

DIABETES FACT SHEET IN KOREA 2024



Greetings

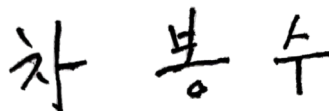
The Korean Diabetes Association (KDA) has continuously published the Diabetes Fact Sheet in Korea (DFS) from its inception in 2012 through 2024. The KDA's DFS is produced by leading national experts in diabetes research and provides accurate statistics on the size of the diabetes population and the status of diabetes management in Korea. These estimates are derived from national healthcare big data, including the Korea National Health and Nutrition Examination Survey (KNHANES) and the National Health Insurance Service (NHIS) database. The primary purpose of the DFS is to appropriately assess and communicate the burden of diabetes, including the seriousness of its comorbidities and complications. The KDA remains committed to improving the level of diabetes prevention and management in Korea to help overcome diabetes. We hope that DFS 2024 will be utilized as a valuable resource in support of this goal.

In particular, DFS 2024 places special emphasis on: (1) the growing importance of diabetes among young adults, and (2) the current status of diabetes management in older adults in the era of a super-aged society. Distinct differences are observed in the characteristics of diabetes and patterns of management between younger and older populations in Korea. Building on this DFS revision, the KDA expects to develop more age-stratified clinical practice guidelines, educate healthcare professionals who treat diabetes, and evaluate the clinical impact of implementing these approaches through research and analysis—ultimately enabling the establishment of a more advanced “Korean-type diabetes management strategy.”

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3 Current status of diabetes in young and older adults

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CURRENT STATUS OF DIABETES

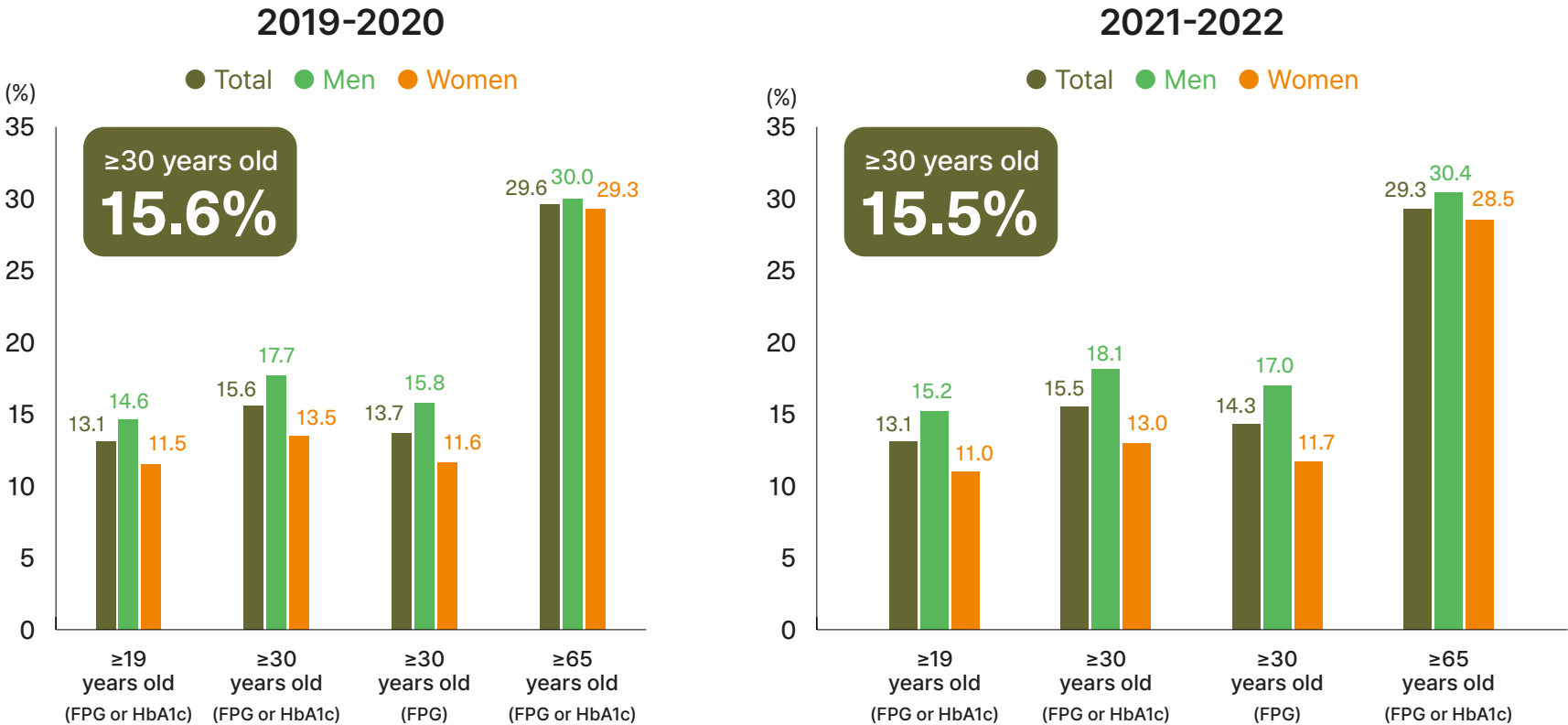
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**DIABETES
FACT SHEET
IN KOREA 2024**

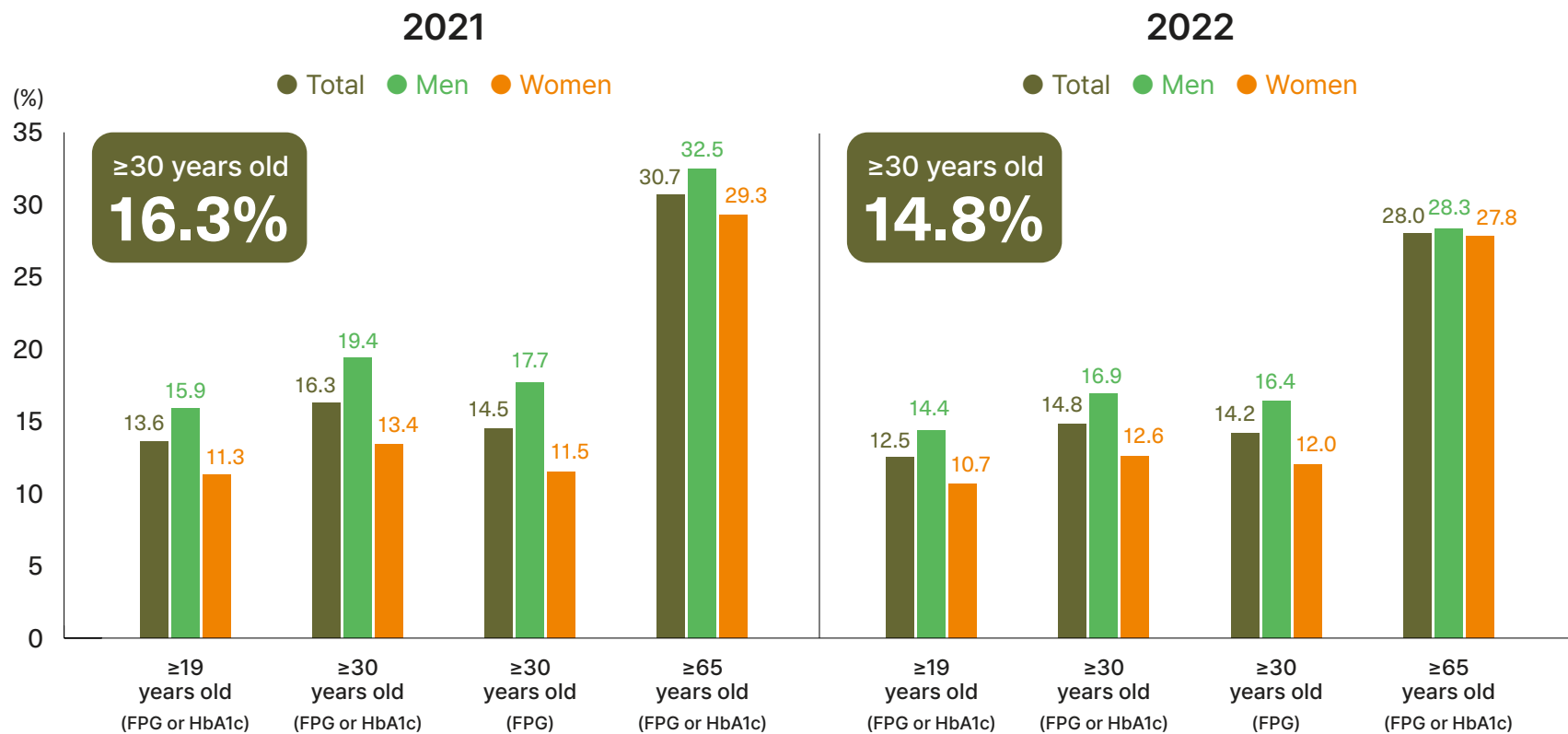
Data Source: Korea National Health and Nutrition
Examination Survey, 2012-2022, ≥30 years old

Prevalence of diabetes

As of 2022, 1 in 7 adults aged ≥ 30 years (14.8%) had diabetes.
When fasting plasma glucose alone is used for diagnosis, the estimated prevalence of diabetes is 14.2%.
Among adults aged ≥ 65 years, 3 in 10 (28.0%) had diabetes.

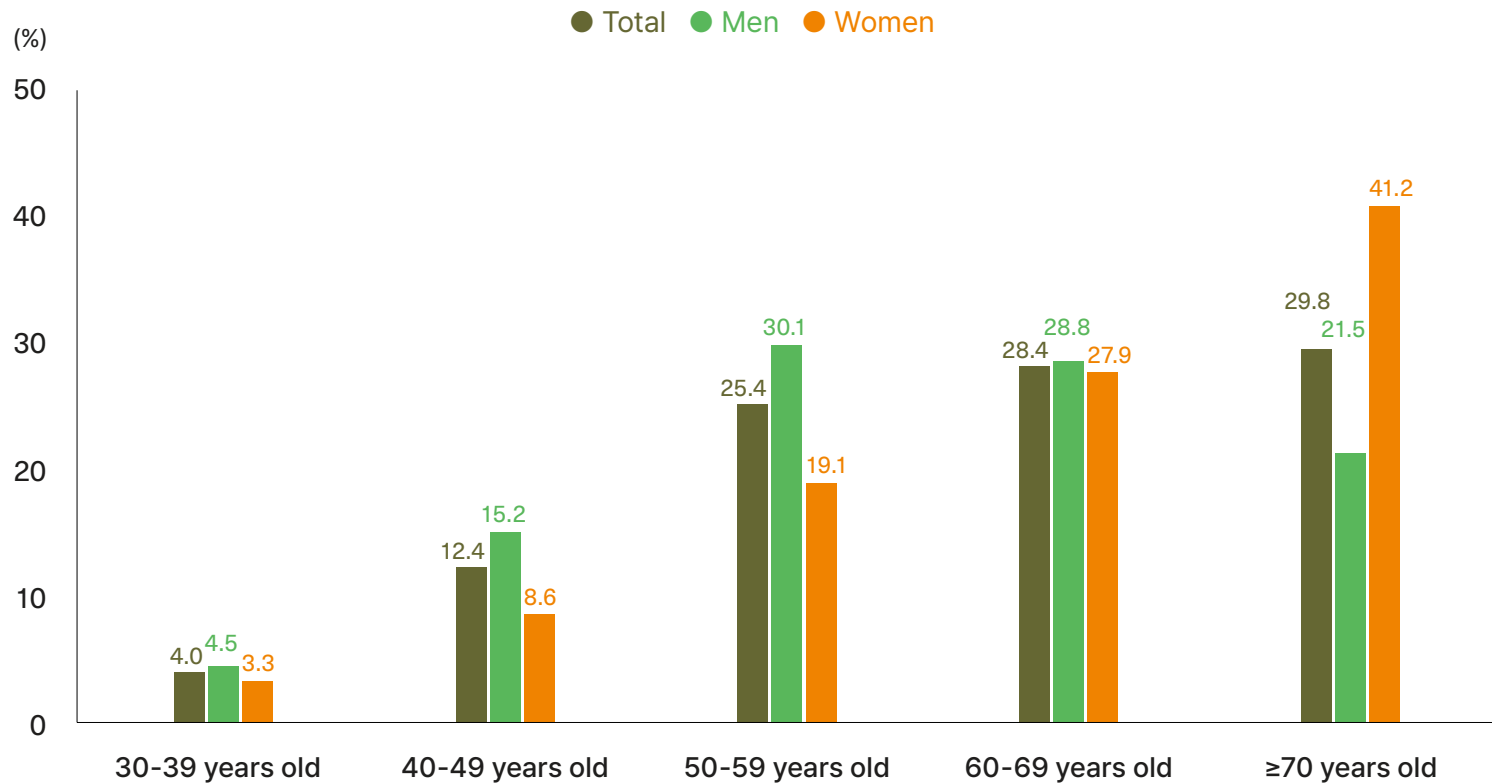


Diagnostic criteria for diabetes: At least one of the following four criteria ① Diagnosed with diabetes by a doctor
② Taking anti-diabetic medications ③ Fasting plasma glucose (FPG) ≥ 126 mg/dL ④ Glycosylated hemoglobin (HbA1c) $\geq 6.5\%$



Prevalence of diabetes by age group (2021-2022)

In Korea, diabetes is more common in men than in women. Among men, the prevalence peaks in those in their 50s (30.1%), whereas among women it is highest in those aged ≥70 years (41.2%).



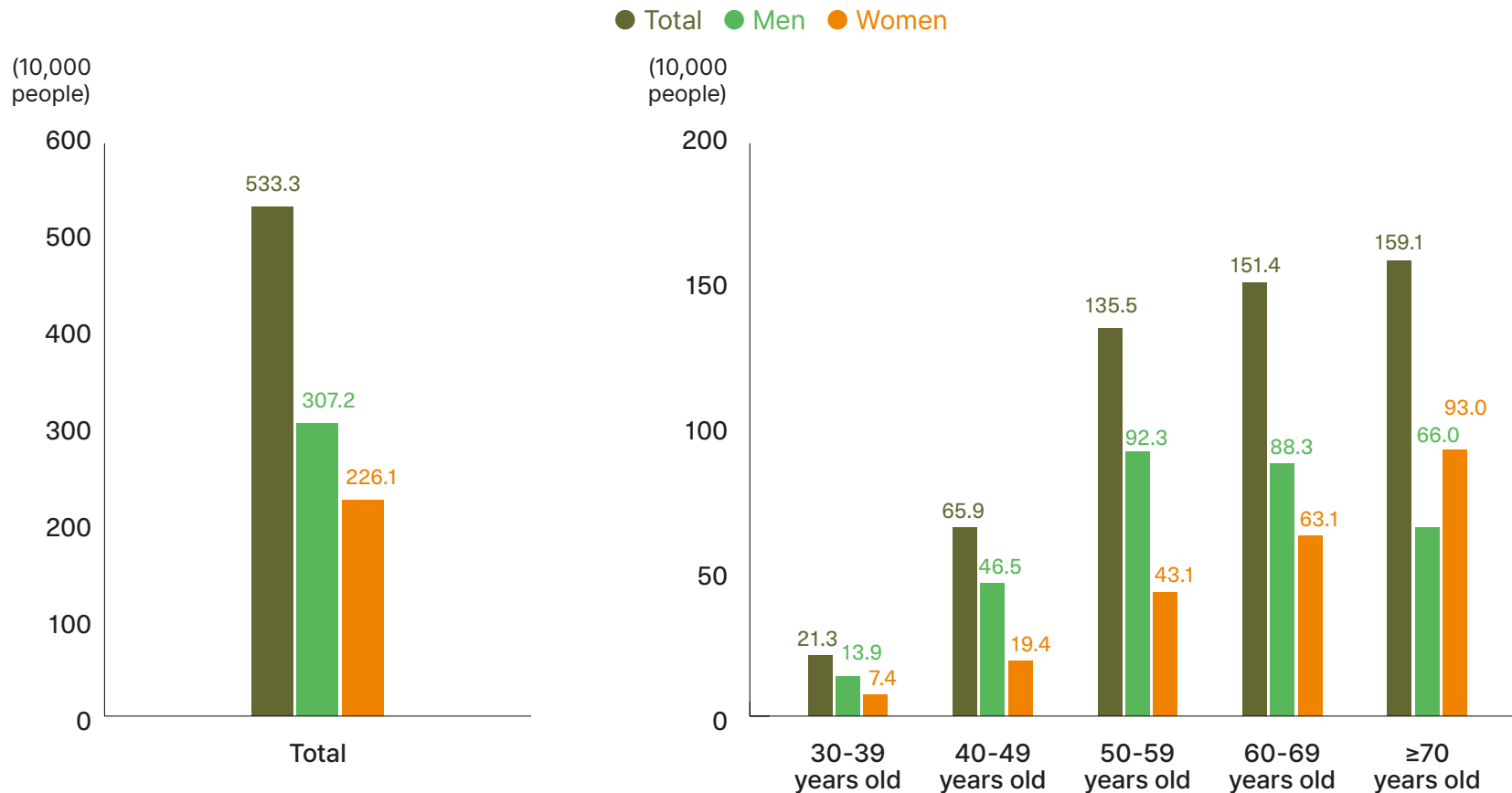
Diagnostic criteria for diabetes: At least one of the following four criteria ① Diagnosed with diabetes by a doctor ② Taking anti-diabetic medications ③ Fasting plasma glucose (FPG) ≥126 mg/dL ④ Glycosylated hemoglobin (HbA1c) ≥6.5%

Diabetes Population (2021-2022)

Among adults aged ≥ 30 years, 5.33 million people have diabetes;
0.21 million are in their 30s and 0.66 million are in their 40s.

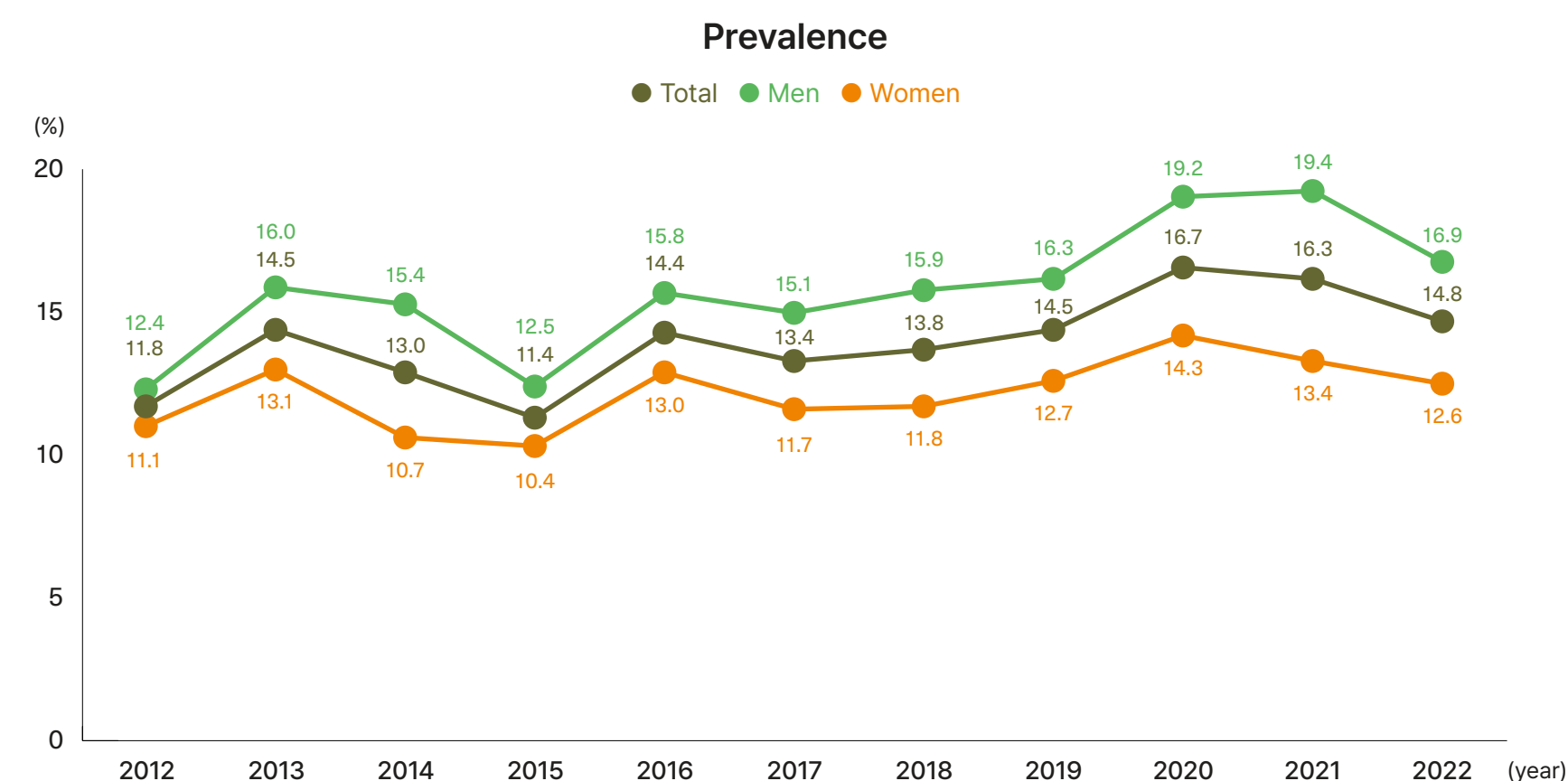
≥ 30 years

5.33 million

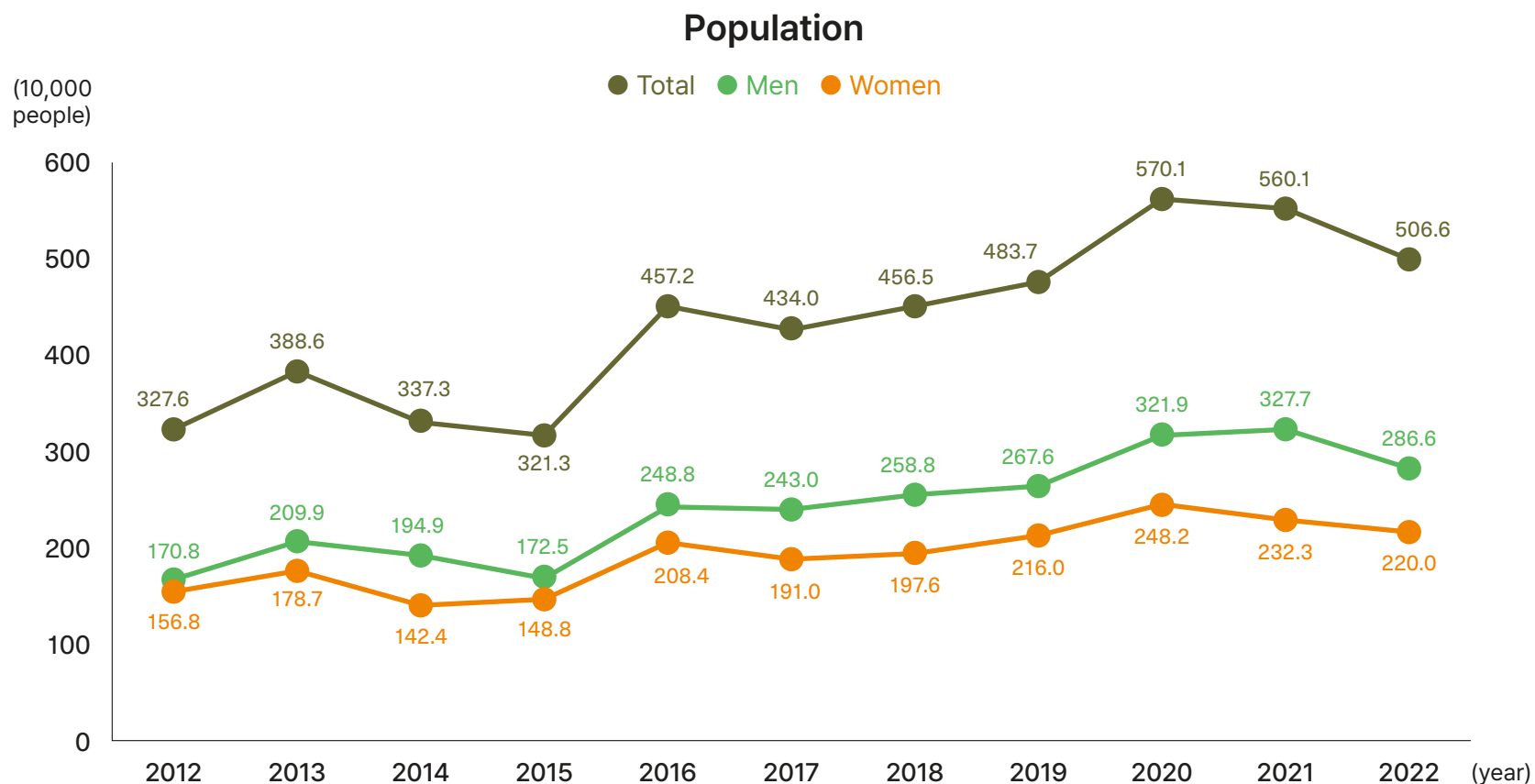


Diagnostic criteria for diabetes: At least one of the following four criteria ① Diagnosed with diabetes by a doctor ② Taking anti-diabetic medications ③ Fasting plasma glucose (FPG) ≥ 126 mg/dL ④ Glycosylated hemoglobin (HbA1c) $\geq 6.5\%$

Changes in the prevalence and population of diabetes in the recent 11 years (2012-2022)



Among adults aged ≥30 years
Diagnostic criteria for diabetes: At least one of the following four criteria ① Diagnosed with diabetes by a doctor ② Taking anti-diabetic medications ③ Fasting plasma glucose (FPG) ≥126 mg/dL ④ Glycosylated hemoglobin (HbA1c) ≥6.5%



Among adults aged ≥ 30 years

Diagnostic criteria for diabetes: At least one of the following four criteria ① Diagnosed with diabetes by a doctor ② Taking anti-diabetic medications

③ Fasting plasma glucose (FPG) ≥ 126 mg/dL ④ Glycosylated hemoglobin (HbA1c) $\geq 6.5\%$

Prevalence of prediabetes (2019-2020)

Among adults aged ≥ 30 years, 41.1% (4 in 10) have prediabetes.

