

People identified with diabetes, cardiovascular disease, chronic obstructive pulmonary disease, gout and/or CHF in CMDHB in 2011

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In summary

In 2011, using anonymised linked data sets and algorithms based on routinely collected data about hospitalisations, medications dispensed and laboratory tests, of CMDHB residents aged 15 and over, approximately

- 33,140 were identified with diabetes
- 15,690 with gout
- 11,780 with CVD
- 5,620 with COPD, and
- 4,490 with CHF.

Some people were identified with more than one condition. In total there was a cohort of 54,290 people identified who had one or more of these Long Term Conditions (LTC); this represents 14% of the adult population, aged 15 years and over. Volumes for each condition and the degree of overlap (people with more than one of the conditions) varied by ethnicity.

Overall, about 15% of those with diabetes also had gout, 13% with diabetes also had CVD, 6% had CHF and 5% had COPD.

Of those with gout, overall 31% also had diabetes, with that figure being 45% for those identified as Indian and 34-35% for Maaori and Pacific. 13% of those with gout had CVD, 8.5% had CHF (but 13% of Maaori), and 6% had COPD (10.5% for Maaori).

Of those with CHF, 23% also had COPD, that figure being higher in Maaori at 30%, and of those with COPD, 18% had CHF (23% for Maaori).

As a cohort, the 54,290 people identified as having one or more of these Long Term Conditions had a total of 31,770 hospital admissions, accounting for 119,840 bed days over the course of 2011. They also had 223,090 outpatient visits, with 14,710 DNAs (6% of OP appointments) over that year. This represented about a third of the discharges and ED visits, 40% of med/surg discharges, and about half of the ASH admissions, bed days and outpatient visits for adults in 2011. This health service utilisation may not necessarily be related to diabetes, CVD, COPD, gout and/or CHF; any admission or outpatient visit for the cohort is included. However the presence of a long term condition may alter the management of other conditions, so these represent the admissions and outpatient / ED presentations in which the identified LTCs would need to be taken into consideration.

Further breakdown by age group, ethnicity and locality, along with prevalence proportions is provided in this paper. Note of the 54,290 CMDHB residents identified with one or more of these LTCs, 82% were enrolled with a CMDHB practice in 2011, and this percentage varied by ethnicity (60-89%). This has implications for the reach for the CMDHB resident population of long term conditions programmes implemented through CMDHB practices only.

Methods

Data sources: encrypted (anonymised) NMDS (hospitalisations), NNPAC (outpatients and ED presentations), Pharmhouse, Laboratory Claims Collection, PHO enrolment from MOH.

Population of interest: The denominator or base population used for these estimates is the 'constructed population' for the 2011 calendar year. This population is created by combining the routine datasets about health care system contact and the mortality data, using encrypted NHI numbers, to give us a picture of the CMDHB healthcare-using population. This paper focuses on data for the CMDHB resident population. Information about the population enrolled in CMDHB practices is also provided at an aggregate level.

Note these numbers are not exact but indicative only. The estimates are based on algorithms collating relevant information from national datasets such as hospital admissions, pharmaceutical dispensing, and laboratory information about whether relevant tests have been requested, to produce an estimated number of people with the condition. The number calculated depends on the definition for each of those pieces of information for each condition – which blood tests, which medications, which admissions, how many of them, over what period of time, etc. Algorithm details are given in Appendix One.

The conditions for which prevalence can be calculated using this methodology are limited to those which are associated with hospitalisation and/or use of medications and laboratory testing which are specific to those conditions. It is important to note there will be people with such conditions who have not been diagnosed or who have had a diagnosis made but for various reasons are not taking medication or having the recommended laboratory tests, and who therefore will not be counted in these analyses. For example, some people with mild diabetes managed by diet alone may not be identified. It also means that those with more help seeking behaviour are likely to be detected in this analysis, while those who are less or not engaged with the health system will be missed. Because there are no medications or laboratory tests that are specific for CHF, this analysis only identifies people who have been admitted to hospital with CHF so is a conservative estimate.

