T2D for more than five years (58%); experiencing high levels of stress (51%); and/or a lack of physical inactivity (51%) applied to them. Over a third also had high cholesterol (42%), high blood pressure (42%) and/or were older than 65 years (35%). Other respondents identified uncontrolled blood sugar levels (32%); a diet containing high amounts of saturated and trans fats (31%); and/or depression (29%) as risk factors. A small number of respondents had experienced heart attack (4%), heart failure (2%) and/or stroke (1%) (Figure 27).

Figure 27: Existing CVD risk factors – NAC



Education about CVD

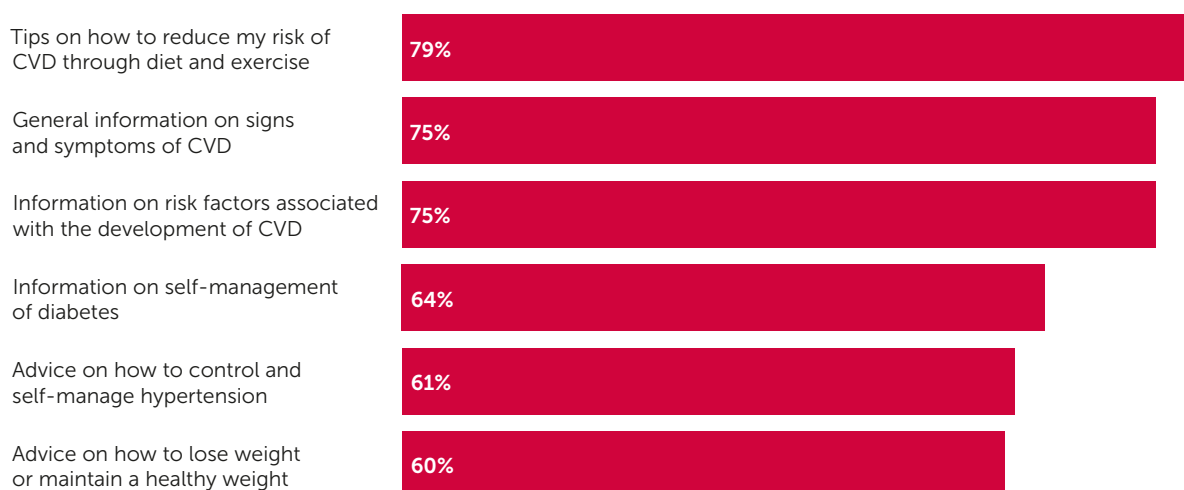
Almost a third of participants (32%) reported that they had either never had, or could not recall having had, a conversation with a health professional about T2D and CVD risk. More positively, roughly one in ten (13%) had had the conversation before their T2D diagnosis, while over a quarter (30%) had discussed CVD risks either at the time of or soon after being diagnosed with T2D. A minority (12%) said they had discussed the risks with a health professional on several occasions, although a further 11% had only the conversation later on, or when they had already been diagnosed with CVD. Participants who had had diabetes for less time learned about CVD earlier than those who had lived with the condition for more than nine years.

A third (32%) reported that they had never had, or could not remember the last time having, a conversation with a health professional about CVD. A small proportion (9%) recalled discussing CVD risk with a health professional several years earlier. More positively, almost half (48%) had discussed CVD risk less than a year prior to the survey.

Almost all participants (99%) were aware that CVD risk could be reduced by adopting a healthy diet and increasing levels of physical exercise. Twenty percent believed that T2D did not increase CVD risk if it was correctly managed.

Most people expressed a need for more information so they could better understand the link between CVD risk and T2D. The most popular topics for additional information were: diet and exercise (79%); general information on signs and symptoms of CVD (75%); risk factors for CVD (75%); self-management of T2D (64%); self-management of hypertension (61%); and how to lose weight or maintain a healthy weight (60%) (Figure 28).

Figure 28: Information needed to better understand the risks associated with T2D and CVD in order to reduce them – NAC



Information about CVD

The majority of participants (176 respondents; 69%) reported that they relied on a health professional for information about CVD, with digital options being the next most popular choice (168 participants; 66%). About a quarter accessed information on CVD from printed material (25%), at diabetes clinics (24%) and/or in scientific journals (21%). A smaller number found out about CVD from family and friends (13%), local patient organisations (10%) and/or TV or radio programmes (9%). Respondents were most satisfied with the quality of information obtained from digital sources, health professionals and scientific journals. Roughly half were very unsatisfied with information from daily magazines, advertisements, newspapers and/or caregivers.