

Diabetes free life expectancy and years of life lost associated with type 2 diabetes: Projected trends in Germany between 2015 and 2040

Estimation of the survival functions

For the estimation of *HLY* and *YLL* using Eqs. (2) and (3) in the main text, survival functions were needed. Let $j = 0, 1$ denote the states ‘no type 2 diabetes’ and ‘type 2 diabetes’, respectively. Then the survival function was defined as

$$S_j(t, a) = \exp\left(-\sum m_j(t, a)\right)$$

where t is the calendar time, a is the age and m_j is the mortality rate at age a and time t . Furthermore, let $m(t, a) = p(t, a) \times m_1(t, a) + (1 - p(t, a)) \times m_0(t, a)$ denote the mortality of the general population with $p(t, a)$ the prevalence of type 2 diabetes. The mortality rate in the general population was derived from the life tables of official population projections assuming the Gompertz-Makeham mortality law. The Gompertz-Makeham mortality law states that the mortality rate increases exponentially with age. This assumption is based on theoretical and empirical considerations [1, 2]. In the different scenarios described in the main text, we projected age-specific values for the prevalence and the mortality rate ratio (*MRR*). Using these projected values, the mortality rate of people without type 2 diabetes can be obtained by

$$m_0(t, a) = \frac{m(t, a)}{1 + p(t, a) \times (MRR(t, a) - 1)}$$

and the mortality rate of people with type 2 diabetes by

$$m_1(t, a) = m_0(t, a) \times MRR$$

The mortality rates m , m_0 and m_1 were used to estimate the survival functions S , S_0 and S_1 for the general population, the population without type 2 diabetes and the population with type 2 diabetes, respectively.

References

- [1] Missov TI, Lenart A (2013) Gompertz–Makeham life expectancies: Expressions and applications. *Theor Popul Biol* 90: 29-35
- [2] Carstensen B, Kristensen JK, Ottosen P, Borch-Johnsen K, Steering Group of the National Diabetes Register (2008) The Danish National Diabetes Register: trends in incidence, prevalence and mortality. *Diabetologia* 51: 2187-2196