Re-thinking type 2 diabetes in the workplace

Type 2 Diabetes is a global challenge and the number of Canadians living with diabetes is expected to rise over the next decade.¹

Uncontrolled Type 2 Diabetes can lead to complications

Uncontrolled diabetes leads to **increased risk** of developing diabetes-related complications.³

Over **40%** of **Canadians** living with Type 2 Diabetes are **not achieving** recommended glycemic targets.⁴



- 30% of strokes

40% of heart attacks

50% of kidney failure requiring dialysis

70% of all non-traumatic lower limb amputations

Cost of uncontrolled Type 2 Diabetes and complications



Employees with Type 2 Diabetes cost employers about \$1500 annually⁵

Complications of Type 2 Diabetes include many top drivers of workplace disability claims, including cardiovascular disease⁶ and depression⁷

Employees with Type 2 Diabetes are absent 2-10 more days than those without diabetes7

Disability leaves for people living with diabetes are ~15% longer⁵

Costs of absence from work are two-fold higher for people with diabetesrelated complications⁶

Benefits of new medications for treatment of diabetes

Some diabetes therapies, such as GLP-1RAs, not only improve blood sugar levels but may also reduce complications to help employees remain productive and healthy, allowing them to focus on work. Benefits include:





Robust reduction in blood Low risk of hypoglycemia sugar⁸ which may lead to reduced risk of complications

with limited need for testing⁹



loss¹⁰

Cardiovascular benefits^{11,12}

What should employers do?



Ensure your benefit plans provide access to innovative medicines for diabetes



Enable employees to get support from their healthcare team

For more information, please contact Novo Nordisk Canada Inc. at NNCICustomerCare@novonordisk.com

Abbreviations: GLP-1RA, glucagon-like peptide-1 receptor agonist. 1. Diabetes Canada. 2019. Available at: https://www.diabetes.ca/media-room/press-releases/one-in-three-canadians-is-living-with-diabetes-or-prediabetes,-yet-knowledge-of-risk-and-complicatio. Accessed October 221; 2. Diabetes Canada. Backgrounder: Diabetes in Canada. 2021. Available at: https://www.diabetes.car/DiabetesCanada/Website/media/Advocacy-and-Policy/Backgrounder/2021_Backgrounder_Canada_English_FINAL_ MAR.pdf. Accessed on October 11, 2021; 3. IDF Diabetes Atals (9th edition). International Diabetes Federation. 2019. https://diabetesatlas.org/en/resources/. Accessed 12 November 2021; 4. Coons MJ, Open Diab Res Care, 2017;set00316, doi:10.1136/ bmjdrc-2016-000316. 5. Diabetes Canada. Diabetes Federation. 2019. https://diabetesatlas.org/en/resources/. Accessed 12 November 2021; 4. Coons MJ, Open Diab Res Care, 2017;set00316, doi:10.1136/ bmjdrc-2016-000316. 5. Diabetes Canada. Diabetes Federation. 2019. https://diabetesatlas.org/en/resources/. Accessed 12 November 2021; 4. Coons MJ, Open Diab Res Care, 2017;set00316, doi:10.1136/ bmjdrc-2016-000316. 5. Diabetes Canada. Diabetes Federation. 2019. https://diabetesatlas.org/en/resources/. Accessed 12 November 2021; 4. Roy Open Diab Advocacy-and-Policy/Diabetes-360-Recommendations.pdf. Accessed on October 11, 2021; 6. Andersson E, et al. Diabetologia. 2020; 63:2582-2594; 7. Breton MC et al. Diabetes Care. 2013;36(3):740-749; 8. Nauck M et al. Diabetes Care 2016;39:1501-1509; 9. Hinnen, D. Diabetes Spectr. 2017;30(3):202-210; 10. Shah, M et al. Rev Endocr Metab Disord. 2014;15(3):181-187; 11. Iorga RA et al. Exp Ther Med. 2020(3):2396-2400; 12. Giugliano D, et al. Cardiovascular Diabetes. 2021; 20:189