Among adults aged ≥ 65 years, 47.7% (about 1 in 2) have prediabetes.

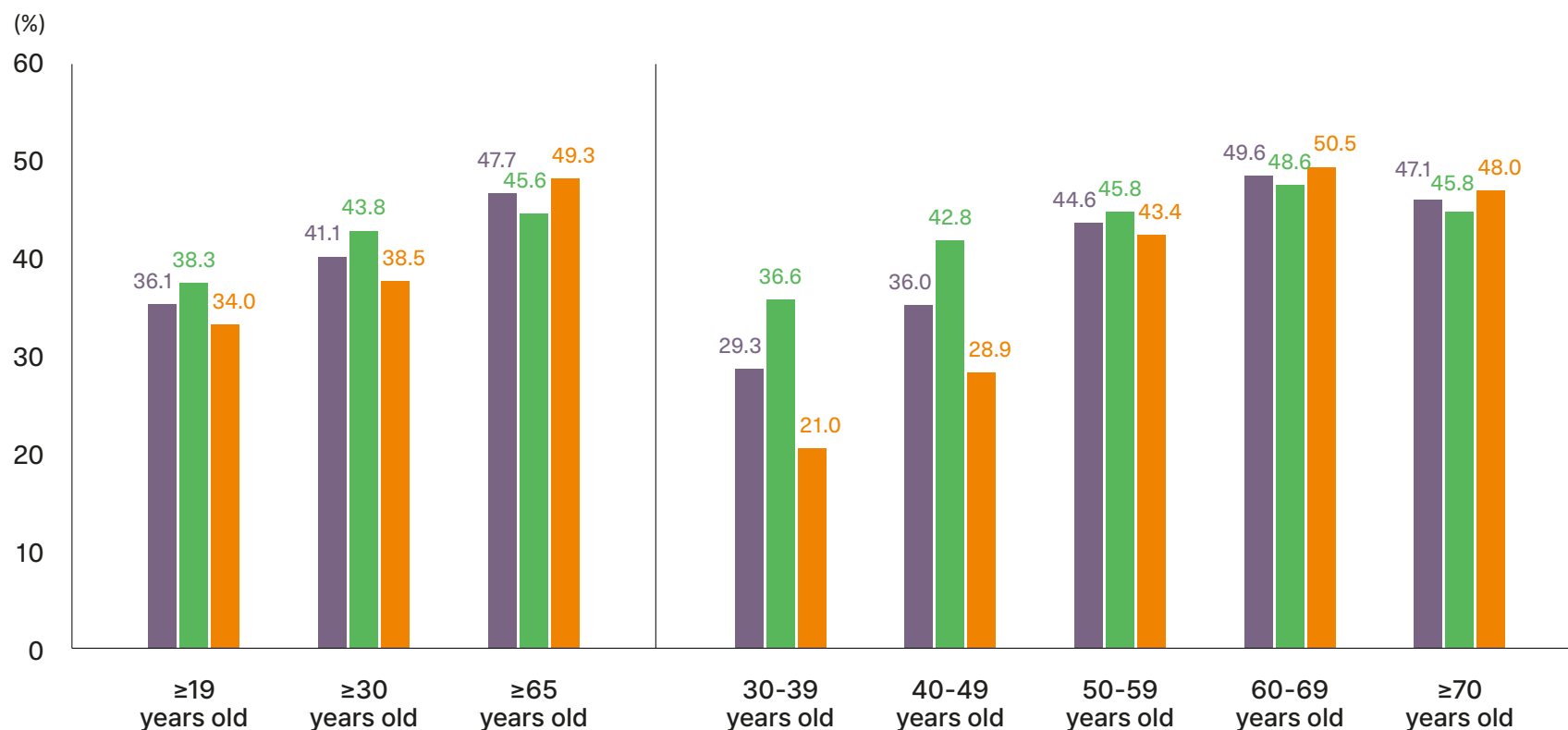
≥ 30 years

4 in 10

≥ 65 years

1 in 2

● Total ● Men ● Women



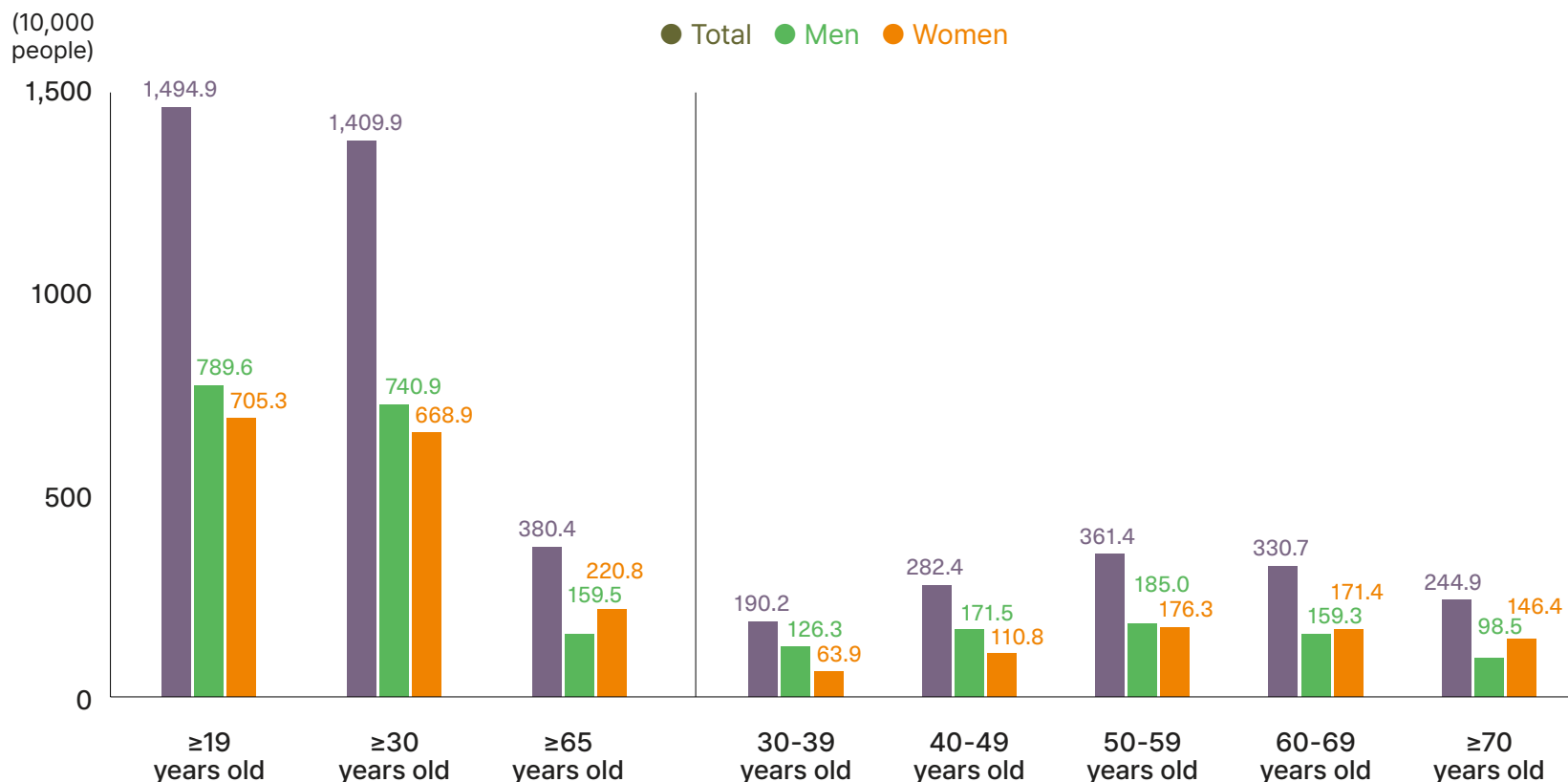
Diagnostic criteria for prediabetes: No prior diagnosis of diabetes with fasting plasma glucose 100-125 mg/dL or glycosylated hemoglobin 5.7-6.4%

Population of prediabetes (2021-2022)

Among adults aged ≥ 30 years, an estimated 14.0 million people have prediabetes. The number increases from the 30s to the 50s and then declines. In their 30s, 1.9 million adults have prediabetes. Prediabetes is more common in men from the 30s to the 50s, but in women from the 60s onward.

≥ 30 years

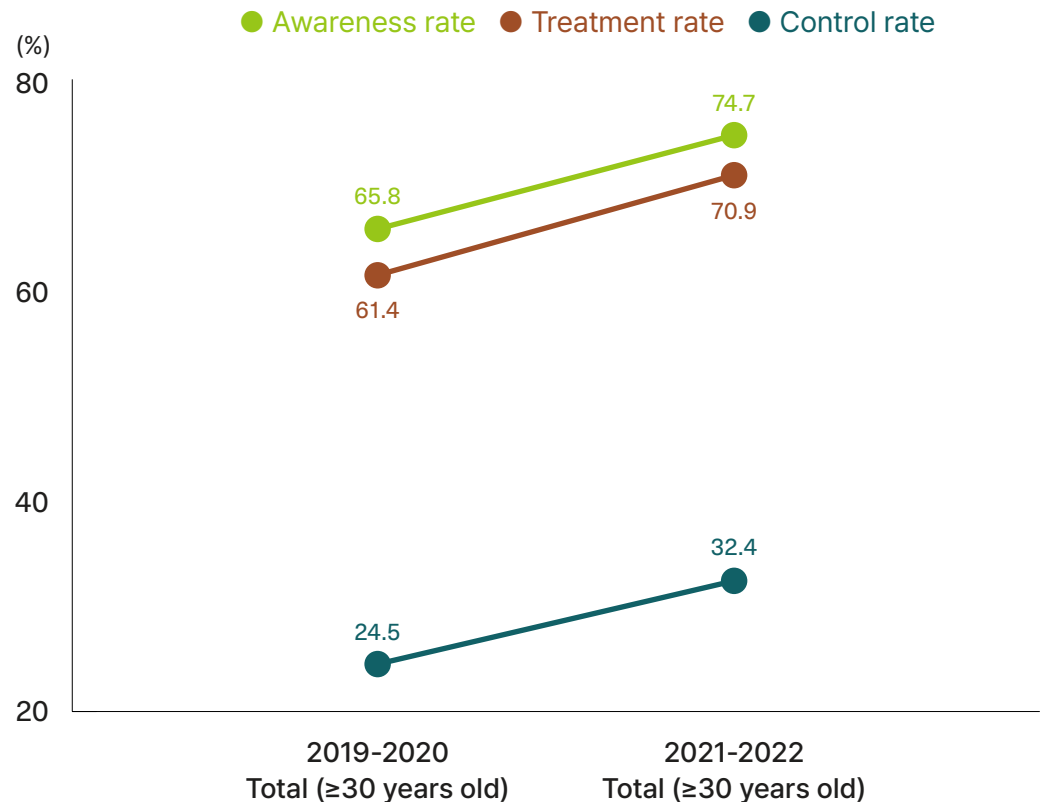
14.0 million



Diagnostic criteria for prediabetes: No prior diagnosis of diabetes with fasting plasma glucose 100-125 mg/dL or glycosylated hemoglobin 5.7-6.4%

Management of diabetes (2021-2022)

Compared with 2019–2020, the 2021–2022 survey showed increases in diabetes awareness, treatment, and control rates.



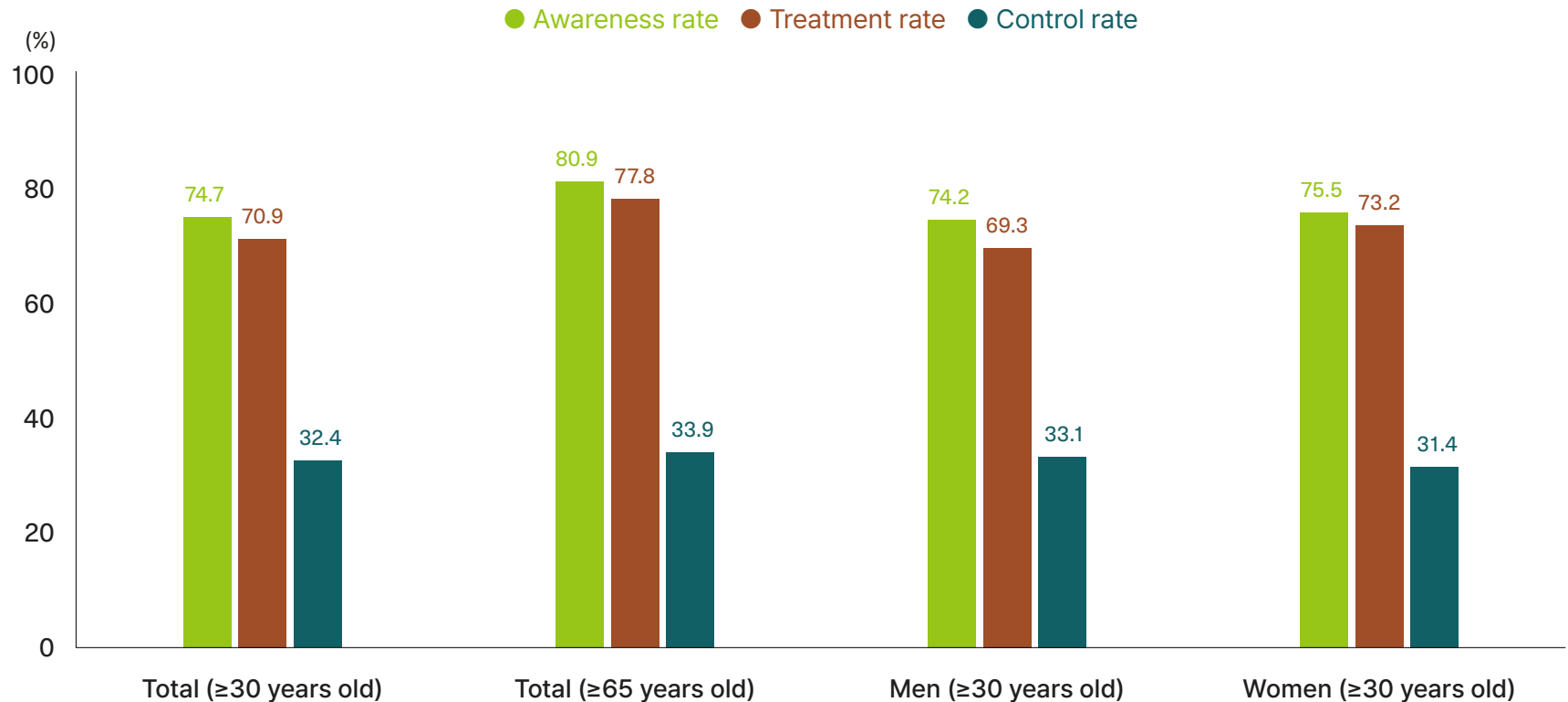
People with diabetes: People diagnosed with diabetes by a doctor or taking anti-diabetic medications, or with fasting plasma glucose ≥ 126 mg/dL, or with glycosylated hemoglobin (HbA1c) $\geq 6.5\%$

Awareness rate: Percentage of people previously diagnosed with diabetes by a doctor among people with diabetes (based on HbA1c)

Treatment rate: Percentage of people taking anti-diabetic medications among people with diabetes (based on HbA1c)

Control rate: Percentage of people achieving HbA1c $< 6.5\%$ among people with diabetes (based on HbA1c)

2021-2022



People with diabetes: People diagnosed with diabetes by a doctor or taking anti-diabetic medications, or with fasting plasma glucose ≥ 126 mg/dL, or with glycosylated hemoglobin (HbA1c) $\geq 6.5\%$

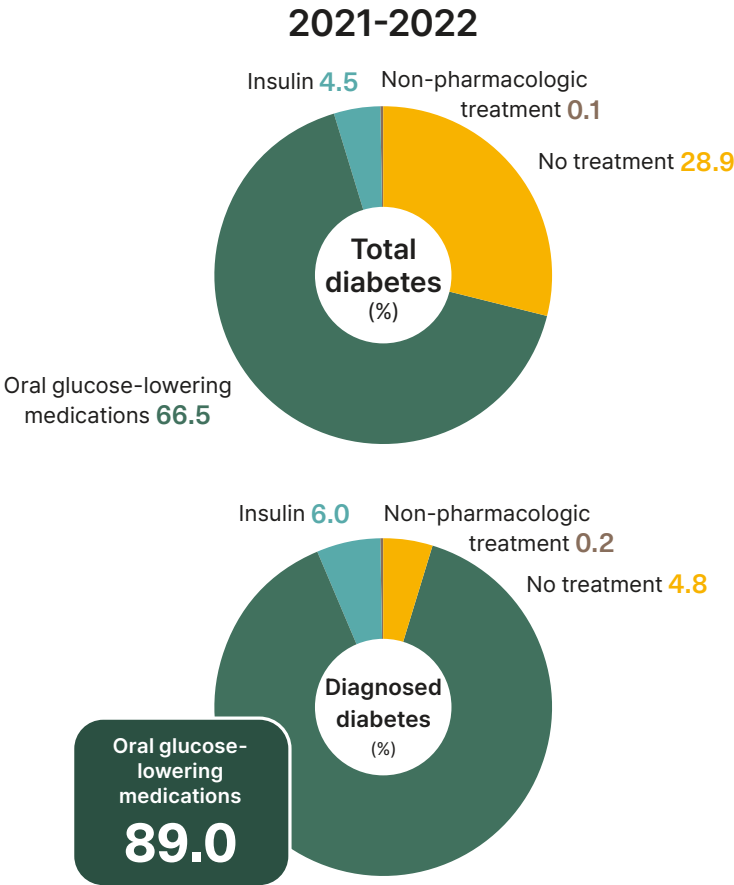
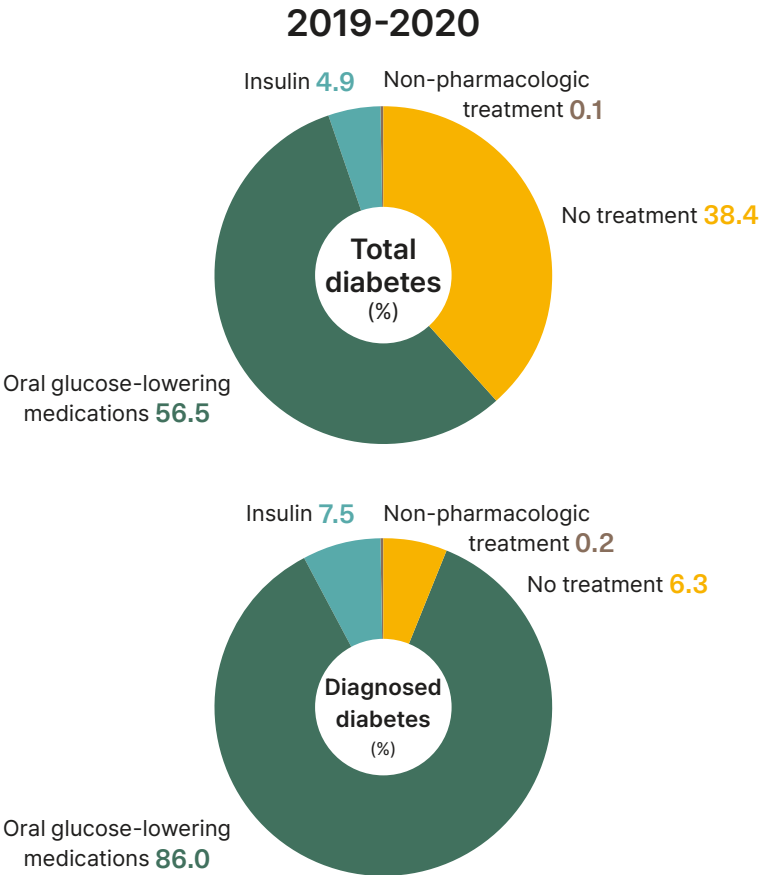
Awareness rate: Percentage of people previously diagnosed with diabetes by a doctor among people with diabetes (based on HbA1c)

Treatment rate: Percentage of people taking anti-diabetic medications among people with diabetes (based on HbA1c)

Control rate: Percentage of people achieving HbA1c $< 6.5\%$ among people with diabetes (based on HbA1c)

Type of diabetes treatment

About 90% of people diagnosed with diabetes are treated with oral glucose-lowering medications, and approximately 6% of all people with diabetes are treated with insulin injections.



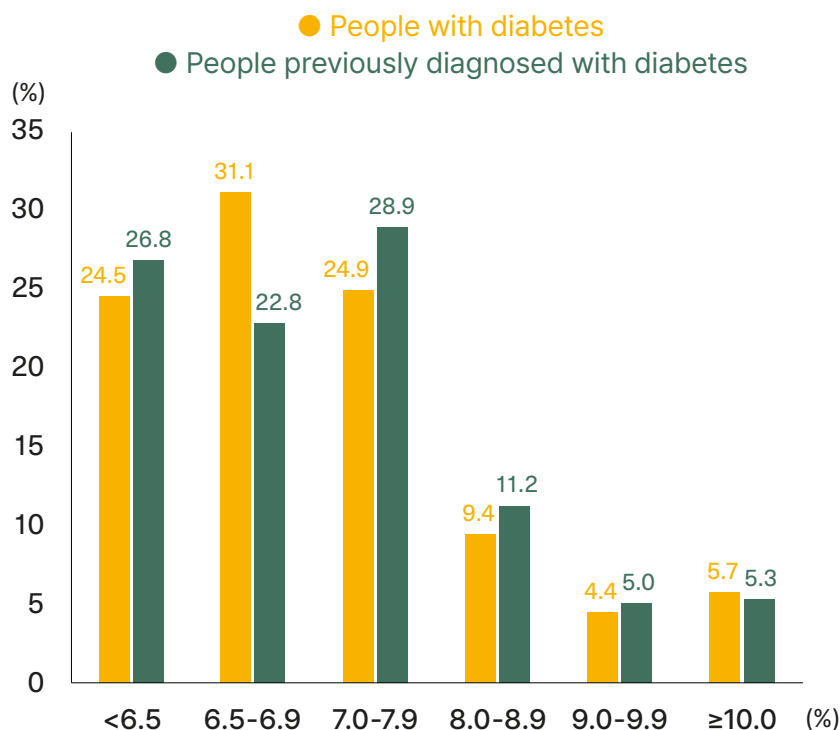
People with diabetes: People diagnosed with diabetes by a doctor or taking anti-diabetic medications, or with fasting plasma glucose ≥ 126 mg/dL, or with glycosylated hemoglobin (HbA1c) $\geq 6.5\%$
People previously diagnosed with diabetes: People diagnosed with diabetes by a doctor or taking anti-diabetic medications

Glycemic control status (2021-2022)

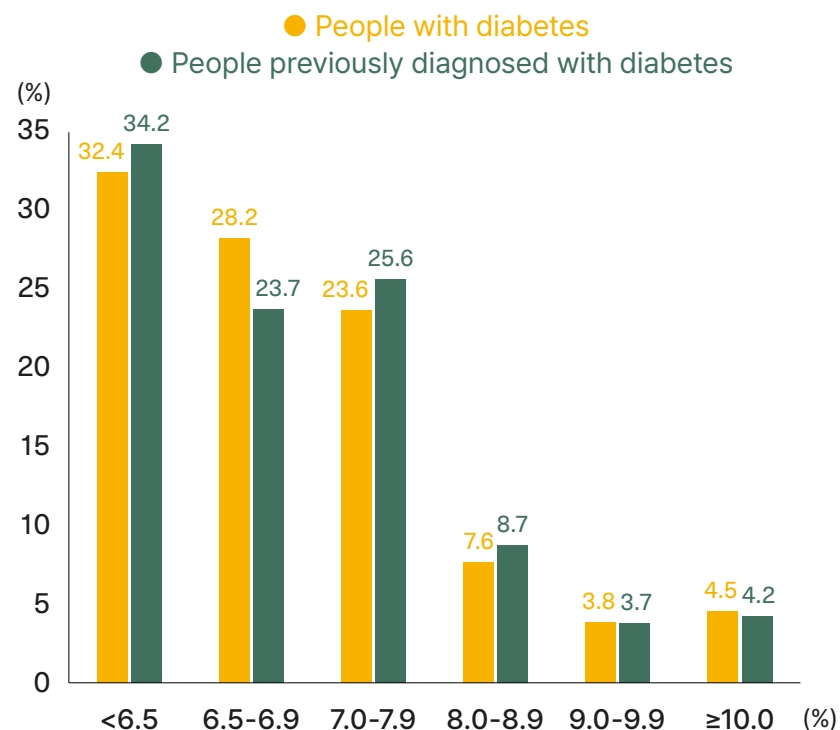
Among people with diabetes, only 32.4% (1 in 3) had HbA1c <6.5%, while 60.6% achieved HbA1c <7.0%. 16% had HbA1c ≥8.0%, indicating a need for more intensive treatment. Compared with 2019–2020, glycemic control among previously diagnosed individuals improved markedly in the 2021–2022 combined data.

