***Data extraction and definitions:*** Each data source will be requested to provide tabular, summary data, with counts of incident and prevalent diabetes cases, deaths and the background population. No unit record data will be requested.

Data extraction and specific definitions will vary among the data sources. This is at least in part because of issues that are necessarily specific to countries and data sources. Nevertheless, the following definitions and guidelines should apply wherever possible, and exceptions should be noted.

1. Diabetes will be ascertained and defined on the basis of a diagnosis or diagnostic code provided by a relevant healthcare professional, or at least two of:
   1. the presence of two or more blood glucose or HbA1c values within the diagnostic ranges for diabetes (fasting plasma glucose ≥7.0 mmol/l (126 mg/dl), random or 2-hour plasma glucose ≥11.1 mmol/l (200 mg/dl) or HbA1c ≥6.5% (48 mmol/mol)), within a 6-month period;
   2. prescription of glucose-lowering medication for at least 3 months;
   3. the provision of a service that is unique to people with diabetes.

Adaptació SIDIAP:

1.Diabetes segons codi CIM9-10 registrat a la historia AP o CMBDH, segons codis definits Or **dos** de les seguents condicions:

1. Detecció en la historia clínica de una Glicada (HbA1c) >=6.5%
2. Prescripció de 3 o més envasos o 90 dies de prescripció en la historia de antidiabetics definits segons codis ATC. (Vegis llistat de codis)
3. Complicació diagnostica derivada de la DM segons codis diagnostics (Vegis llistat de codis diagnostics)

Nota: La data de debut de la DM es considera la data mes recent entre totes les condicions (Codi diagnóstic, Glicada o complicació DM2).

1. Those with gestational diabetes, secondary diabetes (e.g., drug-induced, chemical-induced, exocrine pancreatic insufficiency, and genetic defects), maturity-onset diabetes of the young, and rare forms of diabetes will be excluded.

Dels anteriors s’exclouen aquells que tinguin a mes a mes codis registrats de diabetis Gestacional / Diabetes secundaria segons llistat de codis definits

En qualsevol moment?

1. People **with incident diabetes** will be classified into three groups based on age of diagnosis, time to insulin therapy and use of non-insulin glucose lowering drugs other than metformin.
2. People are classified as having certain/definite type 1 diabetes if they were diagnosed as diabetes **before 35 years of age**, the time between date of diagnosis and date of first insulin prescription was less than one year, and had never been treated with non-insulin glucose lowering drugs other than metformin.

DM1 si :

* debut anterior als 35 anys &
* Temps fins Insulina <365 dies &
* mai han estat tractats amb antidiabetics no insulinics (exepte Metformina?)

Que fem amb la etiqueta per codi CIM de Ecap?

1. People are classified as having certain/definite type 2 diabetes if they did not have any insulin therapy **within the first two years after diagnosis**.

DM2 si no es detecta cap prescripció ni dispensació insulina dins dels primers 2 anys després del teoric debut es considera DM2.

1. All other people are classified as being of uncertain diabetes type.

Per tant els indeterminats serien els:

No DM1.

Els que es detecta un insulina dins dels 2 anys.

Que fem amb els que tenen la etiqueta Indeterminat per codi CIM10/9?

1. An incident case of diabetes for a particular year is defined as a person who, between 1 January and 31 December of that year, is either:
   1. listed on a diabetes register as having diabetes onset in that calendar year; or
   2. newly diagnosed in a medical record or claims database, and was registered in the medical record or claims database for the previous 12 months and was not identified as having diabetes during that time.
2. The date of diagnosis of an incident case is the date on which the earliest diagnostic criterion (listed in (3) above) is satisfied. Thus, a person whose first criterion is satisfied in one year, and their second criterion is satisfied the next year is deemed to be an incident case in the first year.
3. Individuals with a date of diagnosis of diabetes earlier than their date of registration with the database (e.g. a person with established diabetes joining an HMO or medical practice) should not be included as an incident case (to comply with 4b), when the medical record or a claims database is the direct source of information (which may also be the case for virtual registers). This does not generally apply to stand-alone registries, in which such cases can be included, unless such cases are likely to be new immigrants. When such cases are included, it is assumed that they are represented in the population counts of the denominator in the years of and preceding their year of diagnosis. Their year of diagnosis, rather than year of registration, should usually be taken as the year in which they became an incident case. Date of registration may be used a proxy for the diagnosis date, if date of diagnosis is missing, but this needs to be recorded in the additional information of the data source.
4. A prevalent case of diabetes in any given year is someone who has diabetes, as established by the above criteria, on January 1 that year. Incident cases are not considered as prevalent cases in the calendar year in which they became an incident case.
5. Death will be ascertained either from national death registers or from death data held in the database being used.
6. The denominator for calculating incidence of diabetes each year and in each age-group is the number of people without clinically diagnosed diabetes on 1 January of each year in the population from which the incident cases are drawn – this might be the national or regional population (derived from census data), or the population in the electronic medical record or claims database. Where possible, person-years are preferred to simple counts, in order to fully account for the precise amount time an individual spends in each state.