

고혈압·당뇨병 등록관리 환자의 사망률 및 합병증으로 인한 입원율 감소, 2018

◆ 「고혈압·당뇨병 등록관리사업」지역의 참여자(등록군)와 유사한 인구특성을 지닌 대조지역(대조군)의 65세 이상 고혈압·당뇨병 환자 총 252,900명을 대상으로 사망률 및 합병증으로 인한 입원율을 분석하였다. 사망률은 등록군이 12.1%로 대조군 14.0%에 비해 1.9%p 낮았고, 합병증으로 인한 입원율은 뇌혈관질환(I60~I69)이 등록군 5.7%, 대조군 6.1%, 심장질환(I20~I25)이 등록군 3.8%, 대조군 4.1%, 신장질환(N17~N19)이 등록군 1.7%, 대조군 1.9%로 등록군이 모두 대조군보다 낮은 경향을 보였다(그림 1).

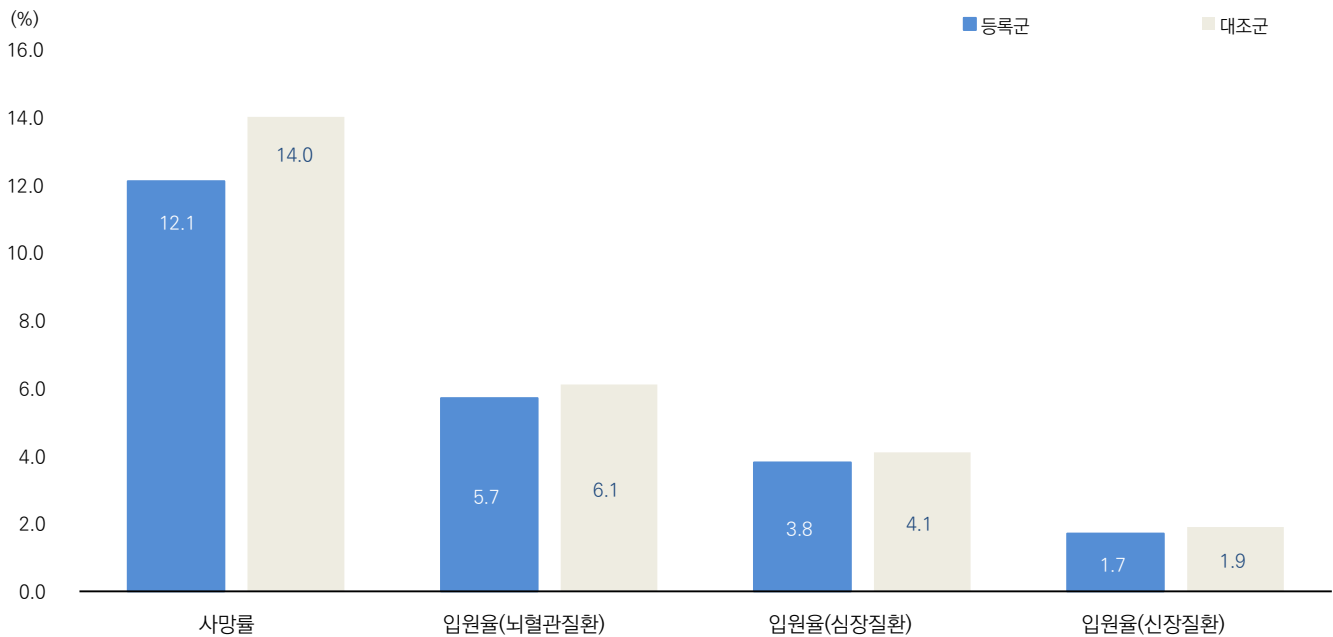


그림 1. 등록관리사업 참여환자와 대조군의 사망률 및 합병증으로 인한 입원율 비교

* 질병기준 분류: ICD-10 code기준 주·부상병 코드를 기준으로 함(고혈압: I10~I15, 당뇨병: E10~E14, 뇌혈관질환: I60~I69, 심장질환: I20~I25, 신부전증: N17~N19)

자료원 : 고혈압·당뇨병 등록관리시스템과 국민건강보험자료를 연계한 분석결과(질병관리본부, 2018)

작성부서 : 질병관리본부 질병예방센터 만성질환예방과

Noncommunicable Disease (NCD) Statistics

Reduces Mortality and Hospitalization rates due to complications in the Community-based Hypertension and Diabetes Control Program, 2018

◆ In the Community-based Hypertension & Diabetes Control Program, the mortality and hospitalization rates due to complications were analyzed a total of 252,900 patients aged ≥ 65 years with hypertension or diabetes in the case group and the control group with similar demographics to the areas participating the program.