<6.5%,
Diagnosed
diabetes
34.2%

2019-2020

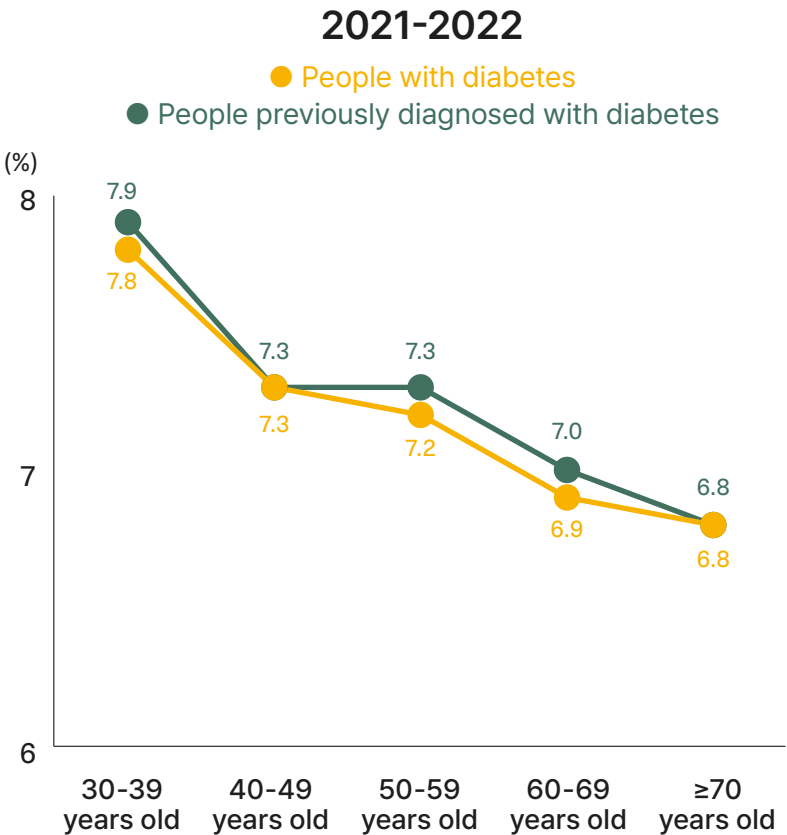
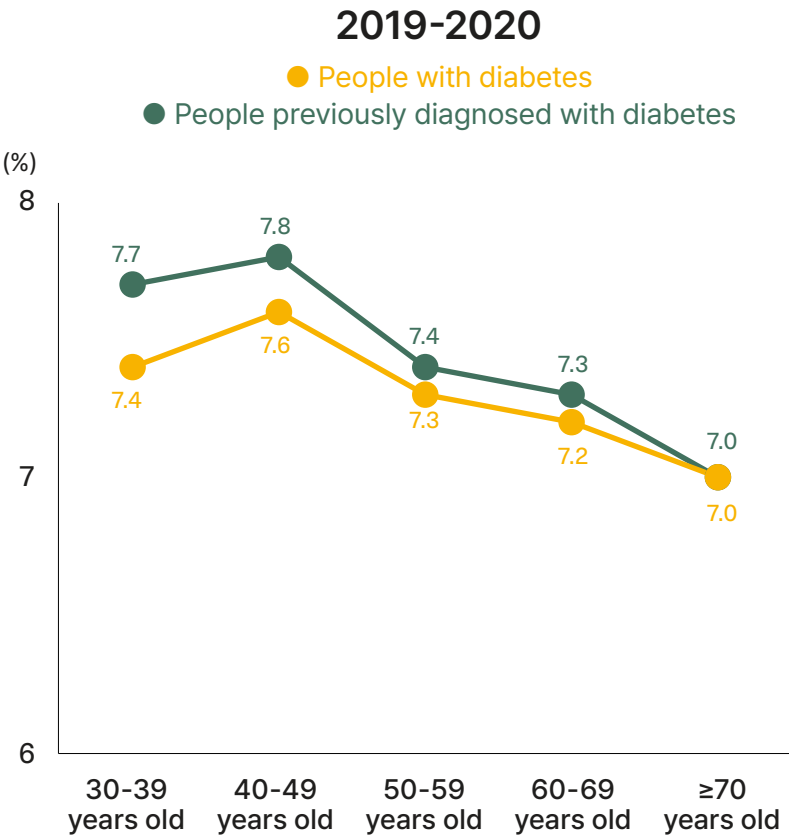


2021-2022



Glycosylated hemoglobin by age group

Mean HbA1c is higher in adults in their 30s–40s than in other age groups. From the 40s onward, mean HbA1c improved in 2021–2022, whereas in the 30s it was higher than in previous surveys.



COMORBIDITIES IN DIABETES (2021–2022)

2

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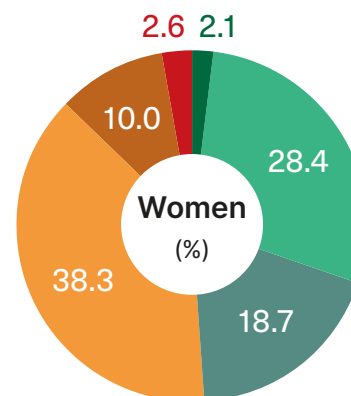
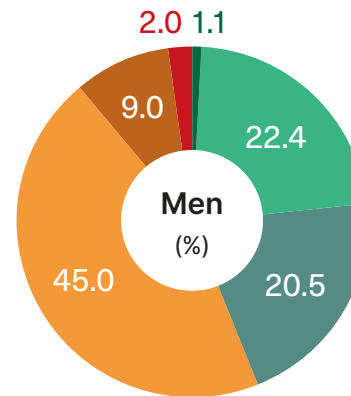
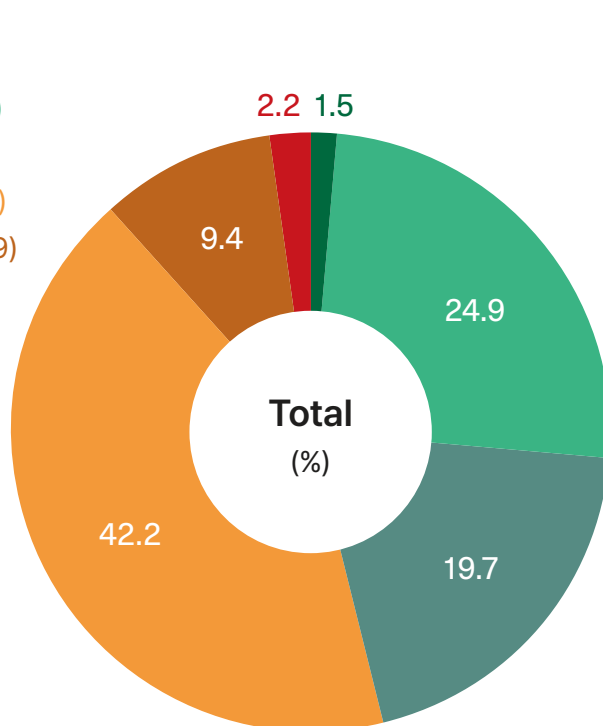
Obesity in diabetes

Among people with diabetes, 53.8% had obesity. 11.6% had class II obesity or higher, and 2.2% had class III obesity (BMI ≥ 35 kg/m²).

Obesity
53.8%

- Underweight (<18.5)
- Normal weight (18.5-22.9)
- Overweight (23.0-24.9)
- Class I obesity (25.0-29.9)
- Class II obesity (30.0-34.9)
- Class III obesity (≥ 35.0)

(Based on body mass index;
Unit: kg/m²)



People with diabetes: People diagnosed with diabetes by a doctor or taking anti-diabetic medications, or with fasting plasma glucose ≥ 126 mg/dL, or with glycosylated hemoglobin (HbA1c) $\geq 6.5\%$

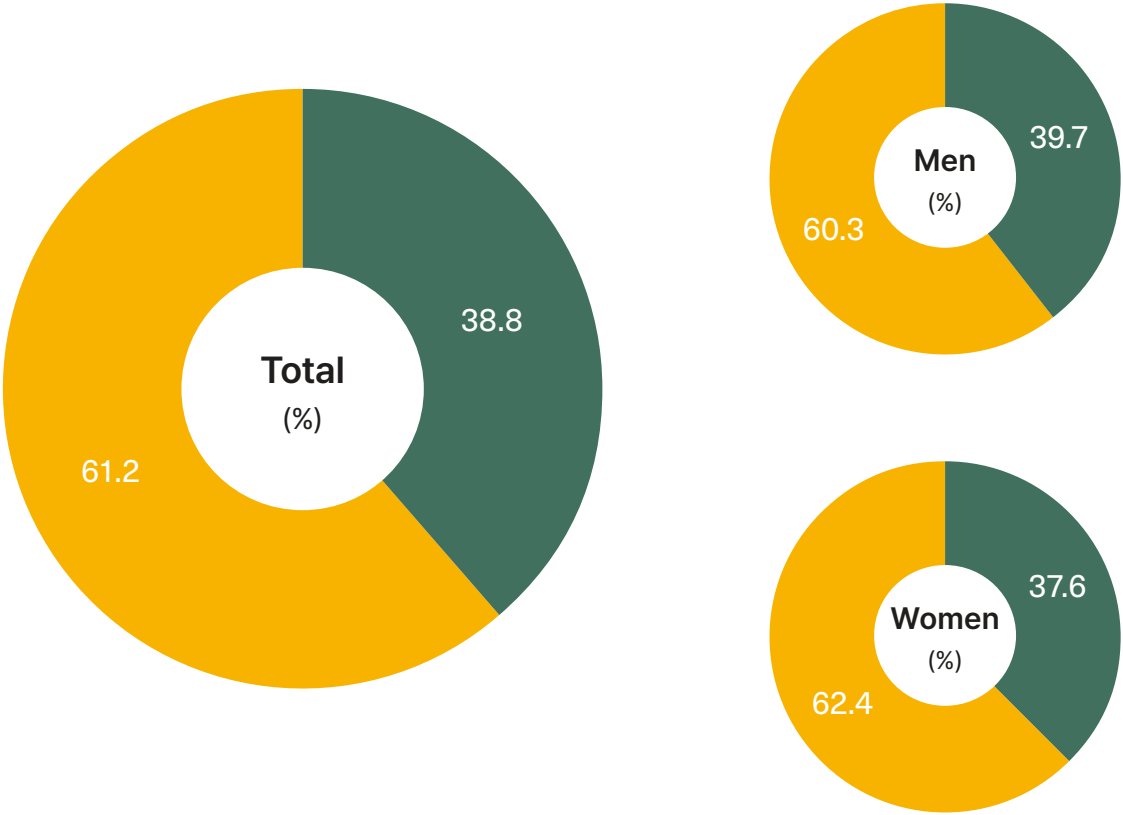
People previously diagnosed with diabetes: People diagnosed with diabetes by a doctor or taking anti-diabetic medications

Abdominal obesity in diabetes

Among people with diabetes, 61.2% had abdominal obesity, with a higher prevalence in women.

Abdominal obesity
61.2%

- Normal
- Abdominal obesity

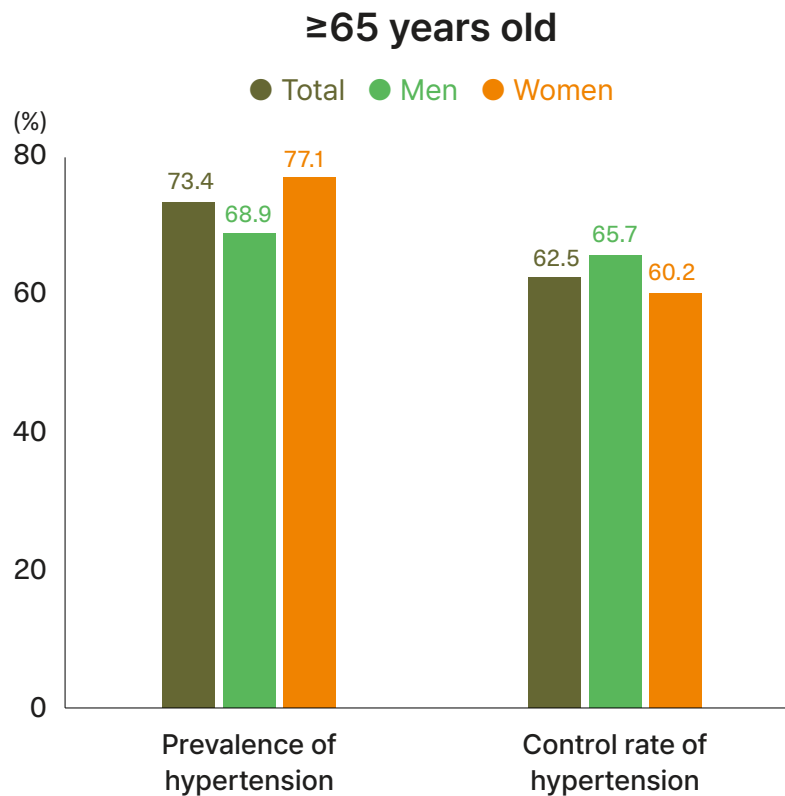
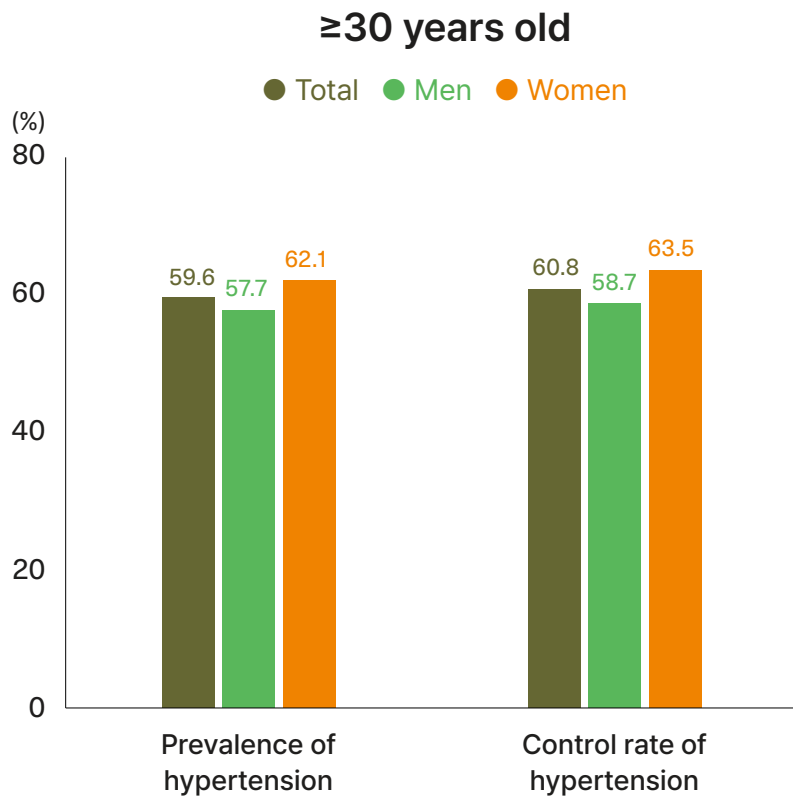


Abdominal obesity (based on waist circumference): Men ≥ 90 cm, Women ≥ 85 cm

Hypertension in diabetes

Among adults aged ≥ 30 years with diabetes, 59.6% had comorbid hypertension; among those aged ≥ 65 years, this was about 7 in 10. Only 60.8% of adults aged ≥ 30 years with diabetes achieved the blood pressure control target.

Hypertension
59.6%



Prevalence of hypertension: Percentage of people with systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg, or those taking antihypertensive medications

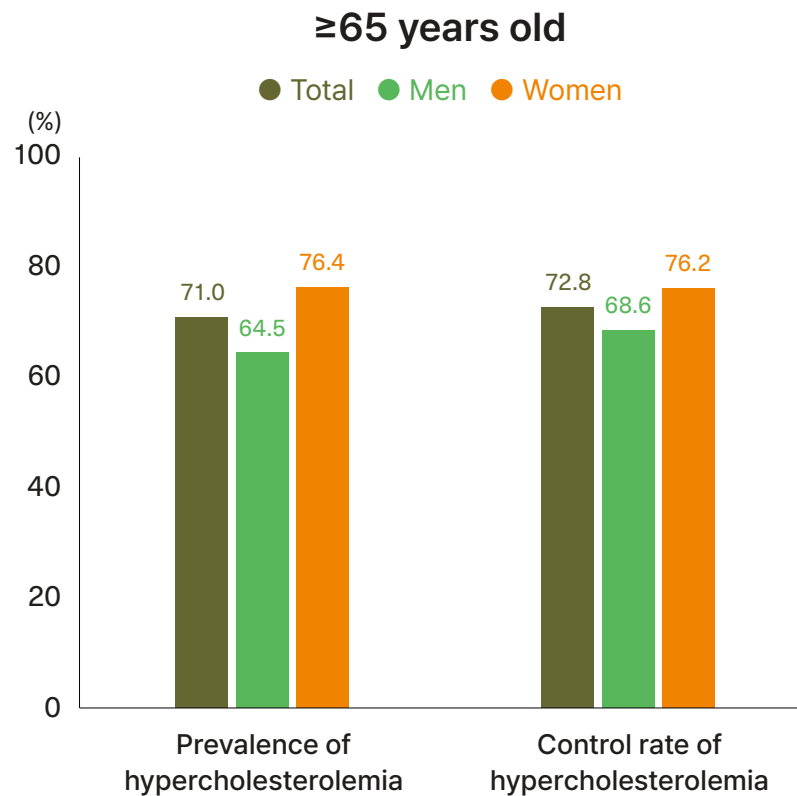
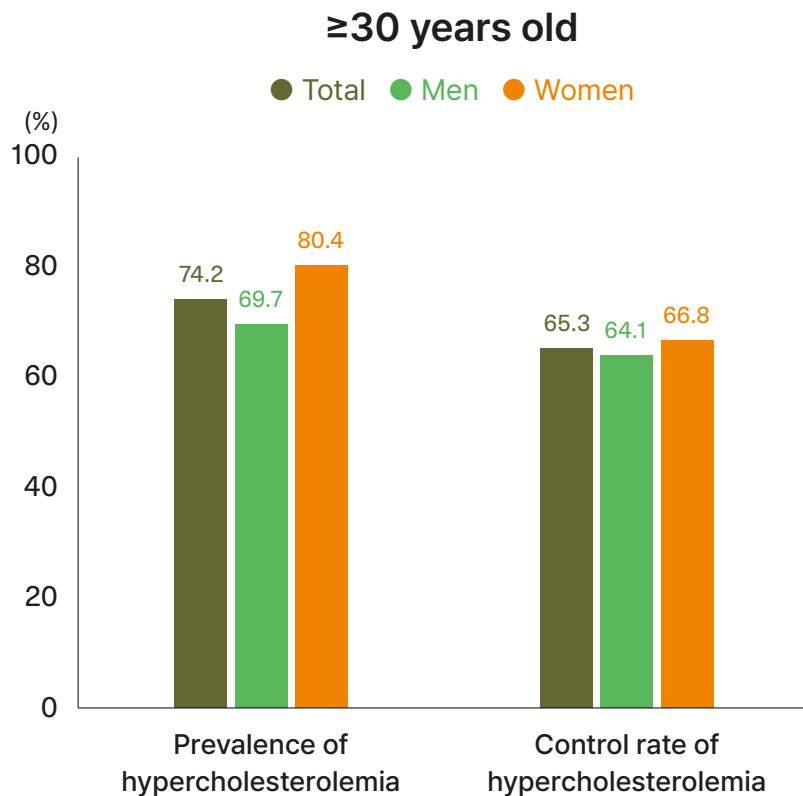
Control rate of hypertension: Percentage of people with systolic blood pressure < 140 mmHg and diastolic blood pressure < 85 mmHg

Hypercholesterolemia in diabetes

Among adults aged ≥ 30 years with diabetes, 74.2% had hypercholesterolemia, but only 65.3% achieved controlled LDL cholesterol levels.

Hypercholesterolemia

74.2%



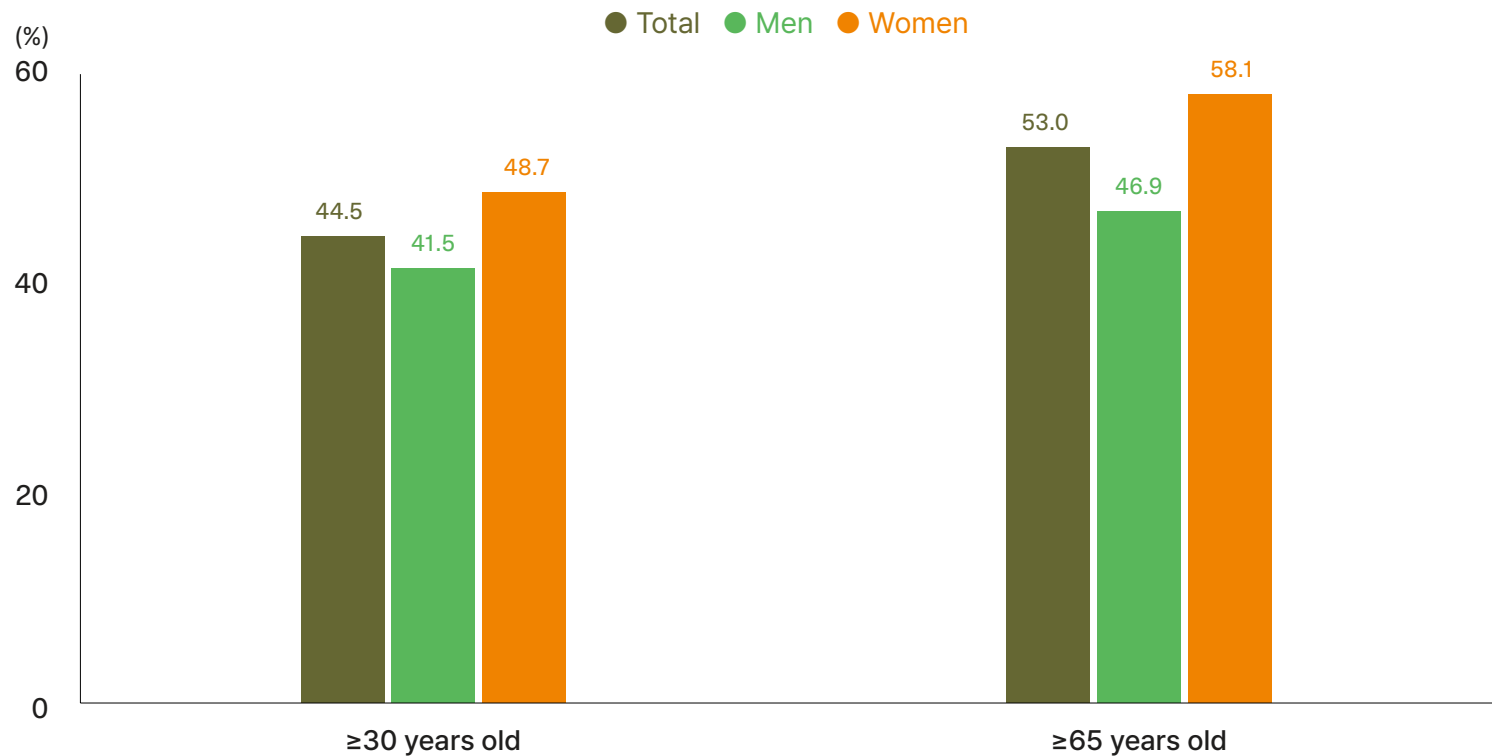
Prevalence of hypercholesterolemia: Percentage of people with circulating LDL cholesterol ≥ 100 mg/dL or taking cholesterol-lowering medications

Control rate of hypercholesterolemia: Percentage of people with circulating LDL cholesterol < 100 mg/dL

Hypertension and hypercholesterolemia in diabetes

Among adults aged ≥ 30 years with diabetes, 44.5% had both hypertension and hypercholesterolemia, with a higher prevalence in women than in men.

Hypertension and hypercholesterolemia
44.5%



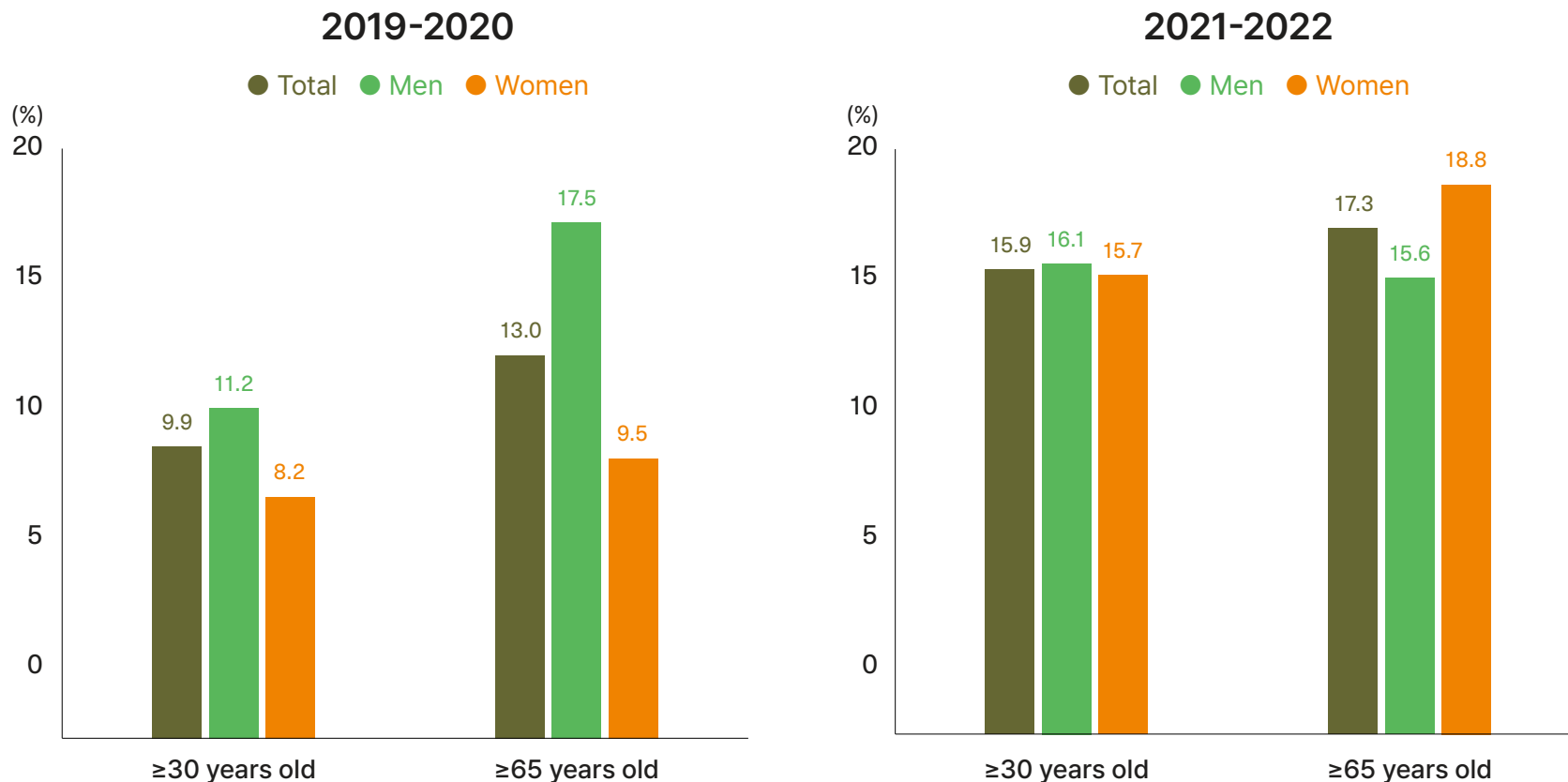
Diabetes: Diagnosed with diabetes by a doctor or taking anti-diabetic medications, or with fasting plasma glucose ≥ 126 mg/dL, or with glycosylated hemoglobin (HbA1c) $\geq 6.5\%$
Hypertension: Systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg, or taking antihypertensive medication:
Hypercholesterolemia: Circulating LDL cholesterol ≥ 100 mg/dL or taking cholesterol-lowering medications

Comprehensive management of diabetes

Among adults aged ≥ 30 years with diabetes, only 15.9% achieved simultaneous control of glycemia, blood pressure, and LDL cholesterol. Overall integrated diabetes management was higher in men than in older women. Compared with 2019–2020, integrated management improved in 2021–2022, with an approximately two-fold increase among older women.