People with COPD and CHF identified by these algorithms will mostly have a significantly shorter life expectancy than many of those identified with diabetes so there are different opportunities for intervention and may be different goals of therapy.

Estimates are rounded to the nearest 10, so results in columns/rows won't necessarily add up exactly to the totals given.

The figure for people with poorly controlled diabetes (as evidenced by the number of people with a Hba1c ≥ 9 in a year) is based on laboratory results from Testsafe in 2010 in CMDHB; those results are not available from the linked analysis used in the rest of the paper.

Abbreviations: CVD= cardiovascular disease; COPD = chronic obstructive pulmonary disease; CHF = Congestive Heart Failure

Results

In total there was a cohort of 54,290 people identified who had one or more of the Long Term Conditions (LTC) identified. This is from a denominator constructed resident population of **380,700** people aged 15 and over in CMDHB in 2011, so those identified with one or more of the **five** LTCs described in this paper represent **14%** of the adult **constructed** population.

As demonstrated in Table 1, those 65 and over represent 13% of the constructed population but 38% of the group identified with one or more of the five LTCs described in this paper.

Table 1 Number and percentage by age group of the LTC cohort and the constructed CMDHB resident 2011 population

Age Group	Number in LTC cohort	% age group represents of LTC cohort	Number in Constructed Resident Population	% age group represents of the Constructed Resident Population age 15 & over
15-44	9,400	17%	215,200	57%
45-64	23,920	44%	115,570	30%
65-74	11,610	21%	30,380	8%
75+	9,350	17%	19,550	5%
Total	54,290	100%	380,700	

Results by ethnicity

The age of the LTC cohort varies by ethnicity (Table 2). Those 65 and over represent 38% of the total cohort, but 25% of the Maaori and Pacific LTC cohorts, 26% of the Indian cohort, 45% of the Chinese cohort, 29% of the Other Asian cohort, and 58% of the European/Other cohort.

Table 2 Percentage by age group of the LTC cohort 2011, by ethnicity

Age Group	% age group represents of LTC cohort	% age group represents of Maaori LTC cohort	% age group represents of Pacific LTC cohort	% age group represents of Indian LTC cohort	% age group represents of Chinese LTC cohort	% age group represents of Other Asian LTC cohort	% age group represents of European /Other LTC cohort
15-44	17%	24%	26%	21%	10%	17%	8%
45-64	44%	51%	49%	53%	45%	54%	34%
65-74	21%	18%	17%	18%	27%	18%	27%
75+	17%	7%	8%	8%	18%	11%	31%
Total	100%	100%	100%	100%	100%	100%	100%

The number and proportion that each ethnic group represents of the total number with each condition is shown in Table 3 & 4, with the crude rates in Table 5. Note that part of the reason Maori and Pacific peoples constitute a smaller proportion of those identified with CVD, COPD and CHF is that these conditions are more common in the elderly and many Maori and Pacific peoples don't live into the older age groups. Age-standardisation attempts to provide more comparable estimates by making estimates 'as if all the populations had the same age structure'. The age-standardised prevalences are given in Table 6.

Table 3 Estimated number of CMDHB residents aged 15 and over with selected long term conditions in 2011 by ethnicity

Ethnicity	Number of people with identified LTC	Number of people with diabetes	Number of people with gout	Number of people with CVD	Number of people with COPD	Number of people with CHF
Maori	8,060	4,680	3,070	1,460	1,170	900
Pacific	14,980	9,890	5,860	1,880	990	1,140
Indian	6,360	5,420	780	1,090	250	300
Chinese	2,220	1,650	460	300	100	60
Other Asian	1,690	1,280	360	200	70	50
Other	20,990	10,230	5,150	6,850	3,050	2,040
Total	54,290	33,140	15,690	11,780	5,620	4,490

Table 4 Estimated percentage that each ethnic group represents of the total number with each LTC, CMDHB residents aged 15 and over in 2011 by ethnicity