The mortality rate in the intervention group was 12.1%, lower than the control group at 14.0%. The hospitalization rate due to cerebrovascular disease (I60–I69) was 5.7% in the intervention group and 6.1% in the control group, cardiac disease (I20–I25) was 3.8% in the intervention group and 4.1% in the control group, kidney disease (N17–N19) was 1.7% in the intervention group and 1.9% in the control group (Figure 1).

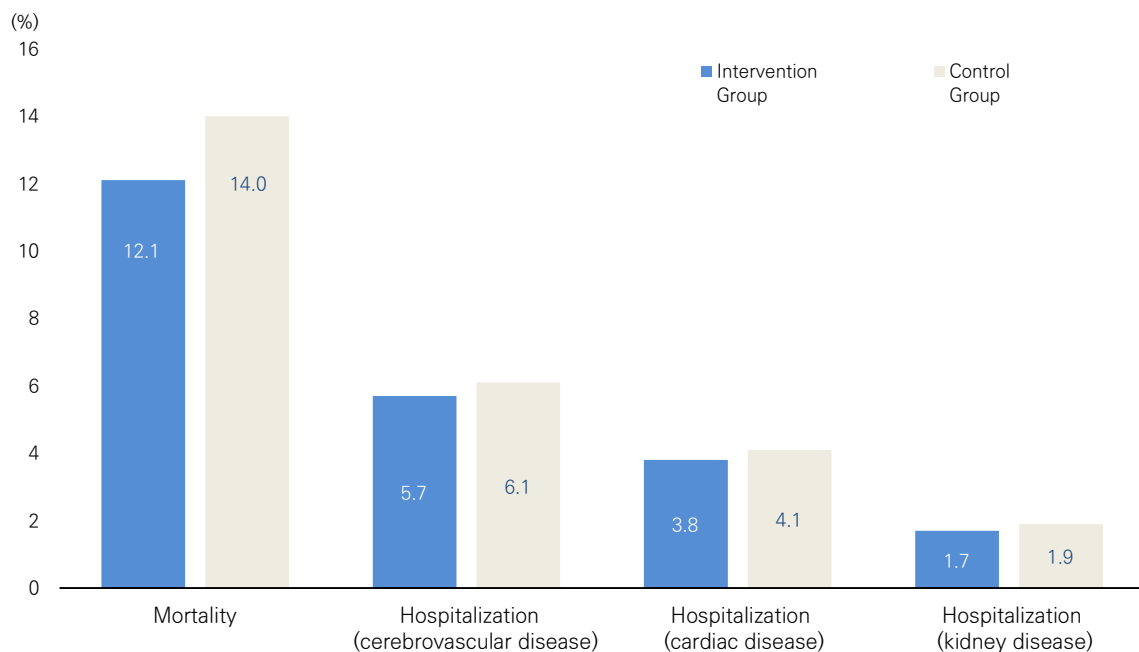


Figure 1. Comparison of Mortality and hospitalization rates due to complications between intervention group and control group in Community-based Hypertension & Diabetes Control Program

* Classification of disease criteria: Based on main diagnosis and sub diagnosis in ICD-10 code (Hypertension I10–I15, Diabetes E10–E14, cerebrovascular disease I60–I69, cardiac disease I20–I25, kidney disease N17–N19)

Source: Evaluation of Community-based Hypertension & Diabetes Control Program by linking and analyzing data from the KCDC and data from the NHIS (KCDC, 2018)

Reported by: Division of Chronic Disease Prevention, Korea Centers for Disease Control and Prevention