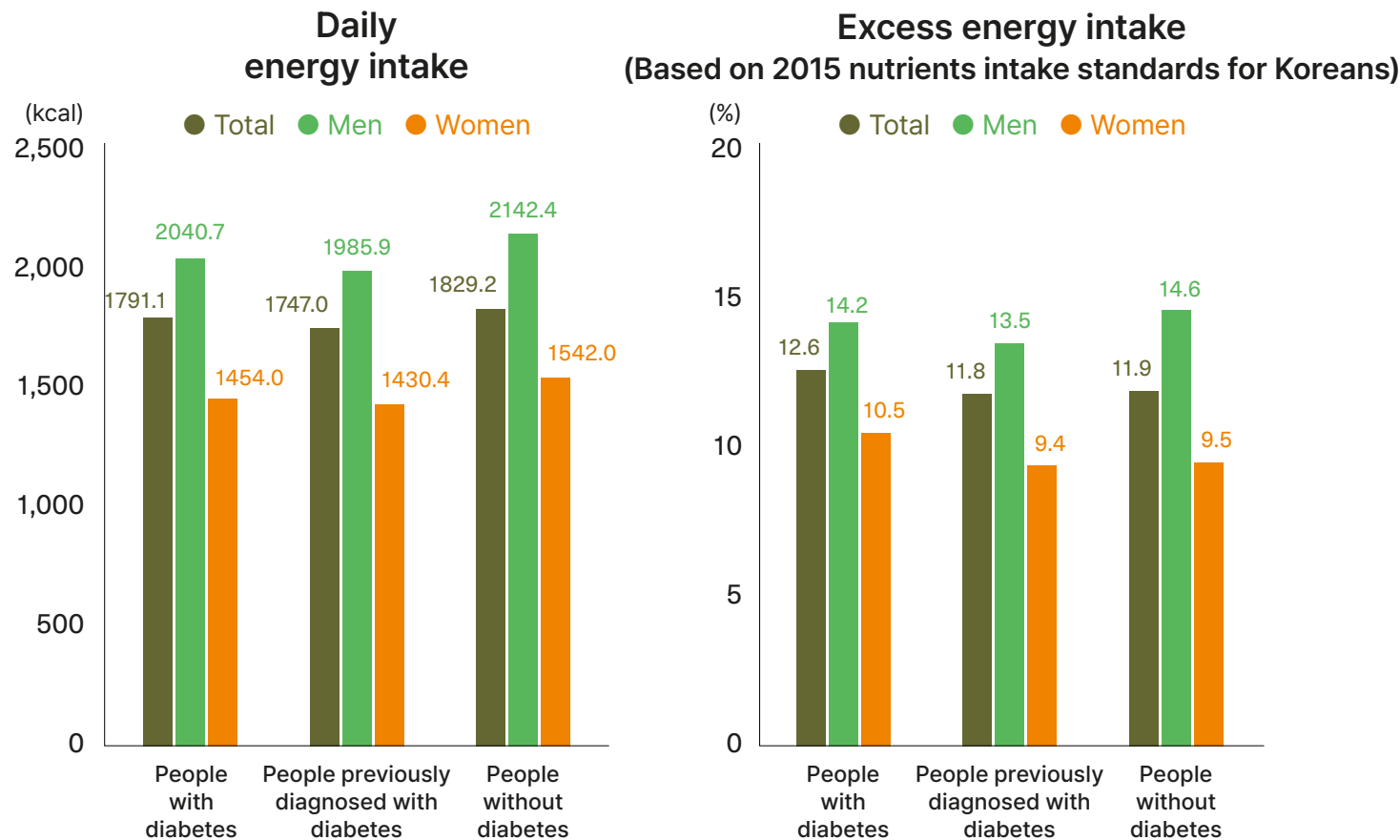
within target range

15.9%



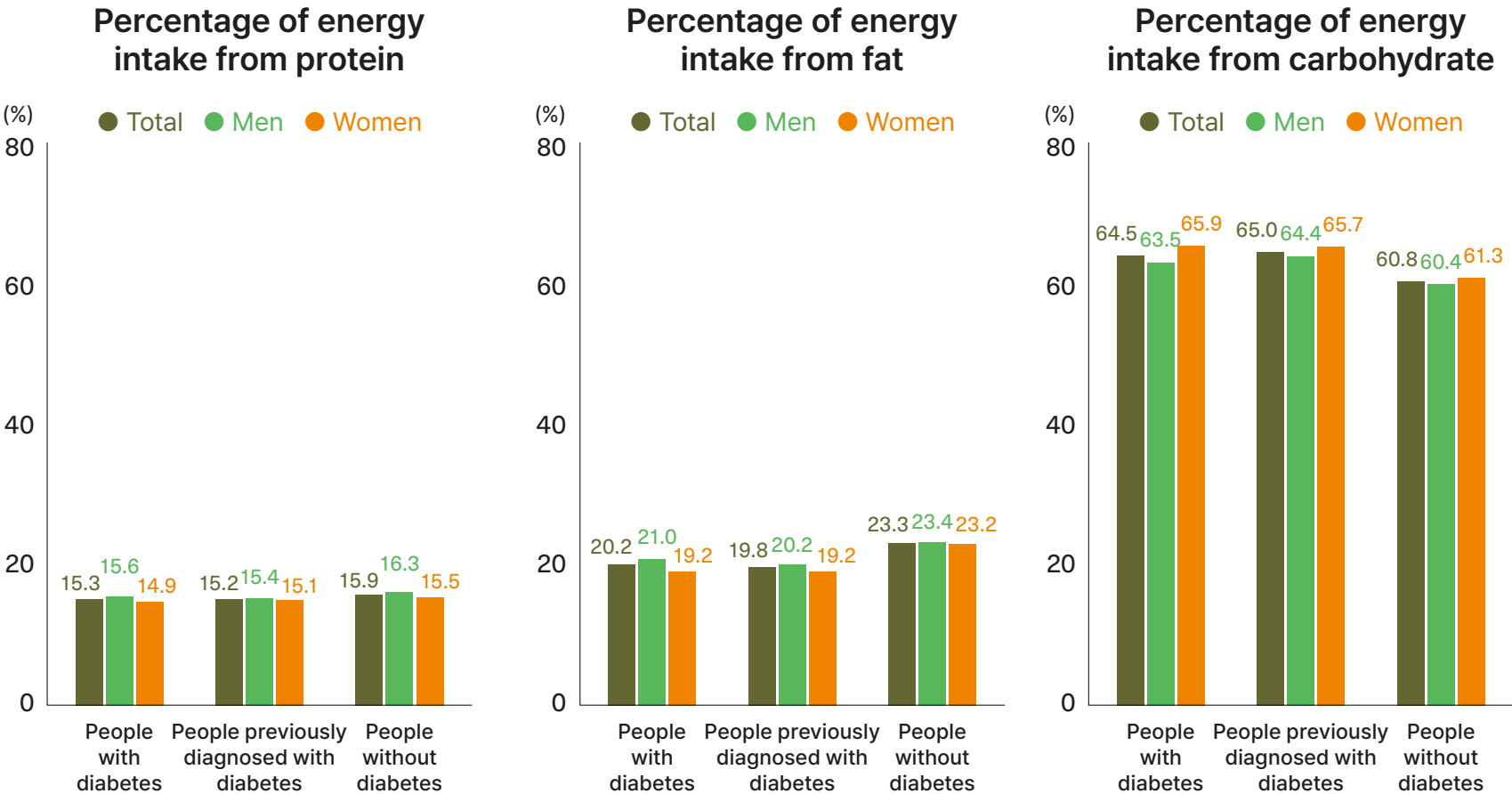
Comprehensive management: Achieving all goals of HbA1c $< 6.5\%$, blood pressure $< 140/85$ mmHg, and LDL cholesterol < 100 mg/dL

Total energy intake, excess energy intake, and percent of energy intake from macronutrients



Excess energy intake: $\geq 125\%$ of the estimated energy requirement
 Percentage of energy intake from protein: $(\text{Protein intake} \times 4) \div \{(\text{protein intake} \times 4) + (\text{fat intake} \times 9) + (\text{carbohydrate intake} \times 4)\}$
 Percentage of energy intake from fat: $(\text{Fat intake} \times 9) \div \{(\text{protein intake} \times 4) + (\text{fat intake} \times 9) + (\text{carbohydrate intake} \times 4)\}$
 Percentage of energy intake from carbohydrate: $(\text{Carbohydrate intake} \times 4) \div \{(\text{protein intake} \times 4) + (\text{fat intake} \times 9) + (\text{carbohydrate intake} \times 4)\}$

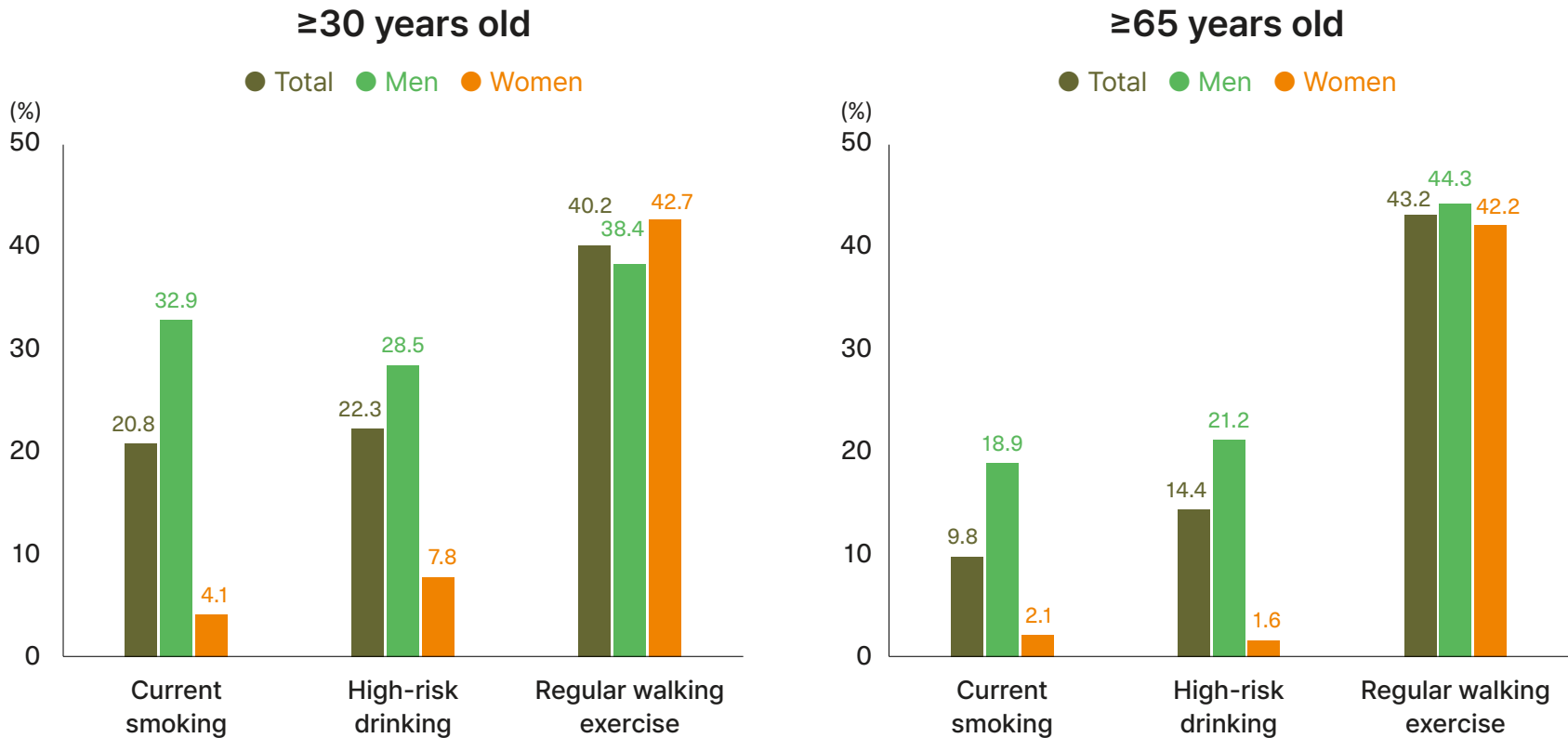
Among adults with diabetes (including those previously diagnosed), total daily energy intake was lower than in adults without diabetes. The energy contributions from protein and fat were also lower, whereas the proportion of energy from carbohydrates was higher in adults with diabetes than in those without diabetes.



Excess energy intake: $\geq 125\%$ of the estimated energy requirement
Percentage of energy intake from protein: $(\text{Protein intake} \times 4) \div \{(\text{protein intake} \times 4) + (\text{fat intake} \times 9) + (\text{carbohydrate intake} \times 4)\}$
Percentage of energy intake from fat: $(\text{Fat intake} \times 9) \div \{(\text{protein intake} \times 4) + (\text{fat intake} \times 9) + (\text{carbohydrate intake} \times 4)\}$ Percentage of energy intake from carbohydrate: $(\text{Carbohydrate intake} \times 4) \div \{(\text{protein intake} \times 4) + (\text{fat intake} \times 9) + (\text{carbohydrate intake} \times 4)\}$

Self-management behaviors in diabetes

Among people with diabetes, 10.0% were current smokers, 14.4% engaged in high-risk drinking, and 43.3% met the walking practice criteria. Overall, women showed healthier lifestyle behaviors than men.



Self-management behaviors: Current smoking, high-risk alcohol consumption, regular walking
Current smoking: Having smoked 5 packs (or 100 cigarettes) in his or her lifetime and currently smoking cigarettes
High-risk alcohol consumption: More than 7 drinks twice a week for men and more than 5 for women
Regular walking: A minimum of 30 minutes a day of walking 5 or more days per week

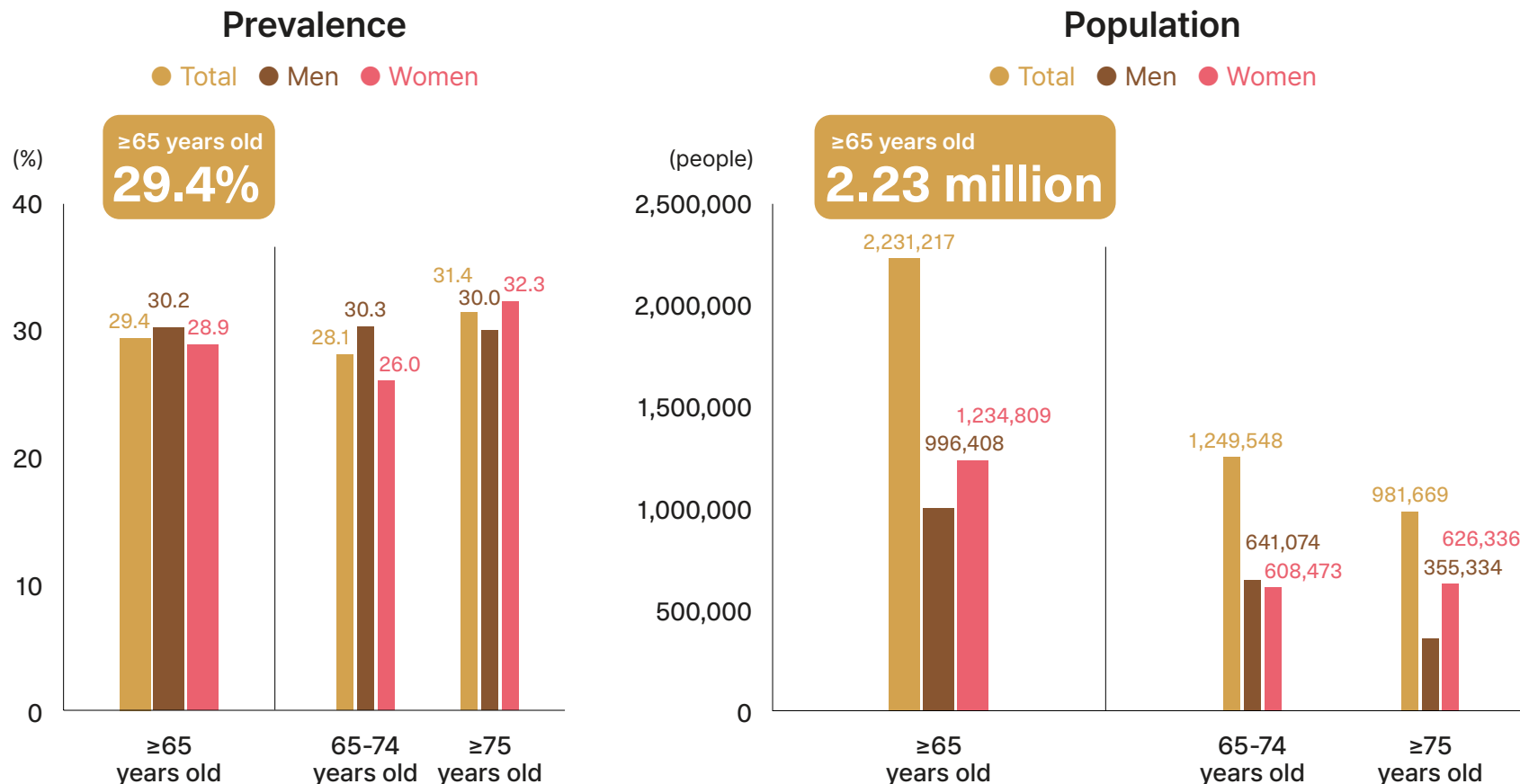
CURRENT STATUS OF DIABETES IN YOUNG AND OLDER ADULTS (2019–2022)

3

**DIABETES
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Older Adults Prevalence and population of diabetes

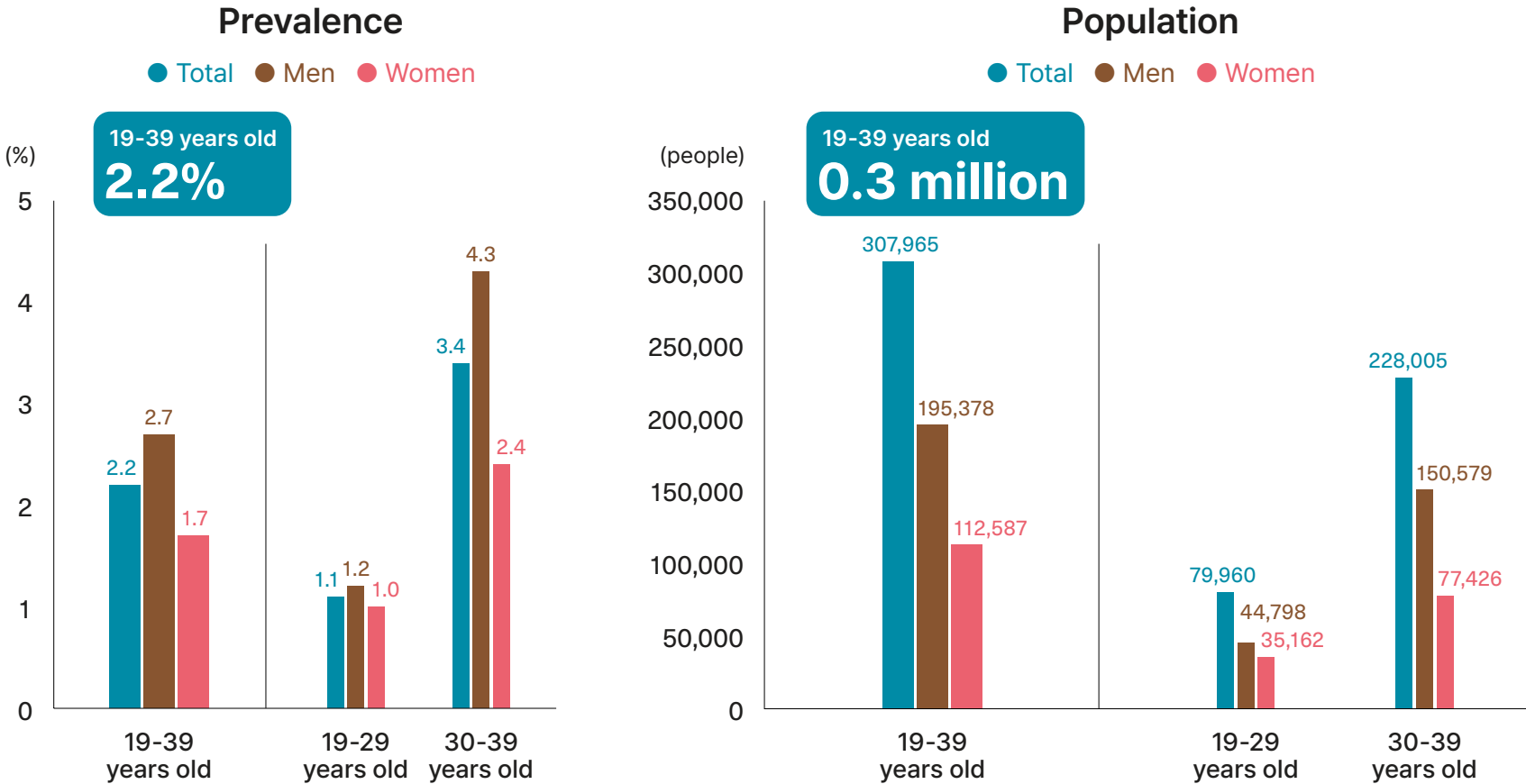
In Korea, 30% of adults aged ≥ 65 years (approximately 2.2 million) have diabetes. Although prevalence is higher in men, the total number of older adults with diabetes is higher in women (1.23 million) than in men (1.00 million).



Diagnostic criteria for diabetes: At least one of the following four criteria ① Diagnosed with diabetes by a doctor ② Taking anti-diabetic medications ③ Fasting plasma glucose (FPG) ≥ 126 mg/dL ④ Glycosylated hemoglobin (HbA1c) $\geq 6.5\%$

Young Adults Prevalence and population of diabetes

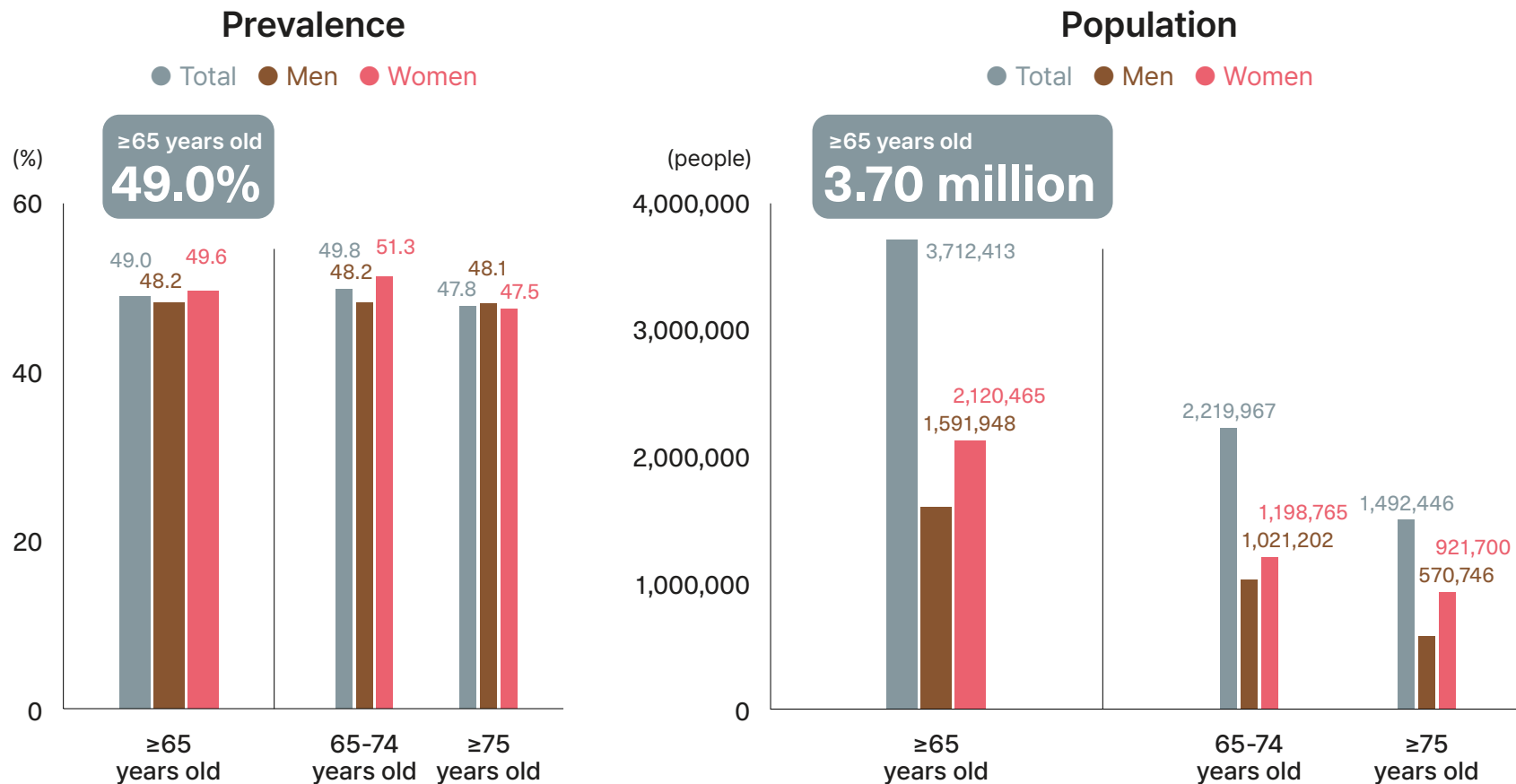
In Korea, 2.2% of young adults (approximately 0.30 million) have diabetes. The prevalence is substantially higher in men, and the number of patients is about three times higher in those in their 30s (~0.23 million) than in those in their 20s (~0.08 million).