Ethnicity	% of total number of people with identified LTC	% of total number of people with diabetes	% of total number of people with gout	% of total number of people with CVD	% of total number of people with COPD	% of total number of people with CHF
Maori	15%	14%	20%	12%	21%	20%
Pacific	28%	30%	37%	16%	18%	25%
Indian	12%	16%	5%	9%	4%	7%
Chinese	4%	5%	3%	3%	2%	1%
Other Asian	3%	4%	2%	2%	1%	1%
Other	39%	31%	33%	58%	54%	45%
Total	100%	100%	100%	100%	100%	100%

Table 5 Estimated crude prevalence of selected long term conditions in 2011, CMDHB residents aged 15 and over in 2011 by ethnicity

Ethnicity	Crude prevalence of people with identified LTC	Crude prevalence of people with diabetes	Crude prevalence of people with gout	Crude prevalence of people with CVD	Crude prevalence of people with COPD	Crude prevalence of people with CHF
Maori	15%	9%	6%	3%	2%	2%
Pacific	18%	12%	7%	2%	1%	1%
Indian	18%	15%	2%	3%	1%	1%
Chinese	10%	7%	2%	1%	0%	0%
Other Asian	10%	7%	2%	1%	0%	0%
Other	12%	6%	3%	4%	2%	1%
Total	14%	9%	4%	3%	1%	1%

Table 6 Estimated age-standardised prevalence of selected long term conditions in 2011, CMDHB residents aged 15 and over in 2011 by ethnicity (using 2006 NZ estimated population based on census)

Ethnicity	AS prevalence of people with identified LTC	AS prevalence of people with diabetes	AS prevalence of people with gout	AS prevalence of people with CVD	AS prevalence of people with COPD	AS prevalence of people with CHF
Maaori	23%	13%	9%	5%	4%	3%
Pacific	26%	17%	10%	4%	2%	2%
Indian	23%	19%	3%	5%	1%	2%
Chinese	10%	7%	2%	2%	1%	0%
Other Asian	13%	10%	3%	2%	1%	1%
Other	10%	5%	3%	3%	1%	1%
Overall	15%	9%	4%	4%	2%	1%

Age and gender specific rates for the various conditions are available on request, and demonstrate the extraordinarily high rates in older age groups for specific conditions – over a quarter of Indian and Pacific peoples were identified as having diabetes in the 45-64 year age group, increasing to 45% by 65-74 years. For gout, approximately 20% of Maaori and Pacific men were identified as having gout in the 45-64 years age group and by 65 – 74 years age group this increased to over 30%.

Laboratory results from Testsafe in 2010 in CMDHB suggest Pacific people actually had the highest age standardised prevalence of diabetes out of all the ethnicities. This difference may be the result of different levels of health service engagement, which are the basis for the algorithms used in the current analysis, between the Indian and Pacific populations. Furthermore, those of Pacific and Maaori ethnicities have poorer diabetes control (Table 7). Nearly a third of Pacific and Maaori people identified with diabetes had an HbA1c over 9 compared with 9-18% for those of other ethnicities. About half of the people with poorly controlled diabetes were of Pacific ethnicity (Table 7).

Table 7: Number and percentage of people with diabetes with poor control based on actual laboratory data

Ethnicity	Number of people with poor control (had a HbA1c \geq9 in 2010)	% of people with diabetes with poor control
Maaori	1373	28%
Pacific	3679	31%
Indian	571	18%
Chinese	149	9%
Other Asian	143	13%
Other	1419	15%
Total	7334	23%

Source: Testsafe Data, 2010, analysed by CMDHB

Overlap of conditions

In Table 7 whether or not a person has diabetes is taken as the starting point and then the numbers of various combinations of overlapping conditions are outlined. Table 8 shows these results by percentage by ethnicity. In Appendix Two, the number of people in the overlapping categories is broken down by ethnicity.

