



# Increasing Incidence but Decreasing Awareness of Type 1 Diabetes in Sweden

Johnny Ludvigsson

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In Finland, which has the highest incidence in the world of type 1 diabetes (T1D) among children, the incidence seems to level off. Sweden, which has the second highest incidence, is said to have an incidence leveling off at ~40–44 per 100,000 children per year (1). The environmental factors explaining the T1D increase (2) should have reached their maximum. Childhood obesity is no longer increasing in Sweden and a plateau of T1D incidence would fit the  $\beta$ -cell stress hypothesis; however, there could be other explanations.

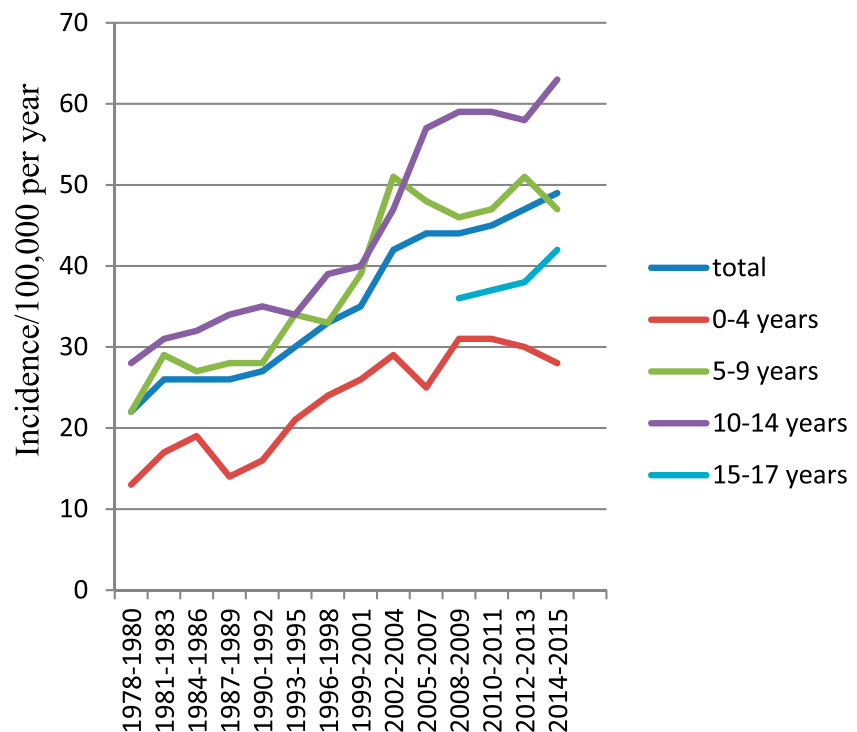
To elucidate the situation data from the official annual reports from SWEDIABKIDS, the national register of children with newly diagnosed diabetes in Sweden (3), data have been analyzed regarding HbA<sub>1c</sub> and ketoacidosis at onset, and to get the incidence of T1D in children <15 years of age. These data have been added to published data (1,4) to produce Fig. 1.

Figure 1 shows how incidence of T1D continued to increase in Sweden until 2015, the last complete year of registration. The incidence in those aged <15 years in 2014–2015 was 48.8. In the past 6 years, the incidence has decreased in very young children aged 0–4 years but has increased mainly in the 10- to 14-year-old age-group. Incidence decreases after 15 years of age. From 2012 to 2016, the mean HbA<sub>1c</sub> at diagnosis increased from 91.7 to 94.3 mmol/mol, and the proportion of patients with ketoacidosis (pH <7.30) increased from

17.9% in 2009, 19.3% in 2012, and 21.0% in 2014 to 24.5% in 2016.

Delay in diagnosis could be illustrated by the number of cases where the diagnosis of diabetes in children has been inadequate, such as missed diagnosis, incorrect diagnosis, or delayed diagnosis. Thus, the incidence of T1D in Sweden in

children <15 years of age is not leveling off but continuously increasing. The previous misjudgment was probably dependent on the following: 1) the official Swedish incidence figures are based on those <18 years of age (as seen in Fig. 1, incidence decreases after the age of 15 years), and 2) there is a delay in



**Figure 1**—Data from Berhan et al. (1), Dahlquist et al. (4), and annual reports of SWEDIABKIDS show how incidence of T1D has increased in children <15 years of age without any sign of leveling off until 2015. The incidence in past 6 years has decreased in children <5 years of age but increased in teenagers.

Division of Pediatrics, Department of Clinical and Experimental Medicine, Linköping University, Linköping, Sweden

Corresponding author: Johnny Ludvigsson, [johnny.ludvigsson@liu.se](mailto:johnny.ludvigsson@liu.se).

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