Diagnostic criteria for diabetes: At least one of the following four criteria ① Diagnosed with diabetes by a doctor ② Taking anti-diabetic medications ③ Fasting plasma glucose (FPG) ≥ 126 mg/dL ④ Glycosylated hemoglobin (HbA1c) $\geq 6.5\%$

Older Adults Prevalence and population of prediabetes

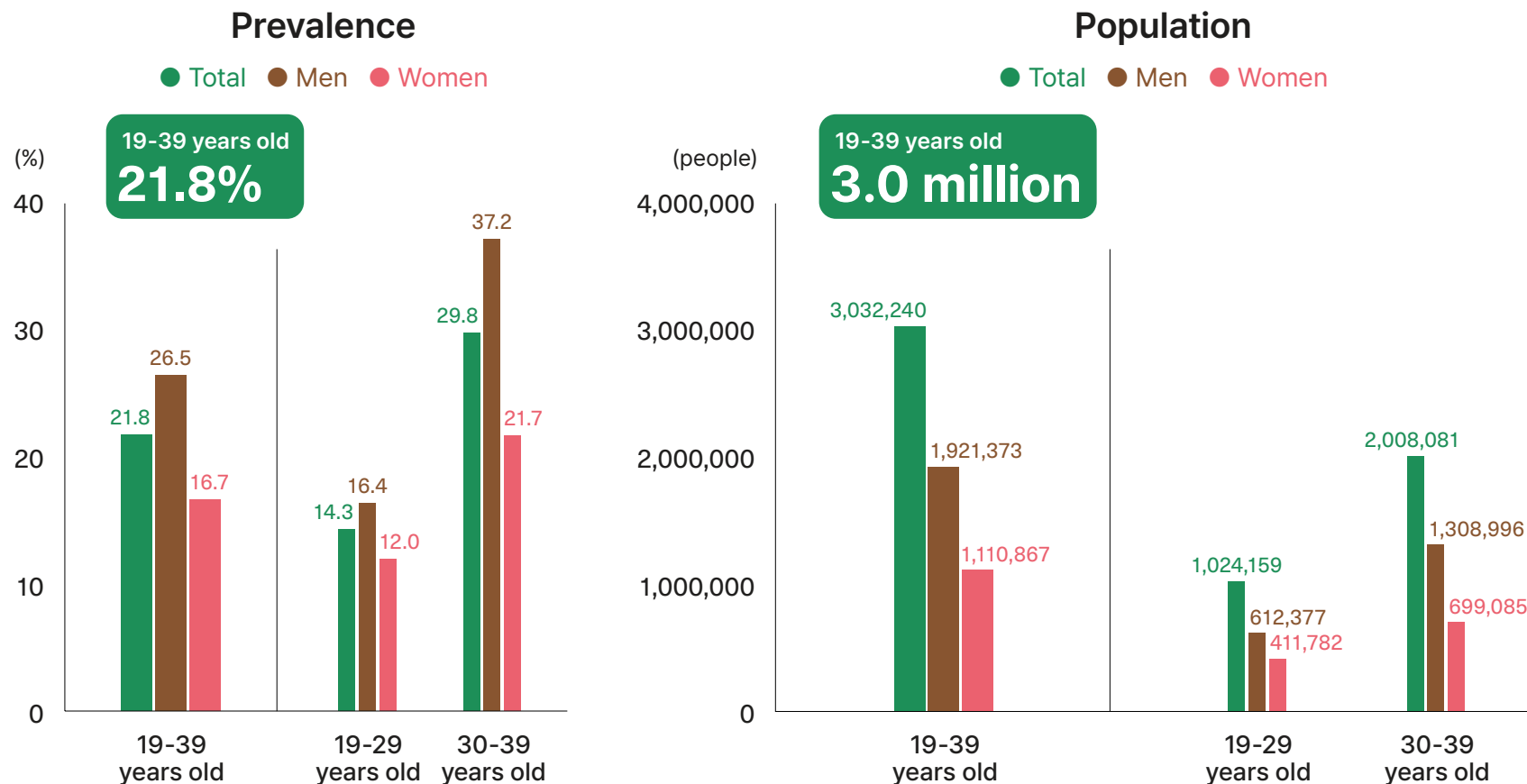
In Korea, about half of older adults (approximately 3.7 million) have prediabetes, with a higher prevalence in women than in men.



Diagnostic criteria for prediabetes: No prior diagnosis of diabetes with fasting plasma glucose 100-125 mg/dL or glycosylated hemoglobin 5.7-6.4%

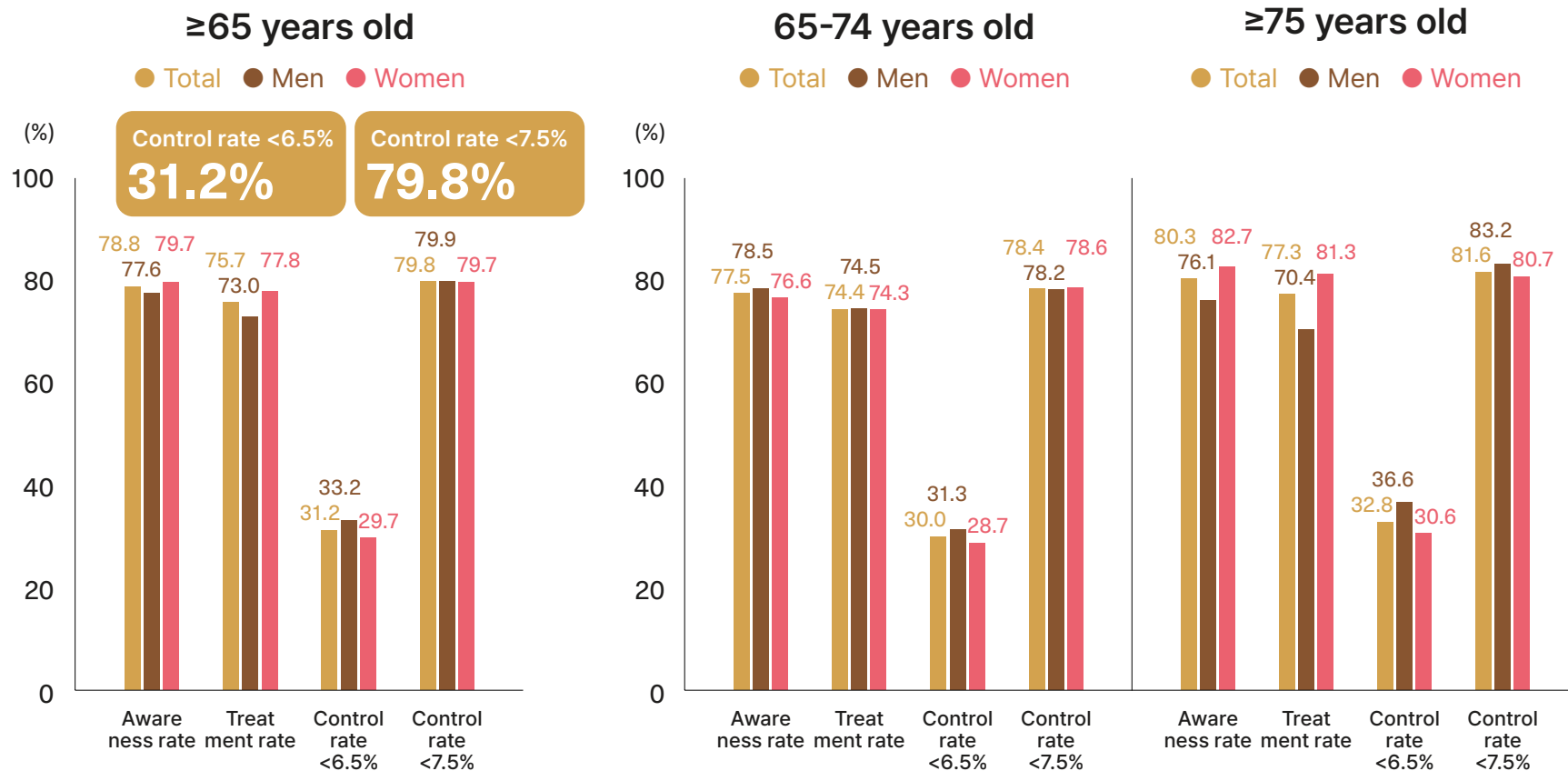
Young Adults Prevalence and population of prediabetes

In Korea, about one-fifth of young adults (approximately 3.0 million) have prediabetes. The number is roughly twice as high in those in their 30s as in those in their 20s, and prevalence is substantially higher in men. Notably, 37% of men in their 30s have prediabetes.



Diagnostic criteria for prediabetes: No prior diagnosis of diabetes with fasting plasma glucose 100-125 mg/dL or glycosylated hemoglobin 5.7-6.4%

Among older adults with diabetes, 80% have been diagnosed and 76% are receiving glucose-lowering treatment. Using HbA1c targets, 3 in 10 achieve <6.5%, and 8 in 10 achieve <7.5%.



People with diabetes: People diagnosed with diabetes by a doctor or taking anti-diabetic medications, or with fasting plasma glucose ≥ 126 mg/dL, or with glycosylated hemoglobin (HbA1c) $\geq 6.5\%$

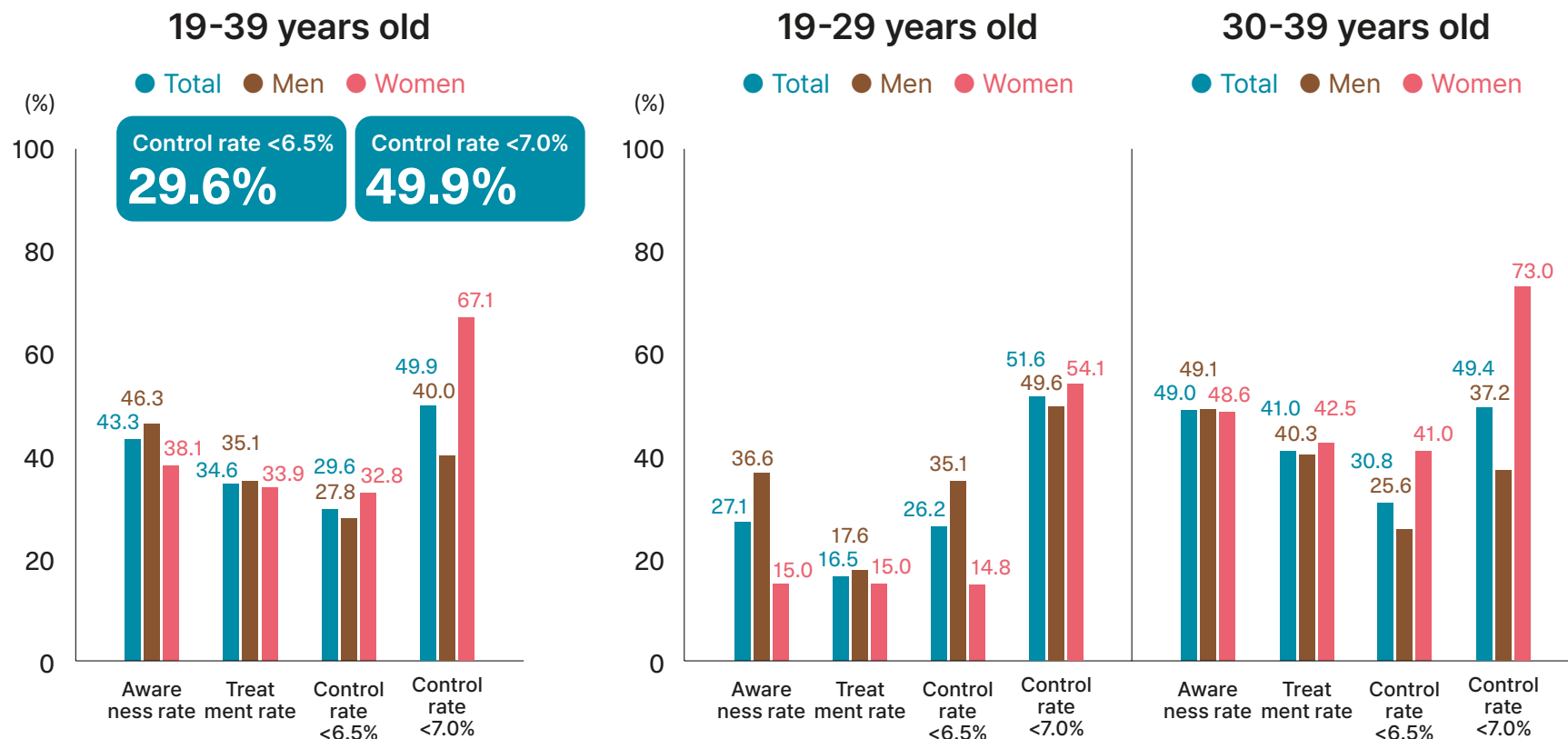
Awareness rate: Percentage of people previously diagnosed with diabetes by a doctor among people with diabetes (based on HbA1c)

Treatment rate: Percentage of people taking anti-diabetic medications among people with diabetes (based on HbA1c)

Control rate: Percentage of people achieving HbA1c <6.5% and <7.5% among people with diabetes (based on HbA1c)

Young Adults Current status in the management of diabetes

Among young adults with diabetes, only 43% have been diagnosed and about 35% are receiving glucose-lowering treatment. Only 3 in 10 achieve the HbA1c target of <6.5%. Within the young adult group, awareness and treatment rates are particularly low in those in their 20s, and glycemic control shows a marked sex difference



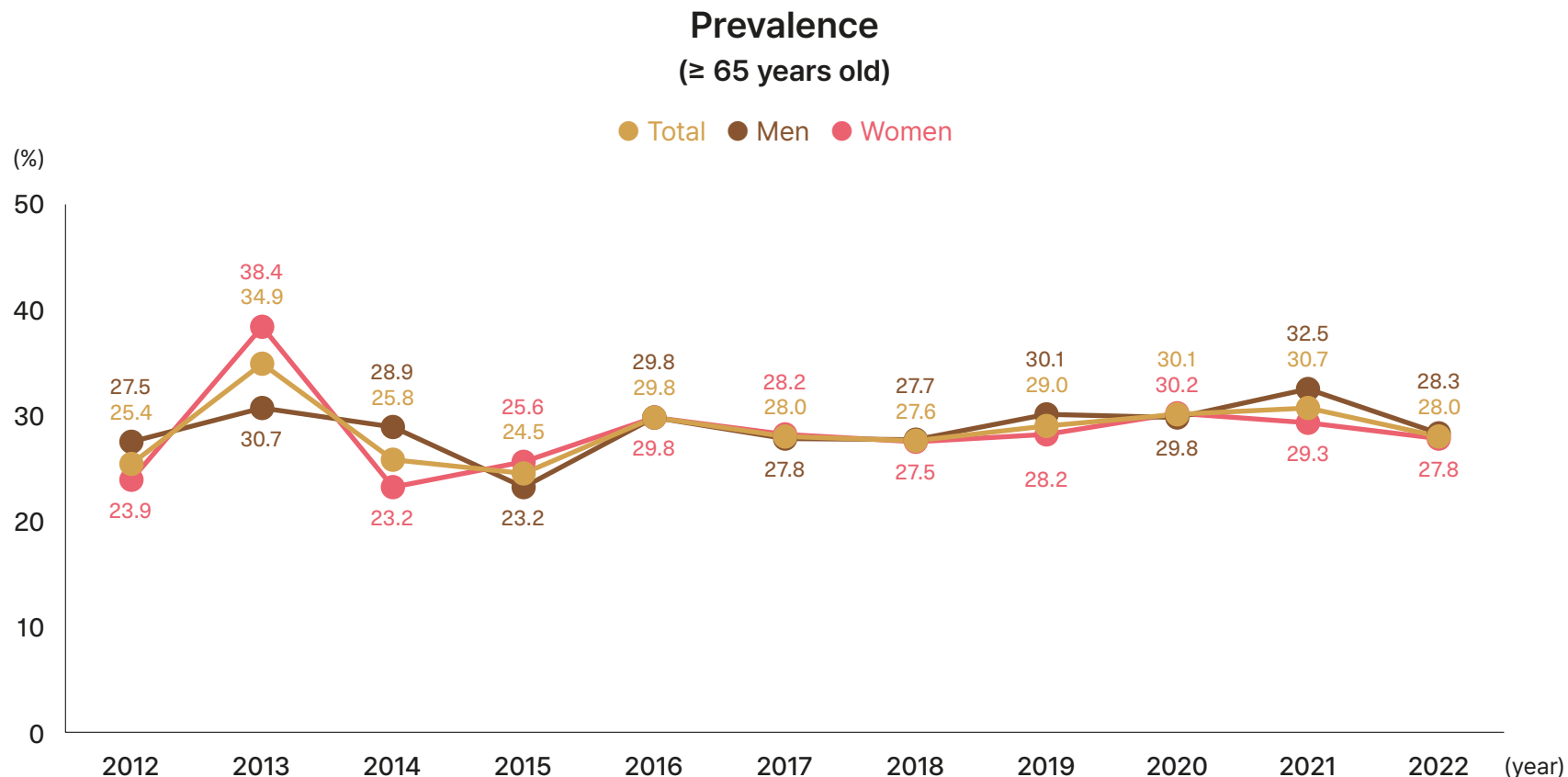
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Treatment rate: Percentage of people taking anti-diabetic medications among people with diabetes (based on HbA1c)

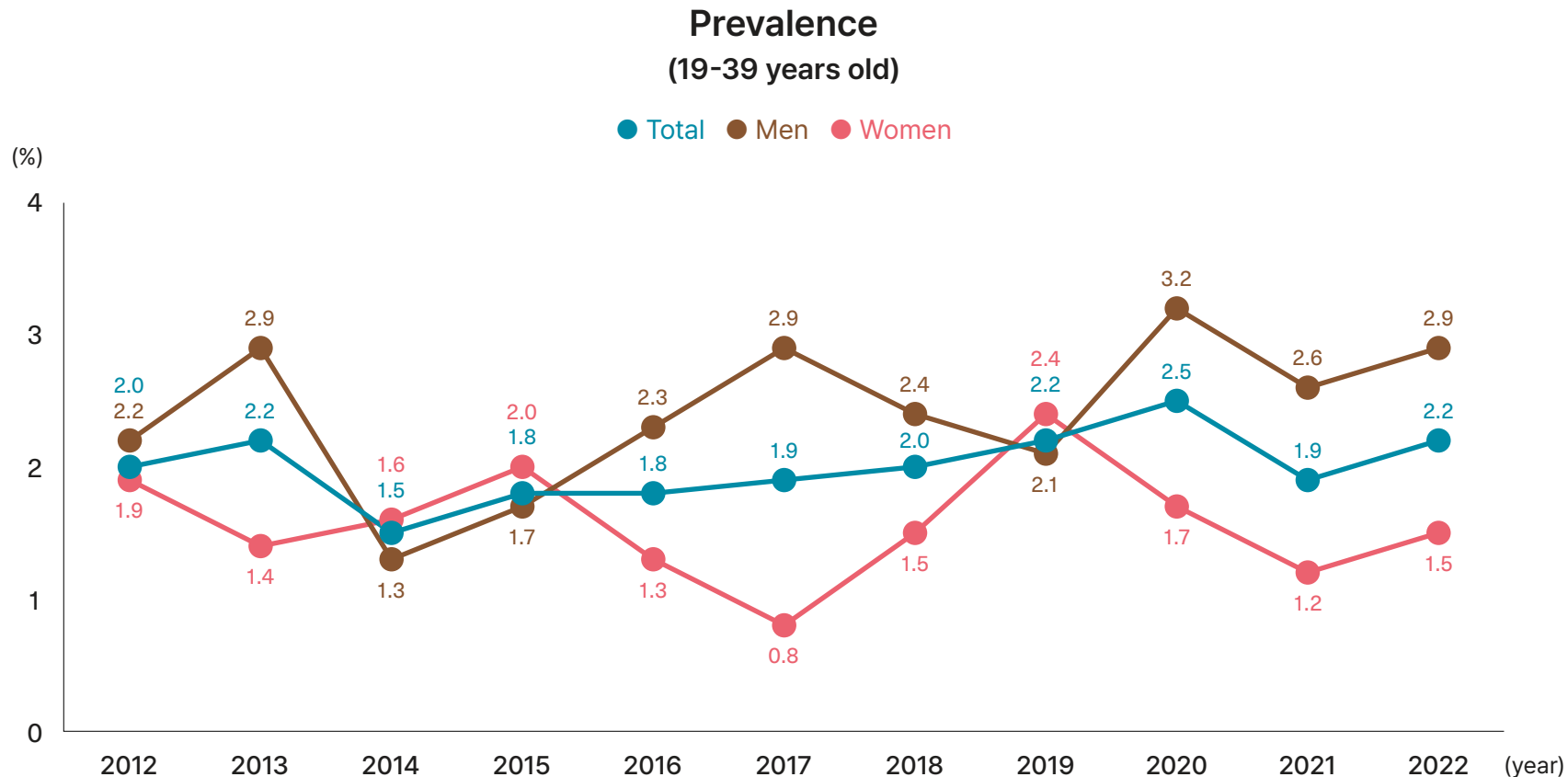
Control rate: Percentage of people achieving HbA1c <6.5% and <7.0% among people with diabetes (based on HbA1c)

Changes in the prevalence of diabetes

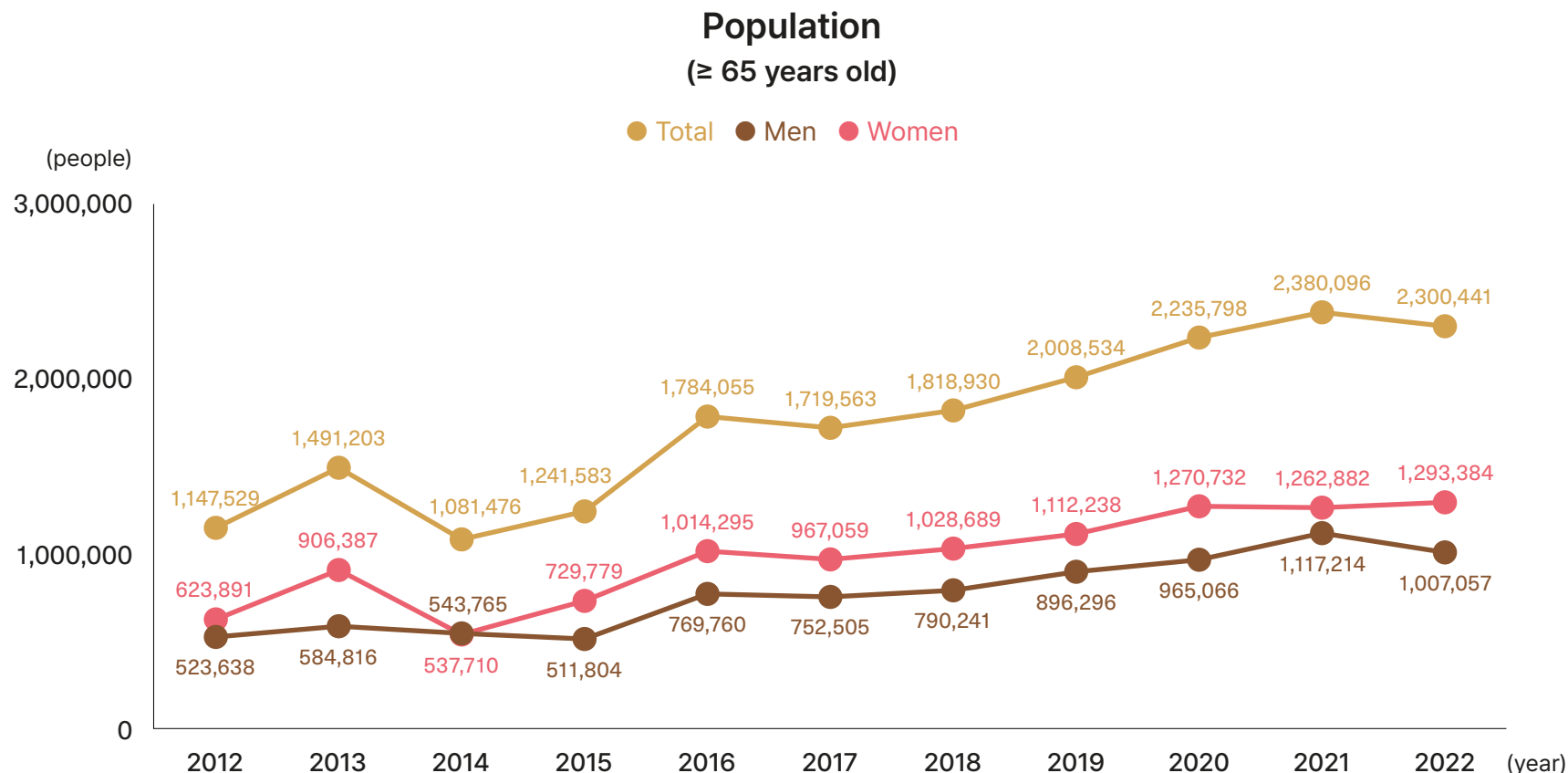


Diabetes was defined as fasting plasma glucose ≥ 126 mg/dL, use of glucose-lowering medication (including insulin), physician diagnosis of diabetes, or HbA1c $\geq 6.5\%$.