Table 8 Number of people aged 15 and over with diabetes who also have other long term conditions in CMDHB in 2011

Number of CMHDB residents age 15 yrs and over						
Gout	CVD	COPD	CHF	No diabetes	With Diabetes	Total
No Gout	No CVD	No COPD	No CHF		23,910	23,910
			With CHF	900	390	1,300
		With COPD	No CHF	2,610	710	3,310
			With CHF	250	130	370
	With CVD	No COPD	No CHF	5,270	2,310	7,570
			With CHF	670	520	1,190
		With COPD	No CHF	460	200	660
			With CHF	160	130	290
With Gout	No CVD	No COPD	No CHF	9,130	3,340	1,2470
			With CHF	240	250	490
		With COPD	No CHF	290	190	480
			With CHF	80	100	180
	With CVD	No COPD	No CHF	720	550	1,270
			With CHF	220	250	470
		With COPD	No CHF	70	70	140
			With CHF	90	100	190
Total				21,150	33,140	54,290

Table 9 Percentage of people with diabetes aged 15 and over who also have other long term conditions in CMDHB in 2011 by ethnicity

Percentage of CMDHB residents aged 15 years and over with diabetes									
Gout	CVD	COPD	CHF	Total	Maaori	Pacific	Indian	Other Asian	European/ Other
No Gout	No CVD	No COPD	No CHF	72.1%	63.7%	69.3%	81.1%	84.6%	70.4%
			With CHF	1.2%	1.8%	1.4%	0.7%	0.3%	1.3%
		With COPD	No CHF	2.1%	3.1%	1.9%	1.1%	1.1%	2.7%
			With CHF	0.4%	0.7%	0.5%	0.1%	0.0%	0.4%
	With CVD	No COPD	No CHF	7.0%	5.5%	5.0%	7.9%	4.9%	9.6%
			With CHF	1.6%	1.2%	1.2%	1.9%	0.6%	2.2%
		With COPD	No CHF	0.6%	0.8%	0.4%	0.4%	0.1%	0.9%
			With CHF	0.4%	0.4%	0.3%	0.3%	0.2%	0.6%
With Gout	No CVD	No COPD	No CHF	10.1%	14.0%	14.6%	4.4%	7.1%	7.8%
			With CHF	0.8%	1.8%	1.1%	0.3%	0.0%	0.4%
		With COPD	No CHF	0.6%	1.4%	0.7%	0.2%	0.2%	0.5%
			With CHF	0.3%	1.0%	0.4%	0.0%	0.1%	0.1%
	With CVD	No COPD	No CHF	1.7%	2.1%	1.9%	1.0%	0.5%	1.8%
			With CHF	0.8%	1.2%	0.9%	0.4%	0.2%	0.8%

		With COPD	No CHF	0.2%	0.4%	0.1%	0.1%	0.0%	0.3%
			With CHF	0.3%	0.7%	0.3%	0.1%	0.0%	0.3%
Total				100%	100%	100%	100%	100%	100%

In CMDHB overall, about 15% of those with diabetes also have gout, 13% with diabetes also have CVD, 6% have CHF and 5% have COPD. The degree of overlap varies by ethnicity and age groups. For Maaori, 23% of those with diabetes have gout, and for Pacific the figure is 20%.

Of those with gout, overall 31% also have diabetes, with that figure being 45% for those identified as Indian and 34-35% for Maaori and Pacific. European/Other groups with gout are the least likely to have diabetes, at 24%. 13% of those with gout have CVD, 8.5% have CHF (but 13% of Maaori), and 6% have COPD (10.5% for Maaori).

Of those with CHF, 23% also have COPD, that figure being higher in Maaori at 30%, and of those with COPD, 18% have CHF (23% for Maaori).

Health service utilisation

As a collective group, this cohort with long term conditions, not surprisingly, accounted for a significant volume of hospital discharges and outpatient visits ([Table 10](#)~~Table 9~~). It must be emphasised this health service utilisation may not necessarily be related to diabetes, CVD, COPD, gout and/or CHF; any admission or outpatient visit for the cohort is included. However the presence of a long term condition may alter the management of other conditions, so these represent the admissions and outpatient / ED presentations in which the identified LTCs would need to be taken into consideration.

