THE DEPENDENCY SERIES · WHITE PAPER · 2026

CHRONIC DISEASE

Diabetes

The Quiet Dependency Engine

PUBLISHED BY
The Dependency Series — Health Education Resource Center
www.thedependencyseries.com

Contents

Overview

Diabetes is the most quietly devastating chronic disease in the United States. It does not kill or disable the way a heart attack or stroke does — it erodes, over years and decades, every organ system that matters for independent living: the eyes, kidneys, nerves, blood vessels, heart, and brain.

Today, 38.4 million Americans are living with diabetes — 11.6% of the population — and another 97.6 million adults have prediabetes. Roughly 1 in 4 people who have diabetes do not yet know it. Prevalence in adults 65 and older is approximately 29.2%, nearly one in three.

By the time a family sits down to discuss care, the patient has usually accumulated three or four complications that, taken together, define the trajectory ahead — retinopathy, neuropathy, and kidney disease are a particularly common combination.

38.4M	29.2%	~150,000
Americans living with diabetes	prevalence in adults 65 and older — nearly one in three	diabetes-related lower-extremity amputations per year

How It Leads to Dependency

Diabetes is the leading cause of new blindness in working-age adults, the leading cause of kidney failure (44% of new dialysis starts), the leading cause of non-traumatic lower-extremity amputation, and it roughly doubles cardiovascular event risk while increasing dementia risk 2 to 3 times.

Each of these complications is, by itself, a dependency event. A single severe hypoglycemic episode is often the sentinel event that ends independent living for an older adult, since it can cause falls, confusion, or loss of consciousness with little warning.

Diagnosis & Early Warning Signs

Diagnosis follows ADA 2026 standards using fasting glucose, oral glucose tolerance testing, or hemoglobin A1C — the central long-term management metric, alongside newer continuous glucose monitoring (CGM) technology that tracks 'time in range' throughout the day.

Regular screening for complications — annual eye exams for retinopathy, kidney function testing, and foot exams for neuropathy — catches problems before they become disabling, but is frequently skipped by patients who feel well.

Typical Care Needs

Diabetes care is unusually demanding for self-management even before major complications appear: testing blood glucose or wearing a CGM, counting carbohydrates, dosing insulin, taking 4 to 8 medications on precise schedules, and daily foot inspection.

As complications accumulate, needs expand to include help with vision-related tasks (retinopathy), wound care (foot ulcers), dialysis transportation (kidney failure), and vigilance against hypoglycemia — all layered on top of the baseline self-management burden.

The Realistic Cost of Care

Diabetes caregiver burden is distinctive because it begins long before the patient loses independence — insulin dosing, glucose checks, and appointment schedules start at diagnosis and only intensify.

4–5M	20+ hrs/wk	>40%
Americans provide unpaid care for a family member with diabetes	average time commitment when complications are present	depression rates among long-term diabetes caregivers

- Complication-driven costs compound: dialysis for kidney failure, wound care and prosthetics for amputation, and vision rehabilitation for retinopathy each carry substantial and ongoing expense.
- Dialysis transportation alone can consume 12 or more hours per week for a family caregiver once kidney failure develops.
- Newer GLP-1 and SGLT2 medication classes reduce cardiovascular and kidney complications, but access and cost vary significantly by insurance coverage.

> THE CAREGIVER BURDEN
> Caregivers of insulin-dependent patients report the highest anxiety scores of any diabetes caregiver subgroup — the fear of a hypoglycemic emergency is a constant, low-grade stressor that predates any visible disability.

Planning Considerations

These considerations are general and educational. They are not financial or legal advice, and no specific product or provider is endorsed here.

- Knowing your numbers — blood glucose trends, A1C, blood pressure, cholesterol — and acting on them early is the highest-leverage step in preventing the complications that drive dependency.
- Getting on guideline-directed therapy (including newer GLP-1 and SGLT2 medications where appropriate) can meaningfully slow progression toward kidney failure and cardiovascular events.
- Because complications compound gradually, families should periodically reassess a diabetic loved one's functional status rather than waiting for a single crisis to prompt a conversation about care needs.

Sources & Further Reading

1. American Diabetes Association — https://diabetes.org/
2. CDC — Diabetes Statistics — https://www.cdc.gov/diabetes/