Young Adults Changes in the prevalence of diabetes

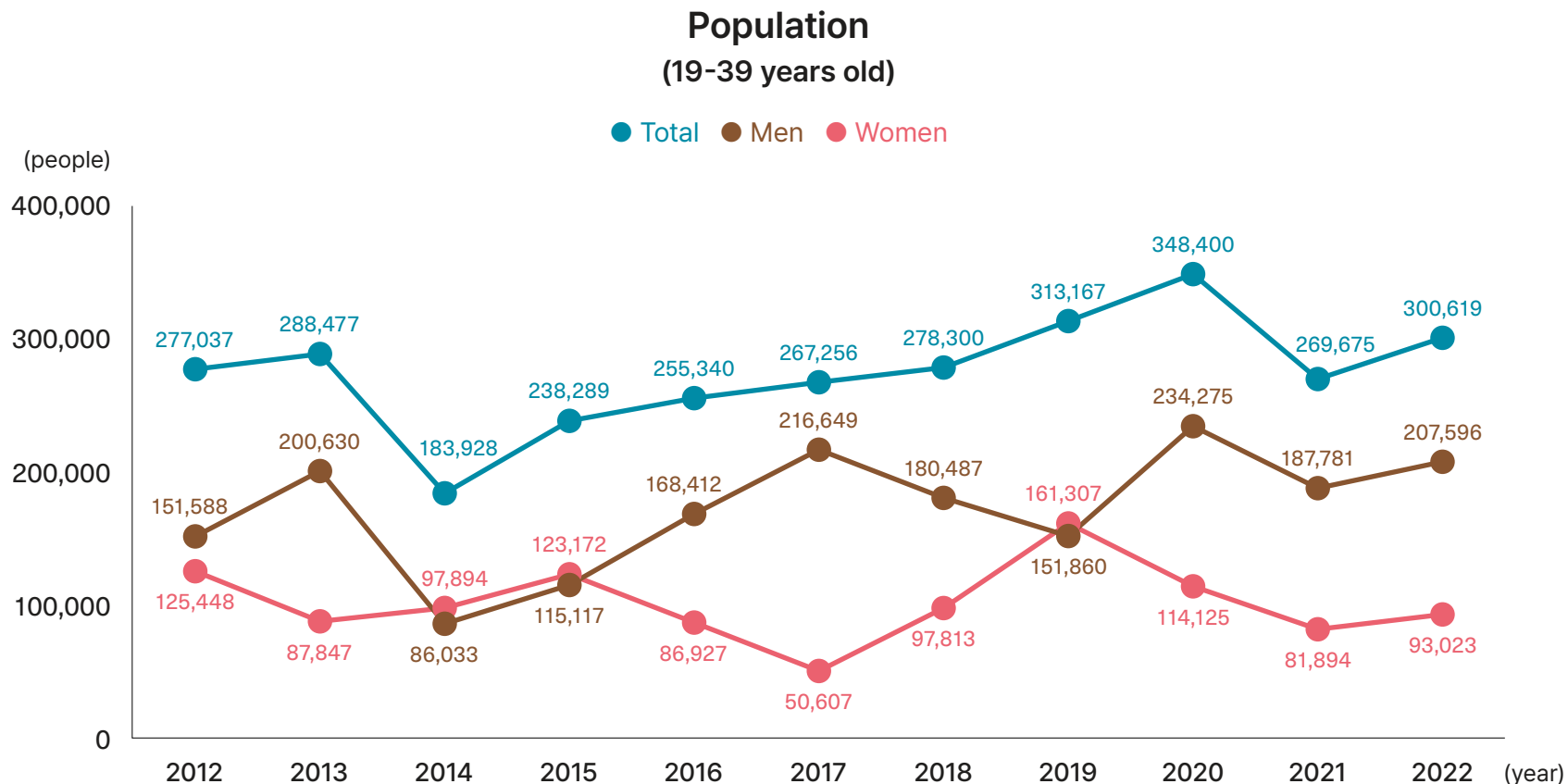


Diabetes was defined as fasting plasma glucose ≥ 126 mg/dL, use of glucose-lowering medication (including insulin), physician diagnosis of diabetes, or HbA1c $\geq 6.5\%$.



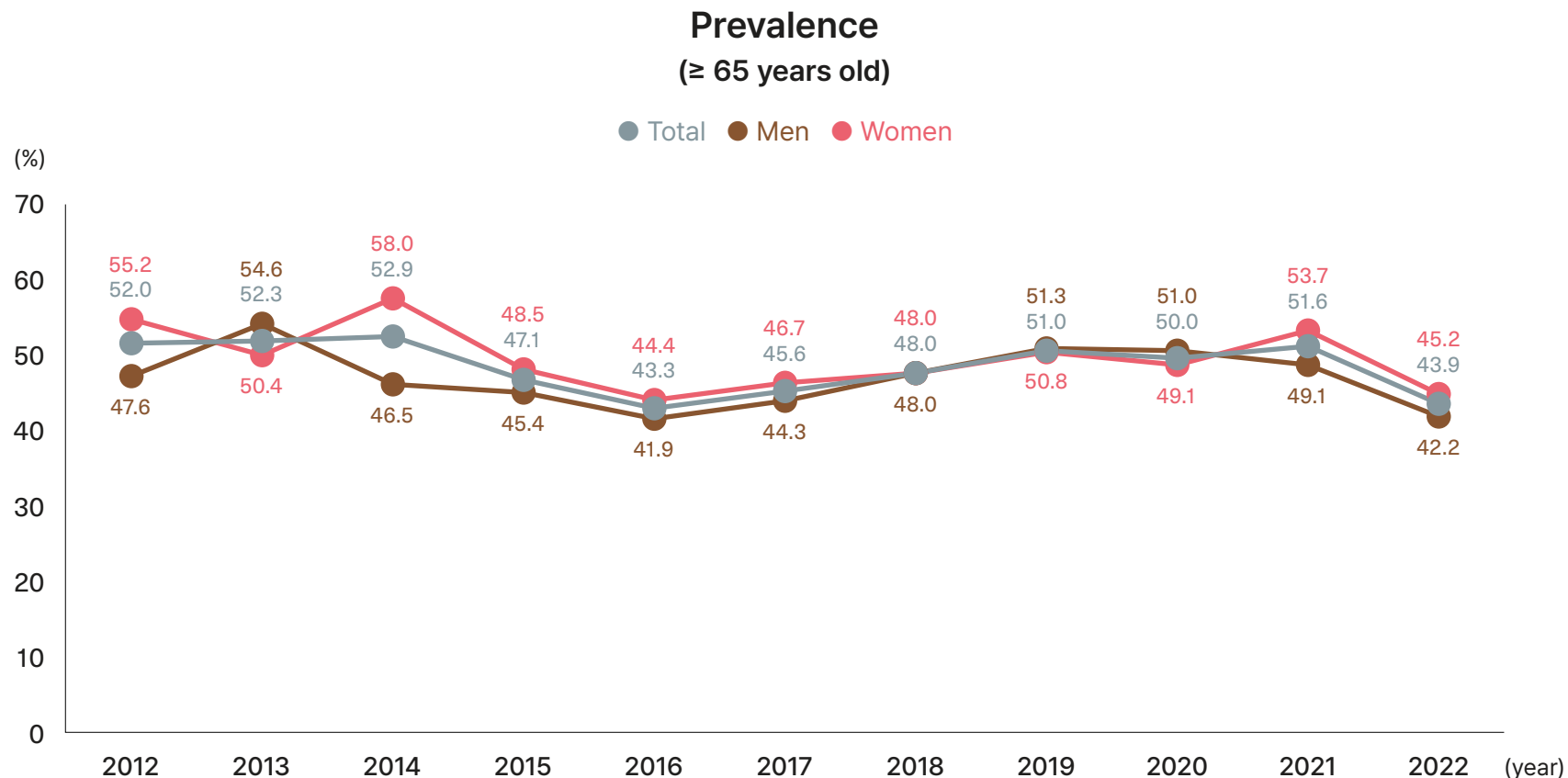
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Young Adults Changes in the population of diabetes



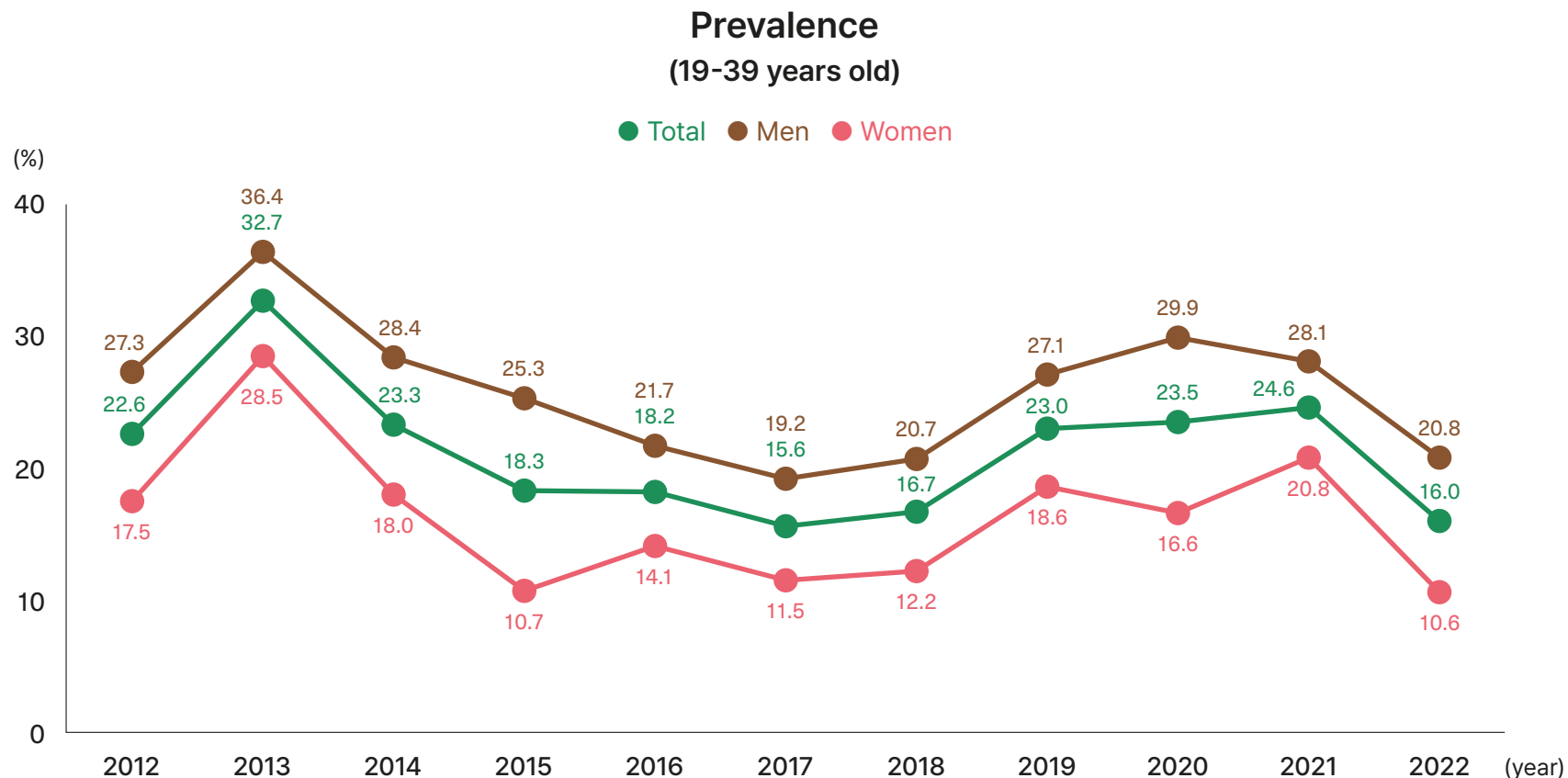
Diabetes was defined as fasting plasma glucose ≥ 126 mg/dL, use of glucose-lowering medication (including insulin), physician diagnosis of diabetes, or HbA1c $\geq 6.5\%$.

Older Adults Changes in the prevalence of prediabetes



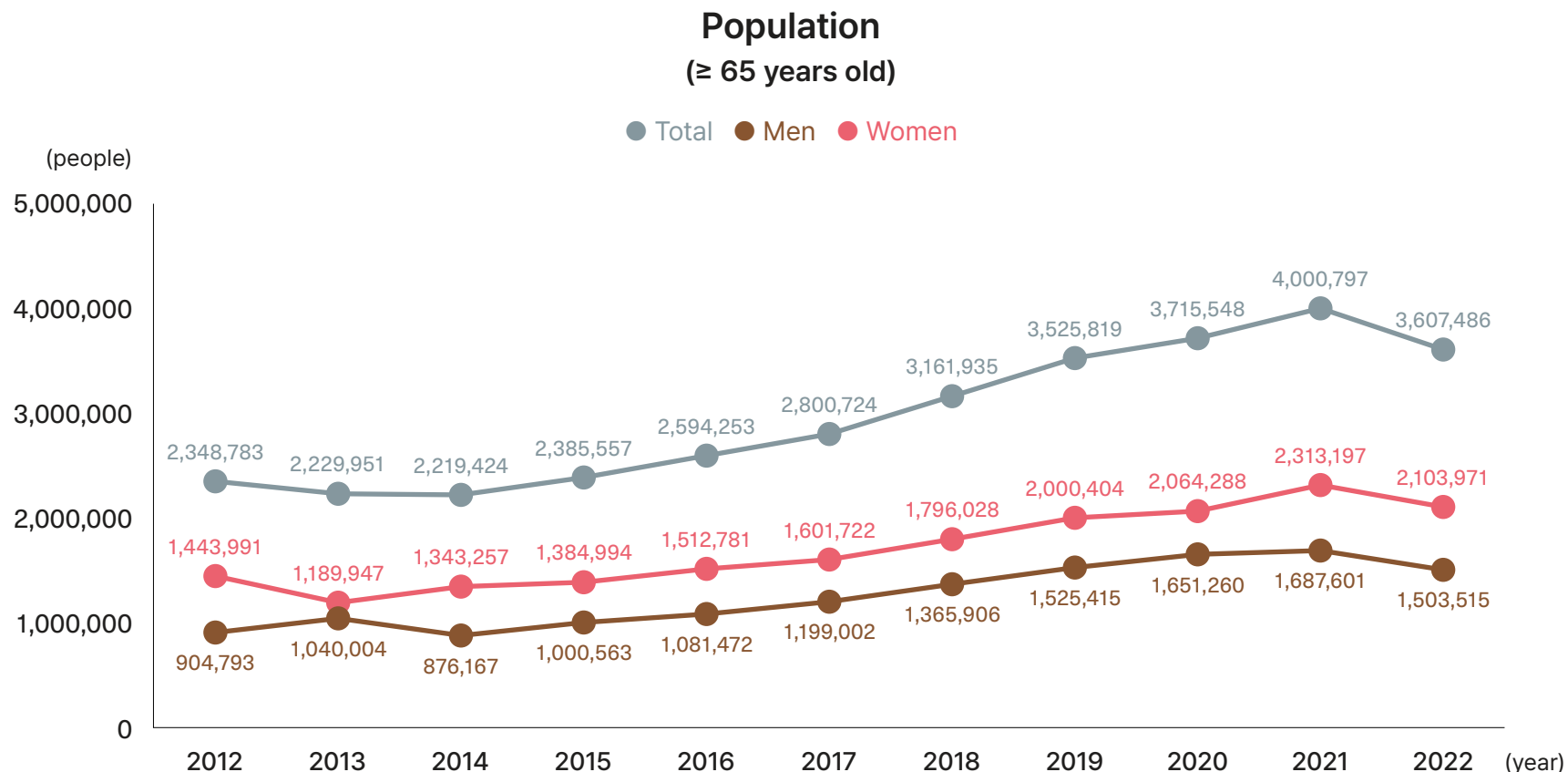
Diagnostic criteria for prediabetes: No prior diagnosis of diabetes with fasting plasma glucose 100-125 mg/dL or glycosylated hemoglobin 5.7-6.4%

Young Adults Changes in the prevalence of prediabetes



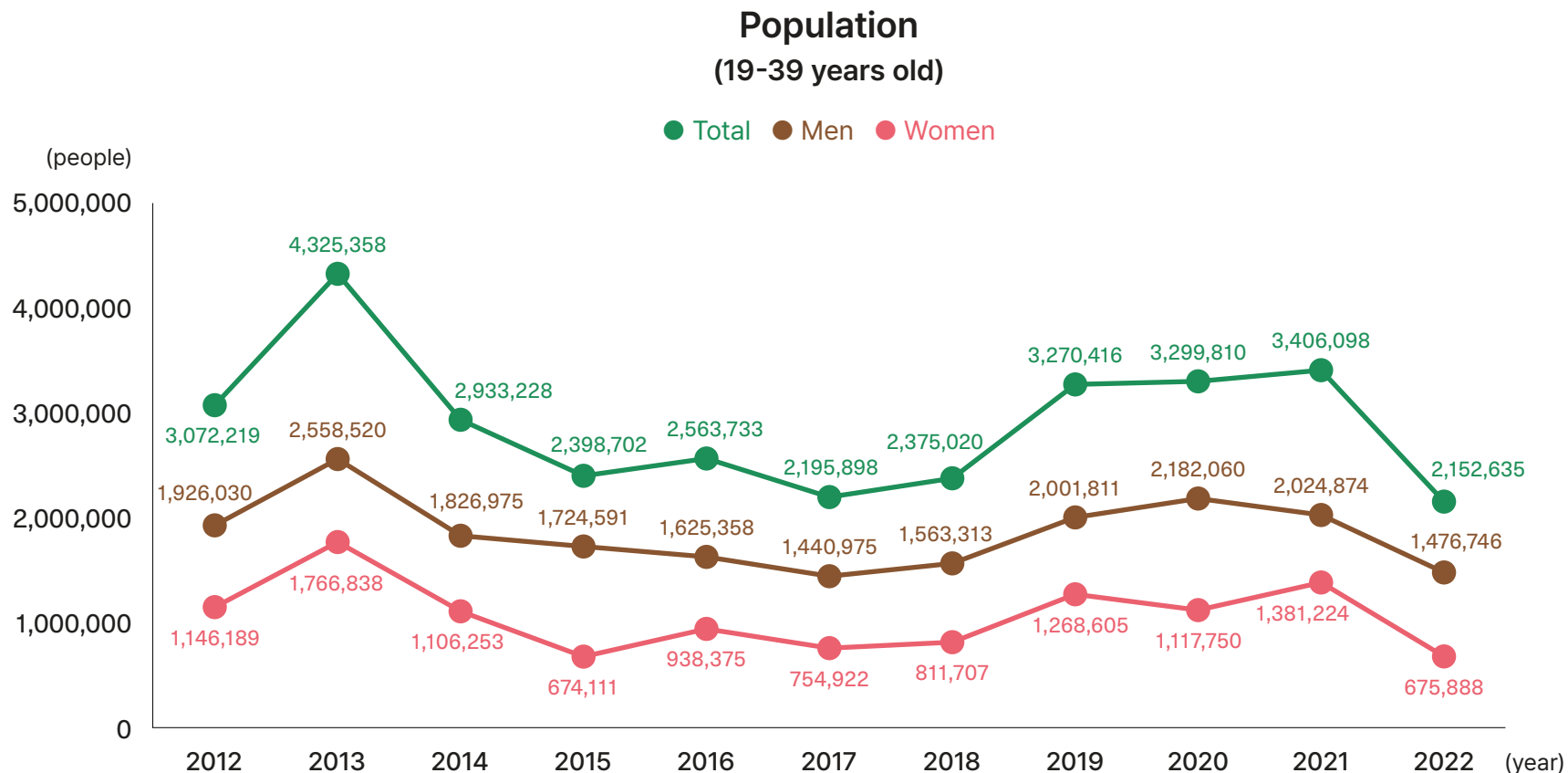
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Older Adults Changes in the population of prediabetes



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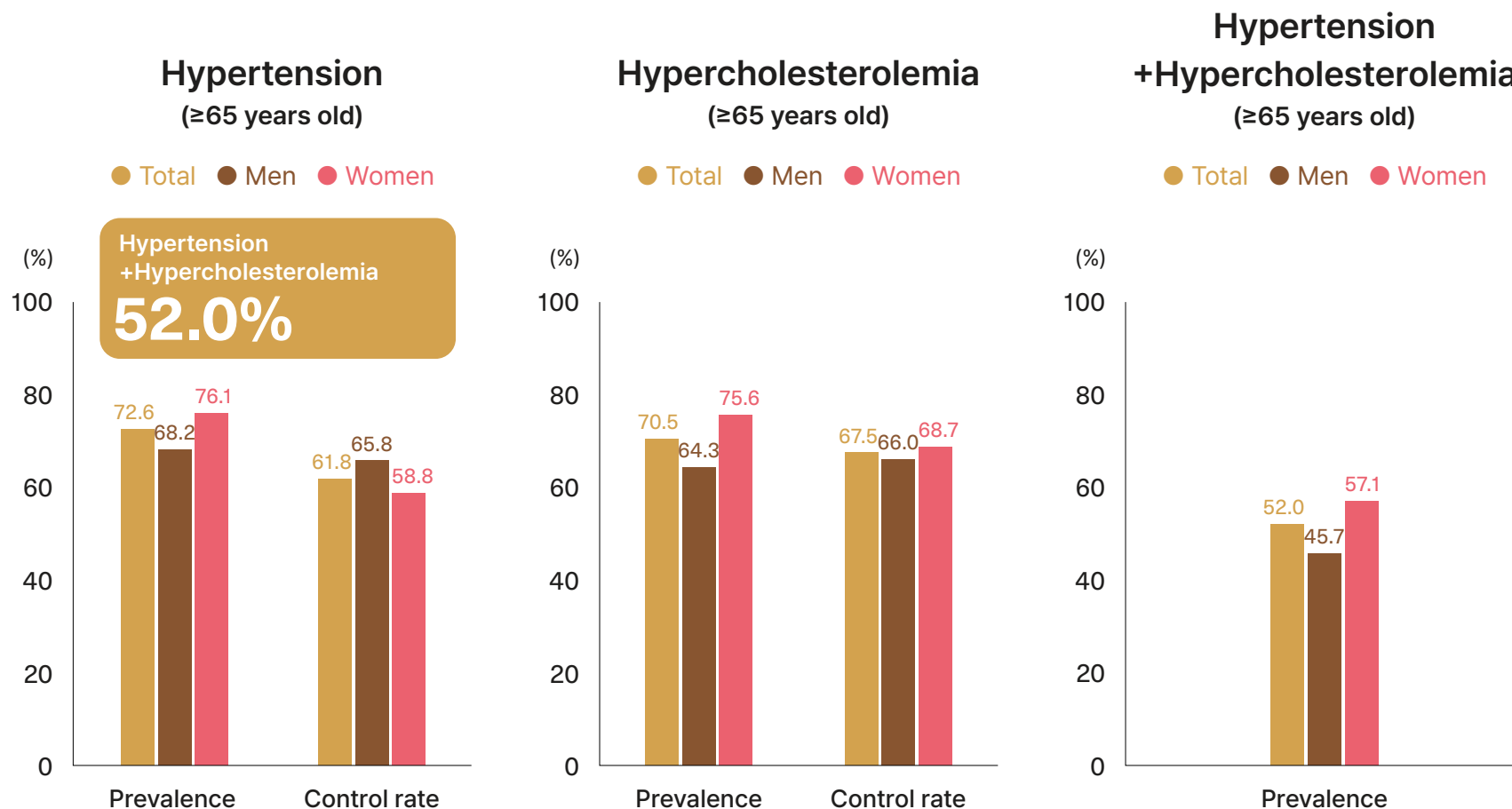
Young Adults Changes in the population of prediabetes



Diagnostic criteria for prediabetes: No prior diagnosis of diabetes with fasting plasma glucose 100-125 mg/dL or glycosylated hemoglobin 5.7-6.4%

Older Adults Hypertension and hypercholesterolemia in diabetes

Among older adults with diabetes, seven out of ten had either hypertension or hypercholesterolemia, and approximately half of elderly patients with diabetes had both conditions concurrently.

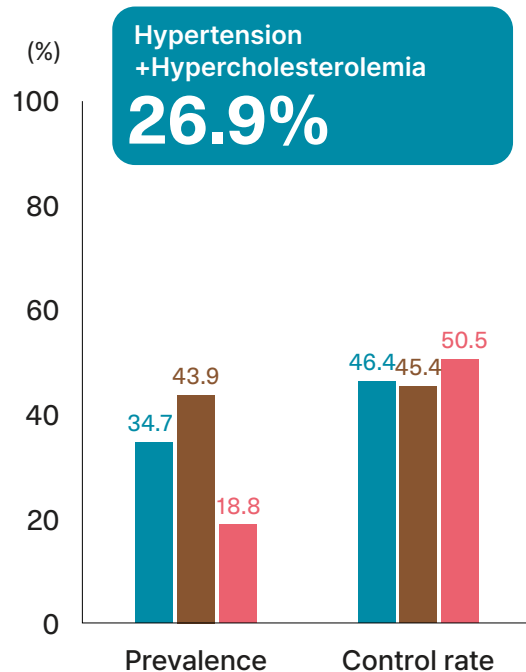


Young Adults Hypertension and hypercholesterolemia in diabetes

Among young adults with diabetes, 35% had hypertension and 75% had hypercholesterolemia, and three out of ten patients had both conditions concurrently.