Table 10 Health service utilisation in 2011 by the cohort of CMDHB residents aged 15 and over (n=54,290), who had either diabetes, CVD, COPD, gout and/or CHF

Category	Crude Number
Number of people	54,290
Number of hospital discharges total	31,770
Number of med/surg (casemix) hospital discharges	25,910
Number of ambulatory sensitive hospitalisations (non-weighted)	7,860
Total length of stay for all admissions (bed days)	119,840
Length of stay for med/surg (casemix) hospital discharges	86,880
Number of emergency department visits	20,700
Number of outpatient events	223,090
Number of "did not attend" events	14,710

As comparison, the total number of discharges for CMDHB residents aged 15 and over (using the constructed population) in 2011 was 94,470, of which 65,650 were medical/surgical (casemix) discharges and 14,730 were ASH events. There were 64,780 ED visits. Total LOS was 250,310 days and for med/surg discharges the total LOS was 162,070. The total number of Outpatient events for enrolled adults was 473,800 and there were 32,830 DNAs. So this cohort, who were 14% of the constructed adult population in 2011, represented about a third of the discharges and ED visits, 40% of med/surg discharges, and about half of the ASH admissions, bed days and outpatient visits.

As demonstrated in Table 10, the health service utilisation of this identified cohort varied significantly by age group. As might be expected, those with identified LTCs who were older had greater service use; those aged 65 and over comprised 38% of the cohort, but 53% of the hospitalisations and 59% of the bed days. However they were also less likely to not attend their outpatient appointments, representing only 27% of the DNAs. The youngest age group, 15-44 years were proportionately the most likely to have a DNA – 17% of the cohort but 26% of the DNAs.

Table 11 Health service utilisation in 2011 by the LTC cohort, percentage of the total by age group

Category	15-44 yrs	45-64 yrs	65-74 yrs	75 & > yrs	Total
% of total cohort	17%	44%	21%	17%	100%
% of hospital discharges total	13%	34%	24%	29%	100%
% of med/surg (casemix) discharges	11%	36%	24%	29%	100%
% of ASH (non-weighted)	12%	39%	22%	28%	100%
% bed days	11%	31%	24%	35%	100%
% of emergency department visits	14%	36%	22%	27%	100%
% of outpatient events	14%	39%	25%	23%	100%
% of “did not attend” events	26%	47%	17%	10%	100%

Results by residential locality

As noted earlier, this paper focuses on the resident constructed population of CMDHB. Overall numbers with each condition are given by residential locality below ([Table 12](#)~~Table 11~~). The number of people with the identified LTCs for the populations of the CMDHB localities reflects the ethnicity and age structures of the localities, with proportionately high numbers with gout and diabetes in Mangere/Otara reflecting the high proportion of Pacific peoples enrolled in that locality, and the numbers for Manukau reflecting not only the overall size of that locality but also reasonably high number of the population identified as Maaori, Pacific and Indian ethnicities in the Manukau locality.

Further breakdown by seven local board derived residential localities is available on request.

Table 12 Estimated number of CMDHB residents aged 15 and over with selected long term conditions in 2011 by residential locality

Residential Locality	Number of people with identified LTC	Number of people with diabetes	Number of people with gout	Number of people with CVD	Number of people with COPD	Number of people with CHF
Franklin	6,260	3,090	1,860	1,790	910	570
Eastern	12,150	7,190	3,000	2,960	1,030	830
Mangere/Otara	14,720	9,780	5,030	2,350	1,300	1,270
Manukau	21,130	13,070	5,790	4,670	2,380	1,810
CMDHB NFD	20	10	10	10	10	0
Total	54,290	33,140	15,690	11,780	5,620	4,490

Results by enrolled locality

Two views are provided for the CMDHB enrolled population localities: all adults enrolled in the relevant practices, and only the CMDHB residents enrolled in the relevant practices.