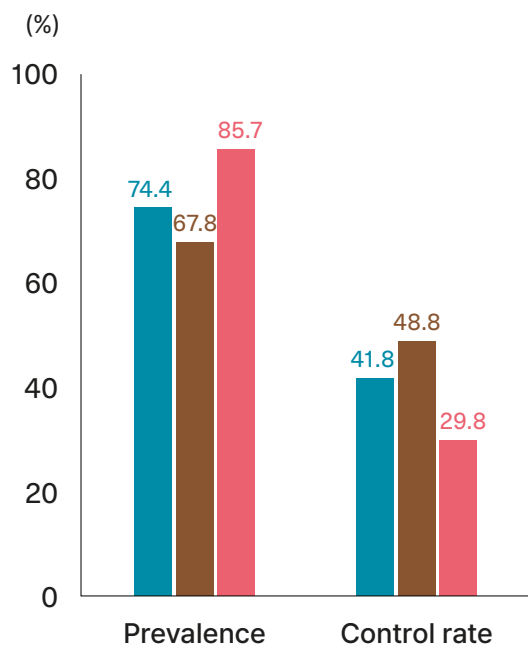
Hypertension (≥19-39 years old)

● Total ● Men ● Women



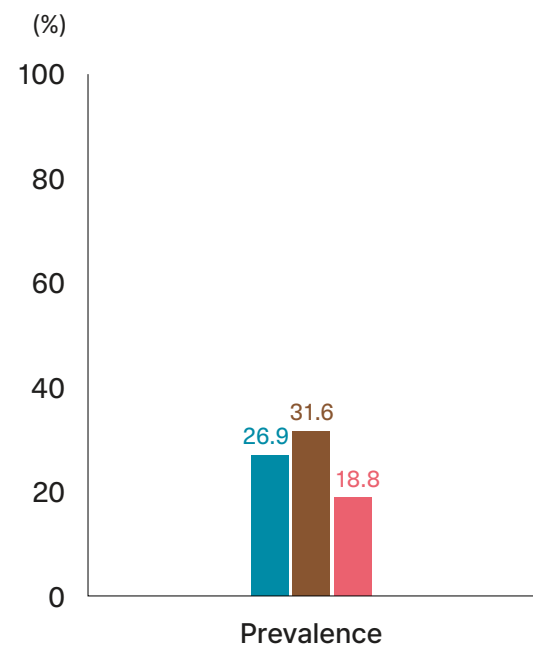
Hypercholesterolemia (≥19-39 years old)

● Total ● Men ● Women

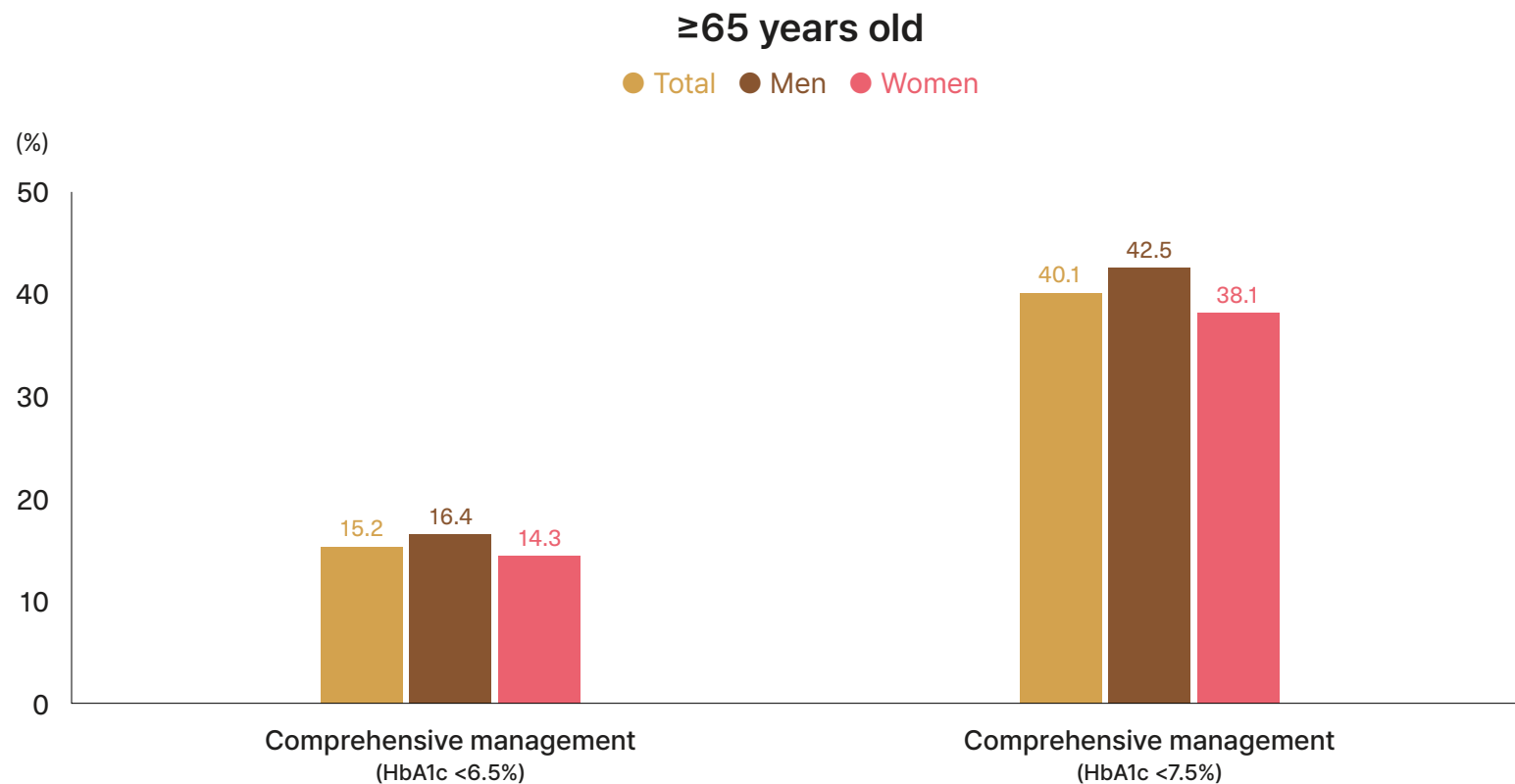


Hypertension +Hypercholesterolemia (≥19-39 years old)

● Total ● Men ● Women



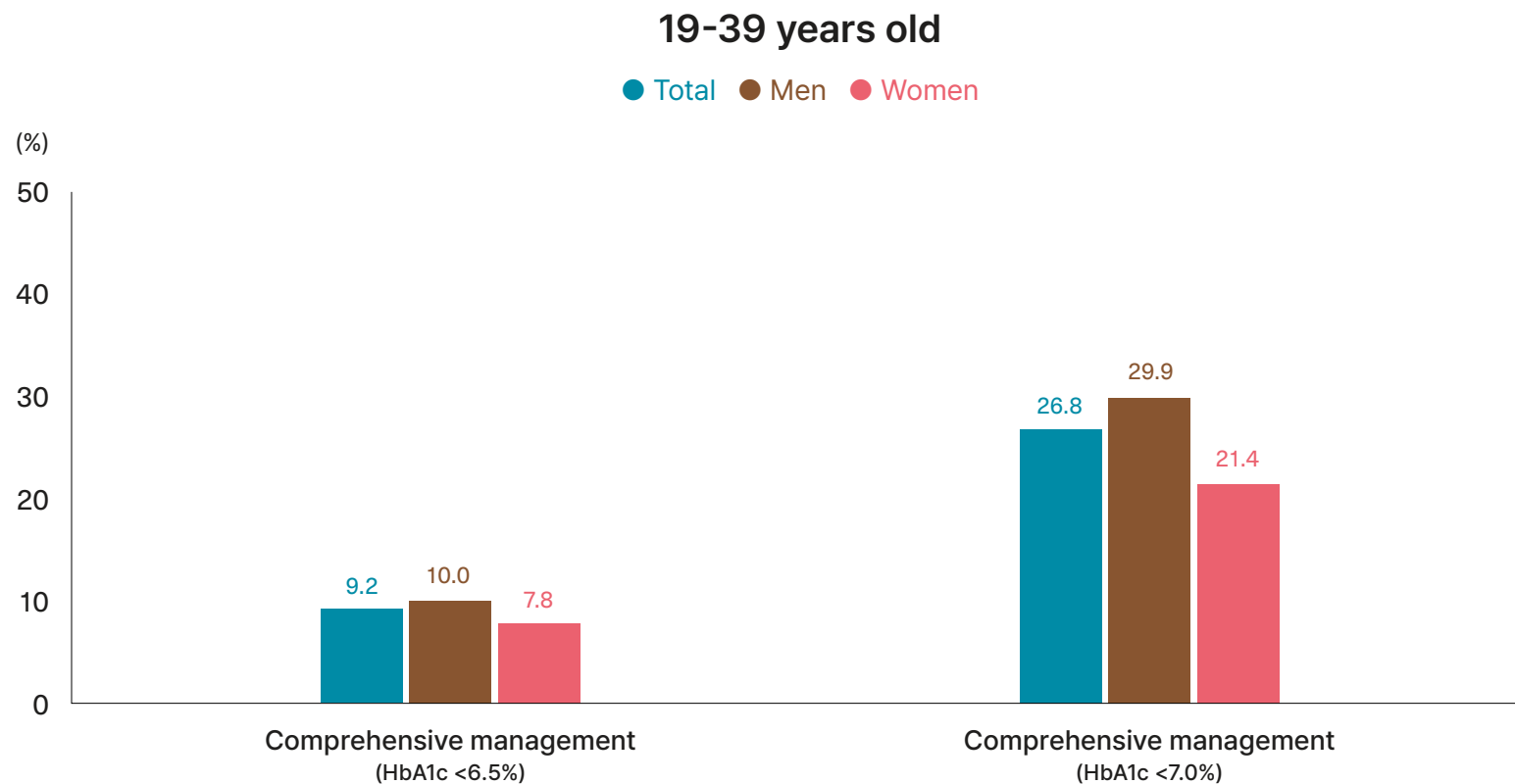
Older Adults Management of diabetes



Comprehensive management: Achieving all goals of HbA1c <6.5% or <7.5%, blood pressure <140/85 mmHg, and LDL cholesterol <100 mg/dL

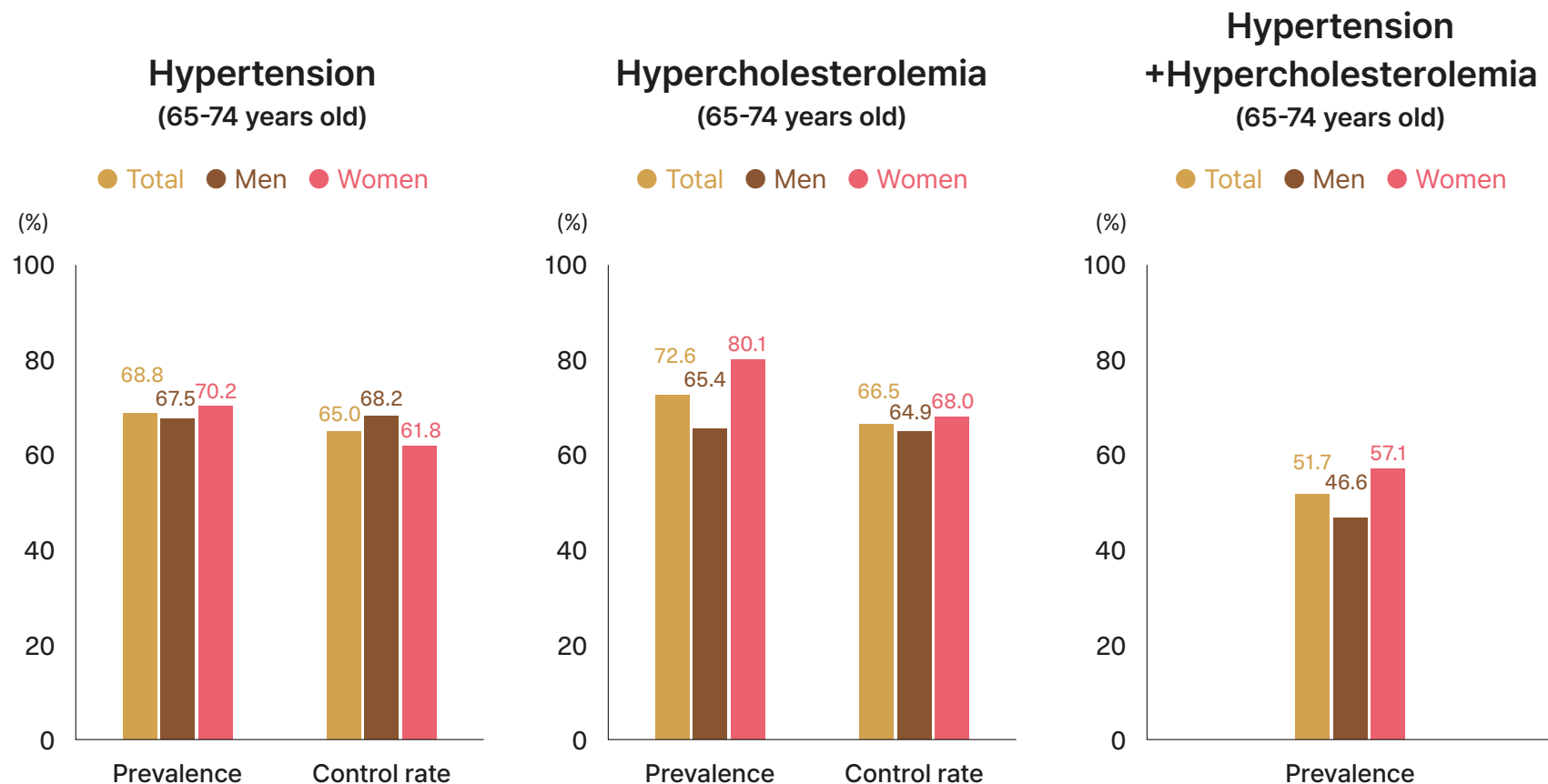
Young Adults Management of diabetes

Compared with older adults with diabetes, comprehensive management rates were substantially lower among younger adults with diabetes.

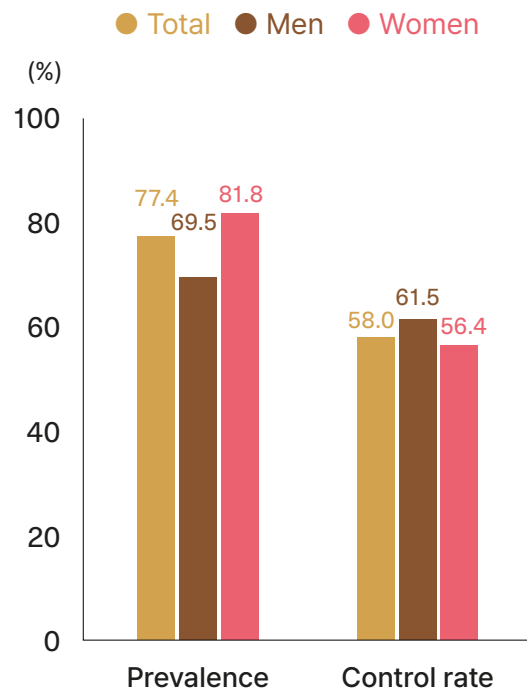


Comprehensive management: Achieving all goals of HbA1c <6.5% or <7.0%, blood pressure <140/85 mmHg, and LDL cholesterol <100 mg/dL

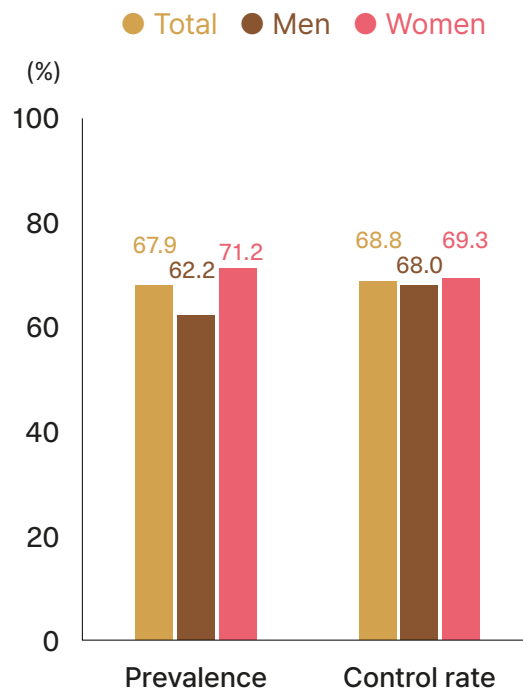
Hypertension and Hypercholesterolemia by age subgroup among older adults with diabetes



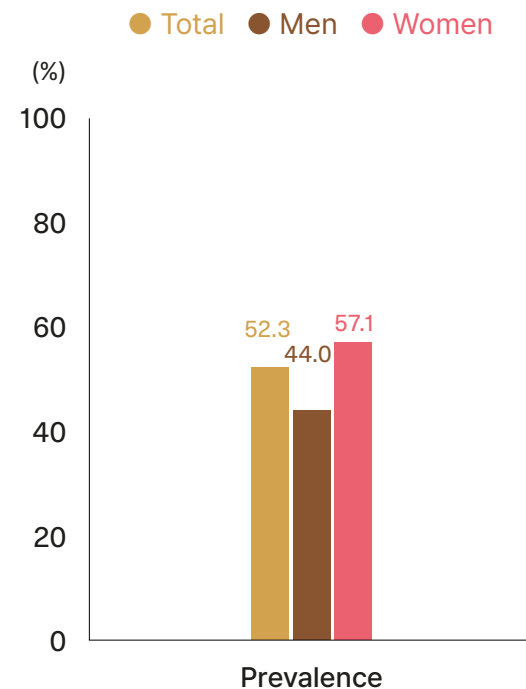
Hypertension (≥75 years old)



Hypercholesterolemia (≥75 years old)

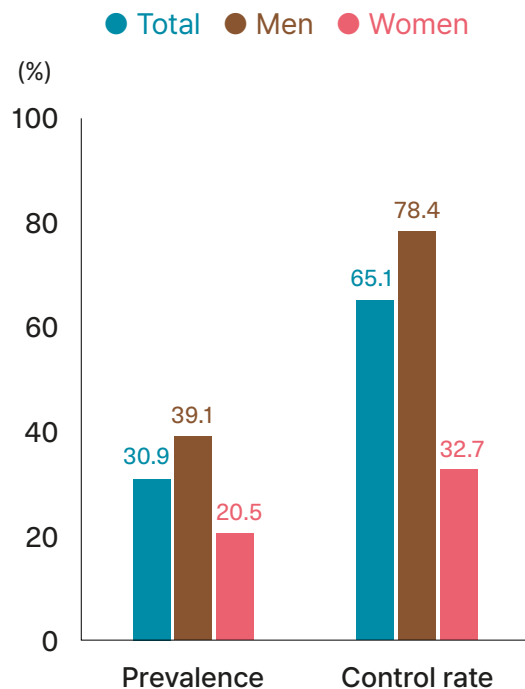


Hypertension +Hypercholesterolemia (≥75 years old)

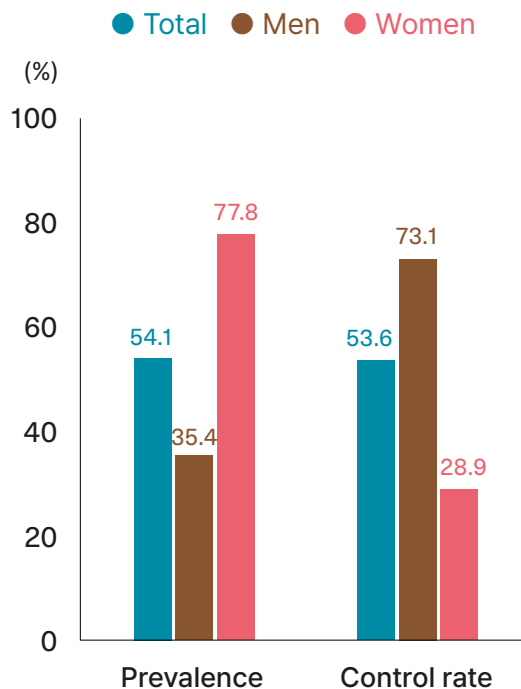


Hypertension and Hypercholesterolemia by age subgroup among young adults with diabetes

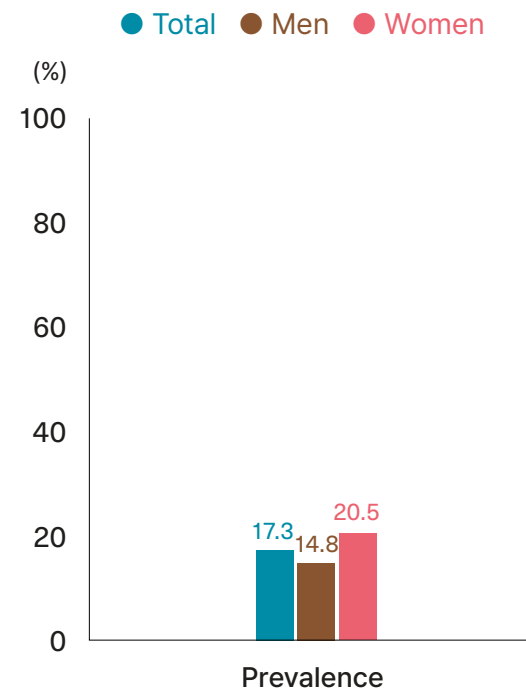
Hypertension
(19-29 years old)



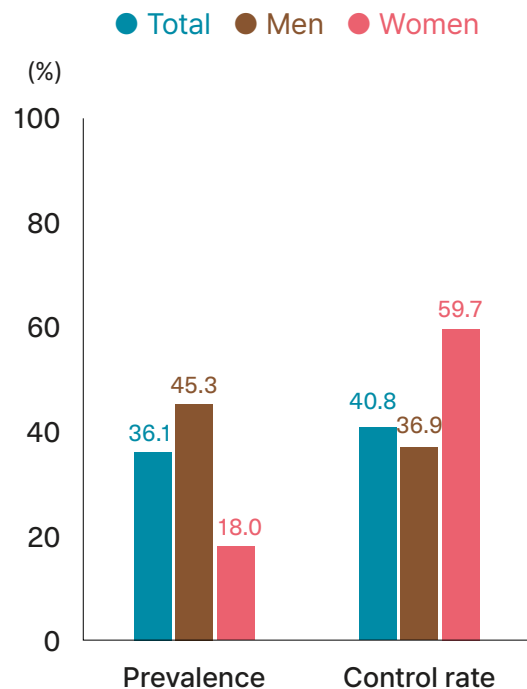
Hypercholesterolemia
(19-29 years old)



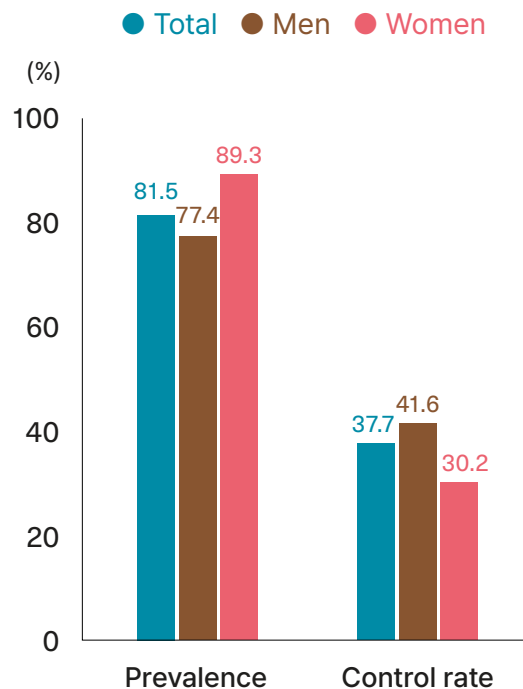
Hypertension + Hypercholesterolemia
(19-29 years old)



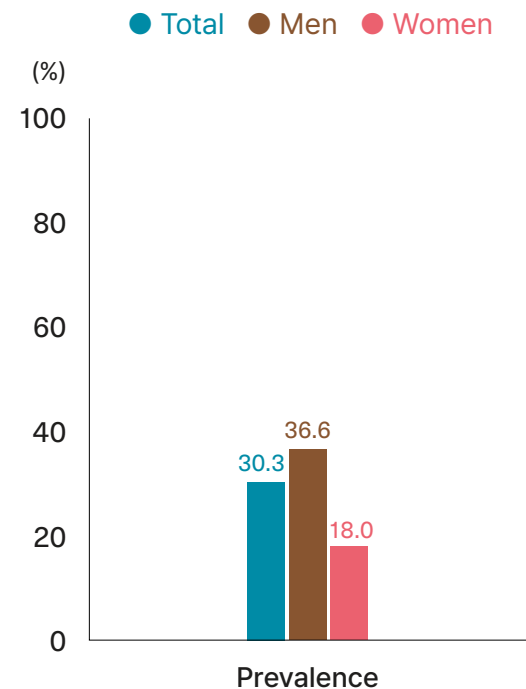
Hypertension (30-39 years old)