Note of the 54,290 CMDHB residents identified with one or more of these LTCs, 3,240 were enrolled with practices in Otahuhu in 2011, 5,730 in practices beyond CMDHB / Otahuhu and 800 not enrolled, leaving 44,530 enrolled with CMDHB practices – 82% of the total. This percentage varied by ethnicity – 89% Maaori, 78% Pacific, 71% Indian, 60% Chinese, 74% Other Asian, 88% European/Other. This has implications for the reach for the CMDHB resident population of long term conditions programmes implemented through CMDHB practices only.

Table 13 Number of adults aged 15 and over enrolled with the CMDH practices with identified LTCs, including people from other DHBs

Enrolled Locality	Number of people with identified LTC	Number of people with diabetes	Number of people with gout	Number of people with CVD	Number of people with COPD	Number of people with CHF
Franklin	4,490	2,120	1,380	1,340	710	460
Eastern	8,740	4,770	2,270	2,380	800	660
Mangere/Otara	17,020	11,410	5,690	2,540	1,380	1,320
Manukau	17,380	10,250	4,670	4,250	2,200	1,530
Total	47,620	28,560	14,010	10,510	5,100	3,980

Table 14 Number of adults aged 15 and over enrolled with the CMDH practices with identified LTCs, CMDHB residents only

Enrolled Locality	Number of people with identified LTC	Number of people with diabetes	Number of people with gout	Number of people with CVD	Number of people with COPD	Number of people with CHF
Franklin	4,450	2,110	1,360	1,340	710	450
Eastern	8,060	4,360	2,090	2,240	750	630
Mangere/Otara	15,380	10,300	5,170	2,300	1,250	1,220
Manukau	16,620	9,780	4,480	4,080	2,140	1,490
Total	44,530	26,550	13,110	9,960	4,840	3,790

Appendix One: Algorithm details

People with “diabetes”: Diabetes is defined as having had a diagnosis of diabetes in hospital since 2000 (not gestational), a diabetes-related medication dispensed at least twice in past 4 years, or 4 or more HbA1C tests performed in the last 2 year period. The NMDS, community Lab claims data and Pharmhouse datasets sourced from MOH are used in the algorithm.

People with CVD: was based on the regional CVD indicators - people who had previous CVD hospitalisations and procedures (people with angina medications were not included and neither were TIA ICD codes). Details available on request.

People with COPD: COPD is defined by a person who has had a previous COPD hospital admission ([Table 15](#)~~Table 14~~) within the previous 10 years or aged 55 years and over and 2 or more scripts dispensed of Inhaled Anticholinergic agents (ipatropium, tiotropium) in the last 2 years.

Table 15 ICD codes used to identified COPD hospital admissions

ICD codes	Age range	Diagnostic description
J40	55+	Bronchitis
J41	all	Simple and Mucopulent Chronic Bronchitis
J42	all	Unspecified Chronic Bronchitis
J43	all	Emphysema
J44	all	Chronic Obstructive Pulmonary Disease

People with gout: Gout is defined by a person having had a hospital admission with a diagnosis of gout in the previous 10 years and/or a script dispensed for allopurinol or colchicine; those with a diagnosis of haematological malignancy in the previous 24 months are excluded.

People with CHF: CHF is just those who had a hospital admission with CHF in the last 10 years, ICD codes I50x, I11.0, I13.0, I13.2

Appendix Two: Number of people with overlapping conditions by ethnicity

Table 16 Number of Maaori aged 15 and over with diabetes who also had other long term conditions in CMDHB in 2011

Number of Maaori CMHDB residents age 15 yrs and over						
Gout	CVD	COPD	CHF	No diabetes	With Diabetes	Total
No Gout	No CVD	No COPD	No CHF		2,980	2,980
			With CHF	160	80	240
		With COPD	No CHF	480	150	630
			With CHF	60	40	90
	With CVD	No COPD	No CHF	530	260	780
			With CHF	80	60	140
		With COPD	No CHF	50	40	90
			With CHF	20	20	40
With Gout	No CVD	No COPD	No CHF	1,640	660	2,300
			With CHF	60	90	150
		With COPD	No CHF	80	60	150
			With CHF	30	50	70
	With CVD	No COPD	No CHF	100	100	200
			With CHF	50	60	110
		With COPD	No CHF	10	20	30
			With CHF	30	40	70
Total				3,380	4,680	8,060

Table 17 Number of Pacific people aged 15 & over with diabetes who also had other long term conditions in CMDHB in 2011

Number of Pacific CMHDB residents age 15 yrs and over						
Gout	CVD	COPD	CHF	No diabetes	With Diabetes	Total
No Gout	No CVD	No COPD	No CHF		6,860	6,860
			With CHF	220	140	350
		With COPD	No CHF	300	190	490
			With CHF	50	50	100
	With CVD	No COPD	No CHF	520	490	1,010
			With CHF	80	120	190
		With COPD	No CHF	30	40	70
			With CHF	20	30	50
With Gout	No CVD	No COPD	No CHF	3,460	1,450	4,900
			With CHF	100	110	210
		With COPD	No CHF	70	70	140
			With CHF	20	40	60
	With CVD	No COPD	No CHF	160	190	350
			With CHF	40	90	130
		With COPD	No CHF	10	10	30
			With CHF	20	30	50
Total				5,090	9,890	14,980

Table 18 Number of Indian people aged 15 and over with diabetes who also had other long term conditions in CMDHB in 2011

Number of Indian CMHDB residents age 15 yrs and over						
Gout	CVD	COPD	CHF	No diabetes	With Diabetes	Total
No Gout	No CVD	No COPD	No CHF		4,400	4,400
			With CHF	40	40	80
		With COPD	No CHF	80	60	140
			With CHF	0	0	10
	With CVD	No COPD	No CHF	320	430	750
			With CHF	40	100	140
		With COPD	No CHF	10	20	40
			With CHF	0	20	20
With Gout	No CVD	No COPD	No CHF	370	240	610
			With CHF	10	20	20
		With COPD	No CHF	10	10	20
			With CHF	0	0	0
	With CVD	No COPD	No CHF	40	50	90
			With CHF	0	20	30
		With COPD	No CHF	10	10	10
			With CHF	0	10	10
Total				940	5,420	6,360

Table 19 Number of people identified as Chinese and other Asian aged 15 and over with diabetes who also had other long term conditions in CMDHB in 2011

Number of Chinese and Other Asian CMHDB residents age 15 yrs and over						
Gout	CVD	COPD	CHF	No diabetes	With Diabetes	Total
No Gout	No CVD	No COPD	No CHF		2,480	2,480
			With CHF	30	10	40
		With COPD	No CHF	100	30	130
			With CHF	10	0	10
	With CVD	No COPD	No CHF	240	140	380
			With CHF	20	20	40
		With COPD	No CHF	10	0	10
			With CHF	0	10	10
With Gout	No CVD	No COPD	No CHF	530	210	740
			With CHF	10	0	10
		With COPD	No CHF	10	10	10
			With CHF	0	0	0
	With CVD	No COPD	No CHF	30	20	40
			With CHF	10	10	10
		With COPD	No CHF	0	0	0
			With CHF	0	0	0
Total				980	2,930	3,910

Table 20 Number of people of European/Other ethnicities aged 15 and over with diabetes who also had other long term conditions in CMDHB in 2011

Number of European/Other CMHDB residents age 15 yrs and over						
Gout	CVD	COPD	CHF	No diabetes	With Diabetes	Total
No Gout	No CVD	No COPD	No CHF		7,200	7,200
			With CHF	460	130	590
		With COPD	No CHF	1,640	270	1,920
			With CHF	140	40	180
	With CVD	No COPD	No CHF	3,660	990	4,650
			With CHF	460	230	680
		With COPD	No CHF	350	100	450
			With CHF	110	60	170
With Gout	No CVD	No COPD	No CHF	3,130	800	3,920
			With CHF	70	40	110
		With COPD	No CHF	120	50	170
			With CHF	30	10	40
	With CVD	No COPD	No CHF	390	190	580
			With CHF	120	80	200
		With COPD	No CHF	40	30	60
			With CHF	40	30	60
Total				10,760	10,230	20,990