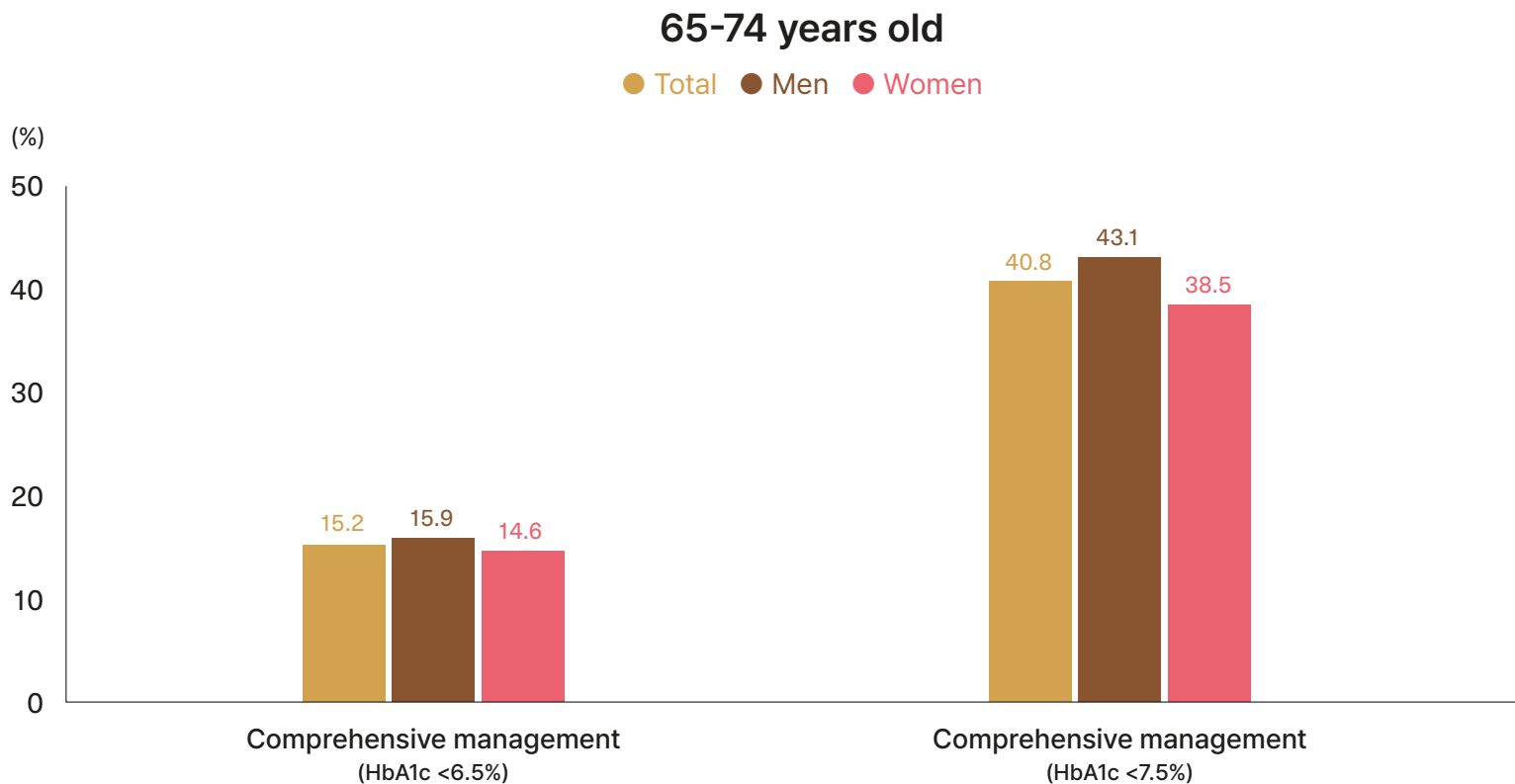
Hypercholesterolemia (30-39 years old)



Hypertension +Hypercholesterolemia (30-39 years old)



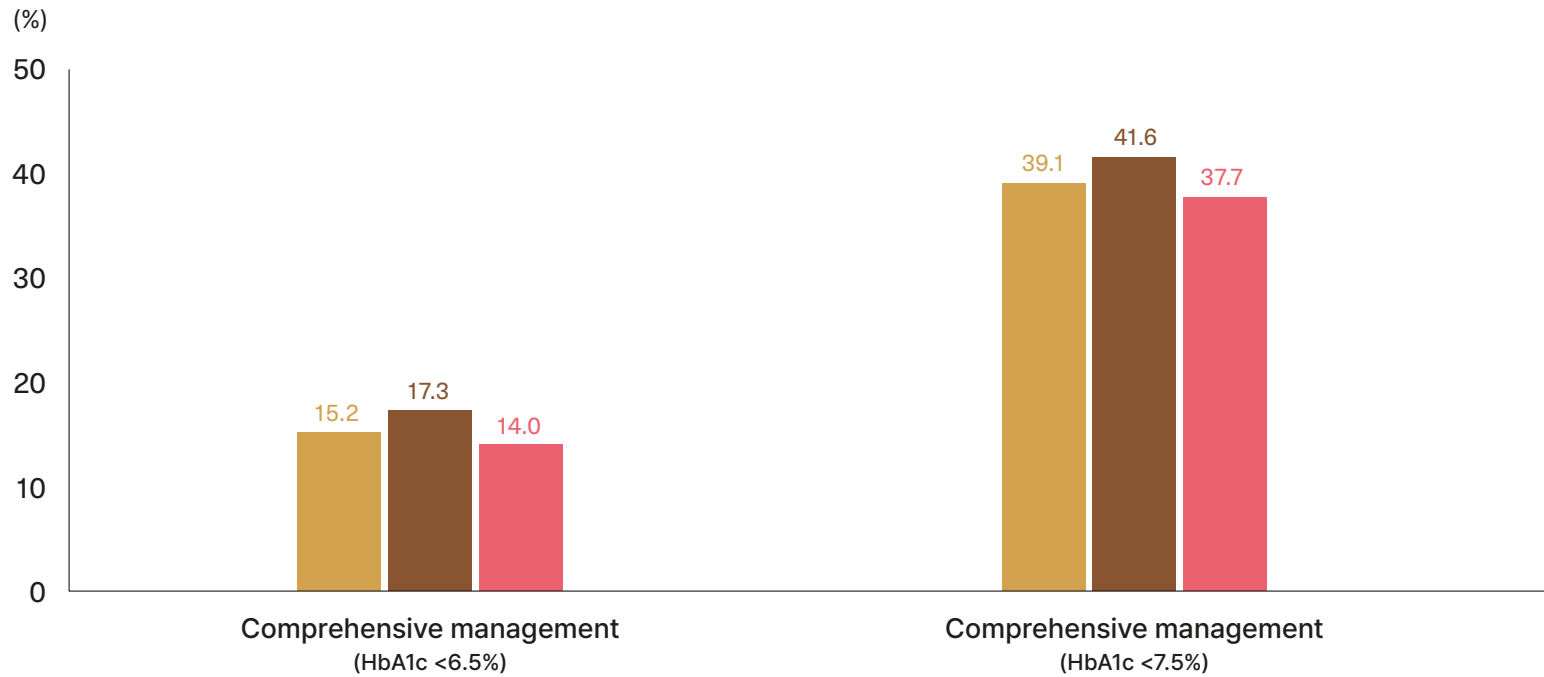
Comprehensive management of diabetes by age subgroup among older adults



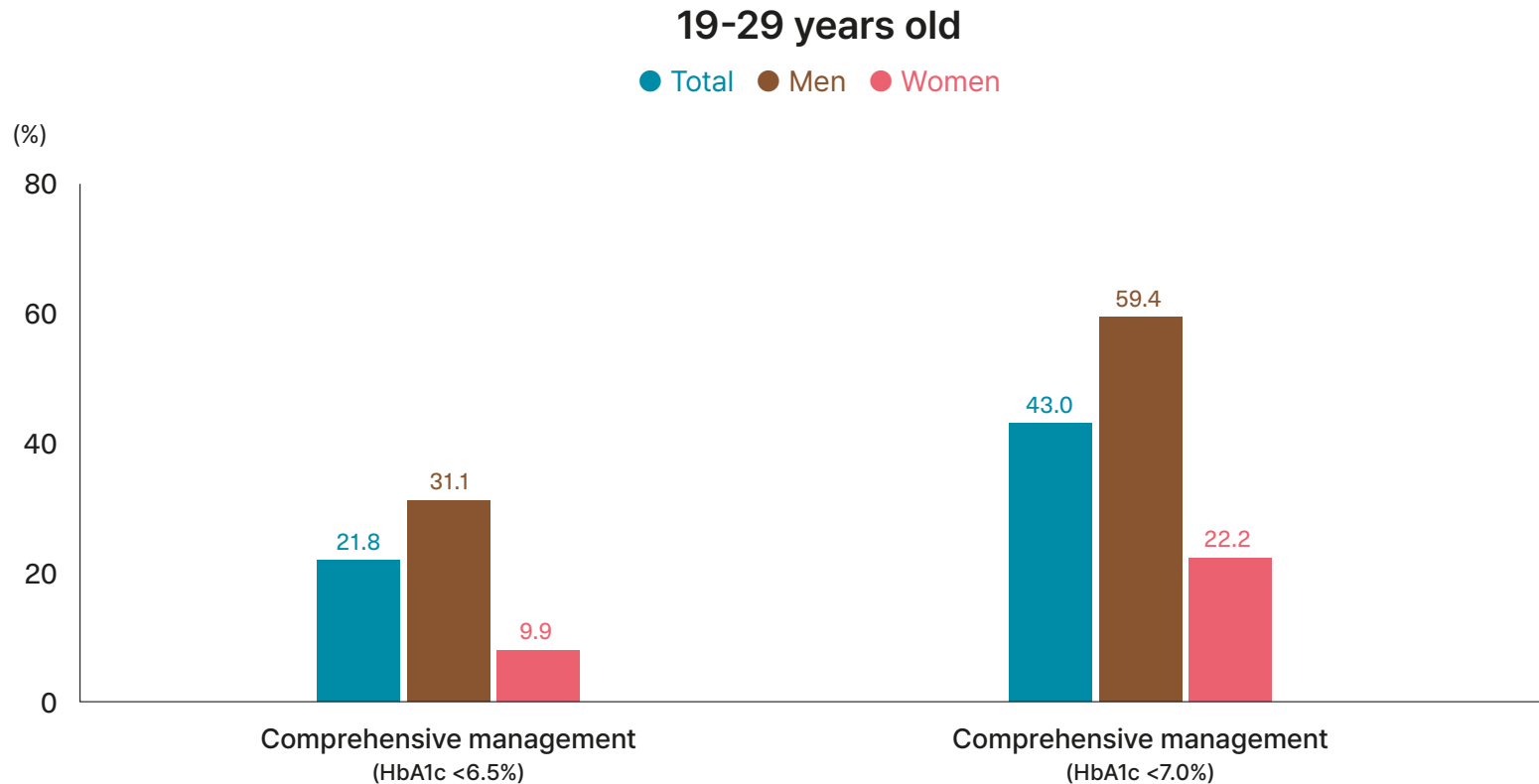
Comprehensive management: Achieving all goals of HbA1c <6.5% or <7.5%, blood pressure <140/85 mmHg, and LDL cholesterol <100 mg/dL

≥75 years old

● Total ● Men ● Women



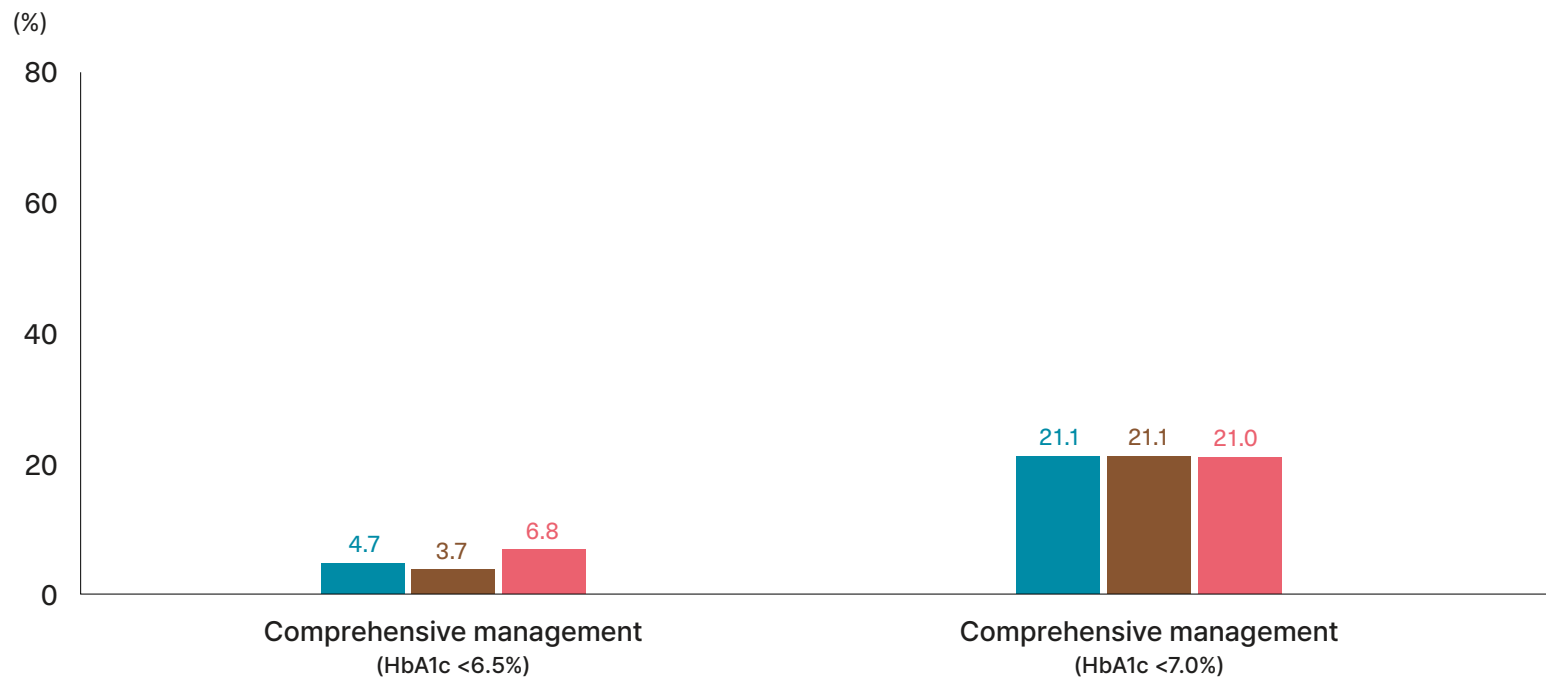
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Comprehensive management: Achieving all goals of HbA1c <6.5% or <7.0%, blood pressure <140/85 mmHg, and LDL cholesterol <100 mg/dL

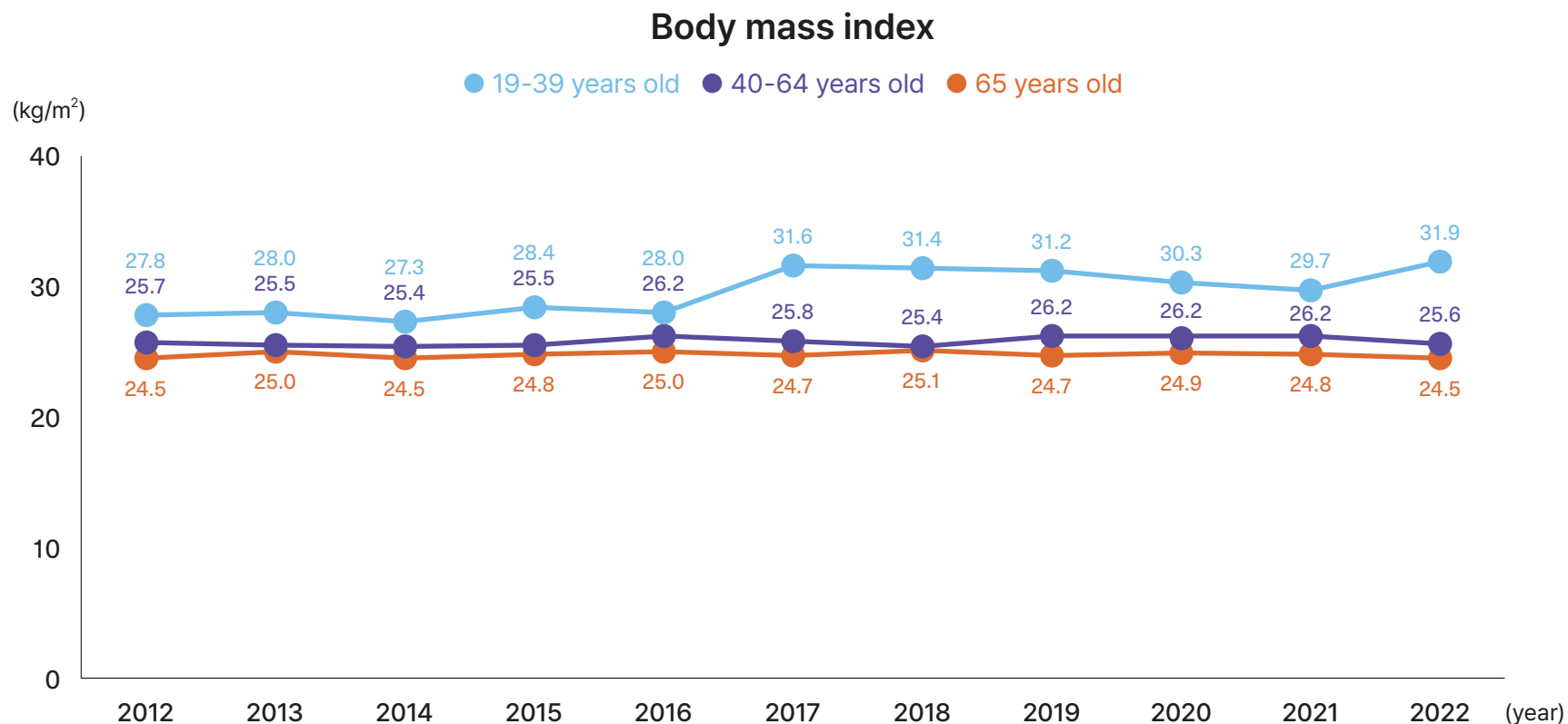
30-39 years old

● Total ● Men ● Women

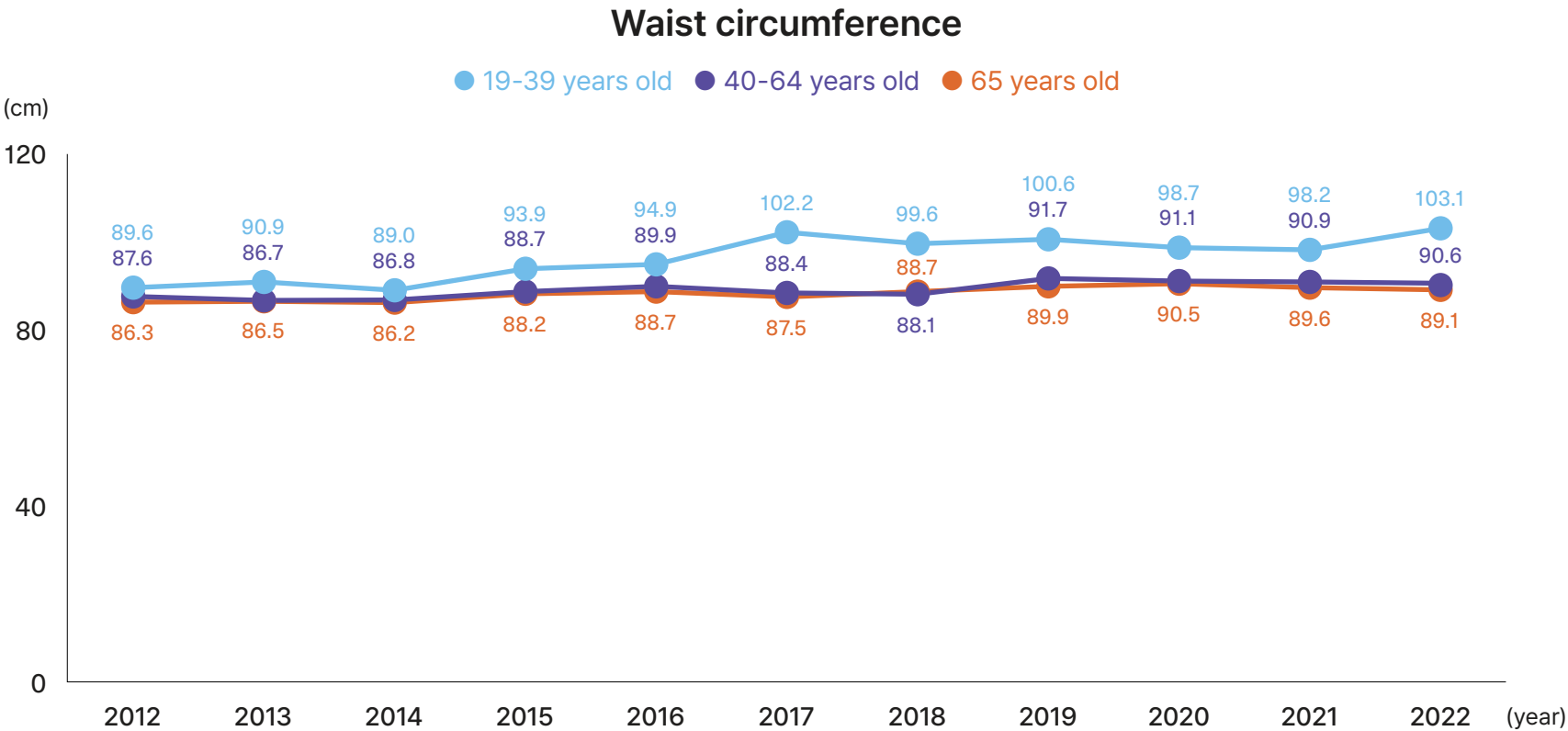


Changes in body mass index and waist circumference by age

Over the past 10 years, BMI remained stable among middle-aged and older adults with diabetes, whereas BMI among young adults with diabetes increased sharply since 2017.

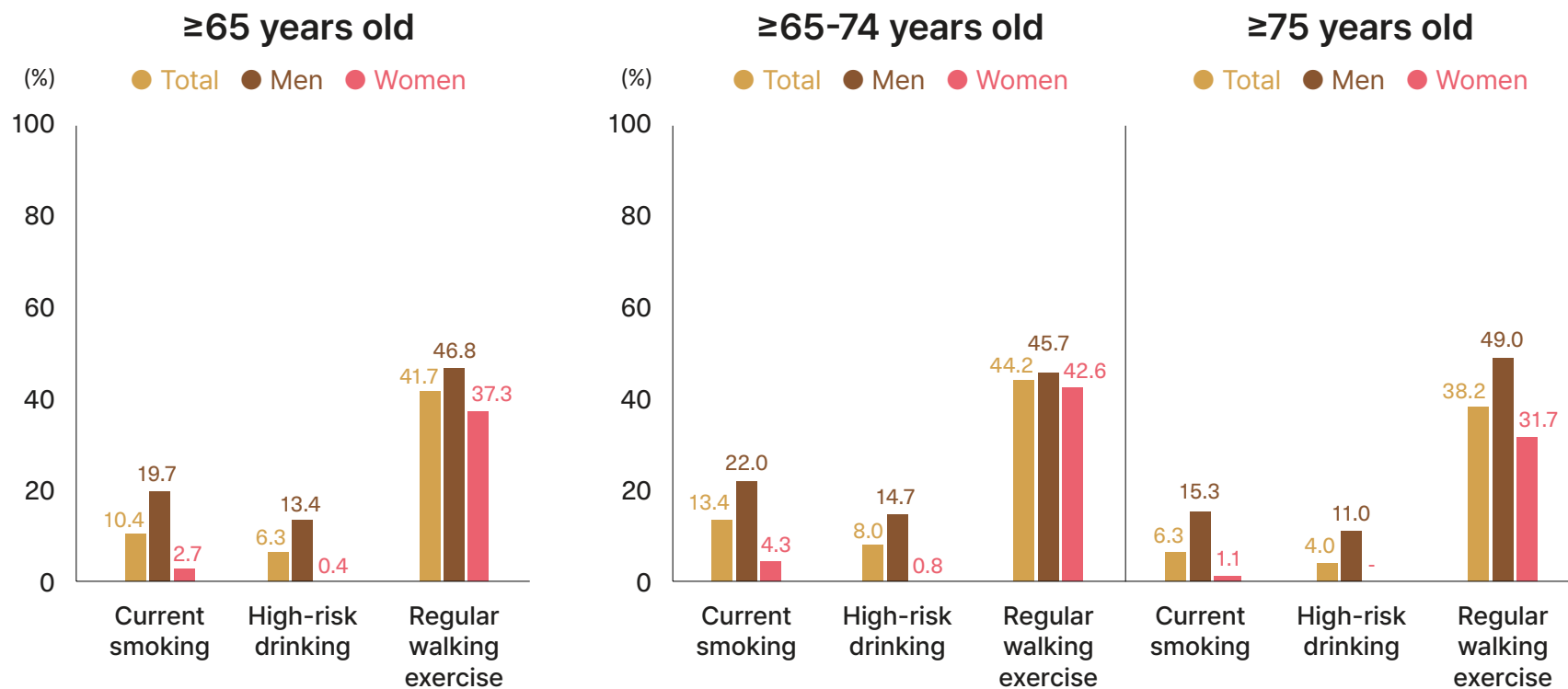


Waist circumference among young adults with diabetes increased steadily over the past 10 years, with a marked acceleration after 2017.



Self-management behaviors in diabetes, overall and by age subgroup among older adults

Among older adults with diabetes, 10% were current smokers and 6% engaged in high-risk drinking. The walking practice rate was 42%, similar to that in young adults.



Self-management behaviors: Current smoking, high-risk alcohol consumption, regular walking

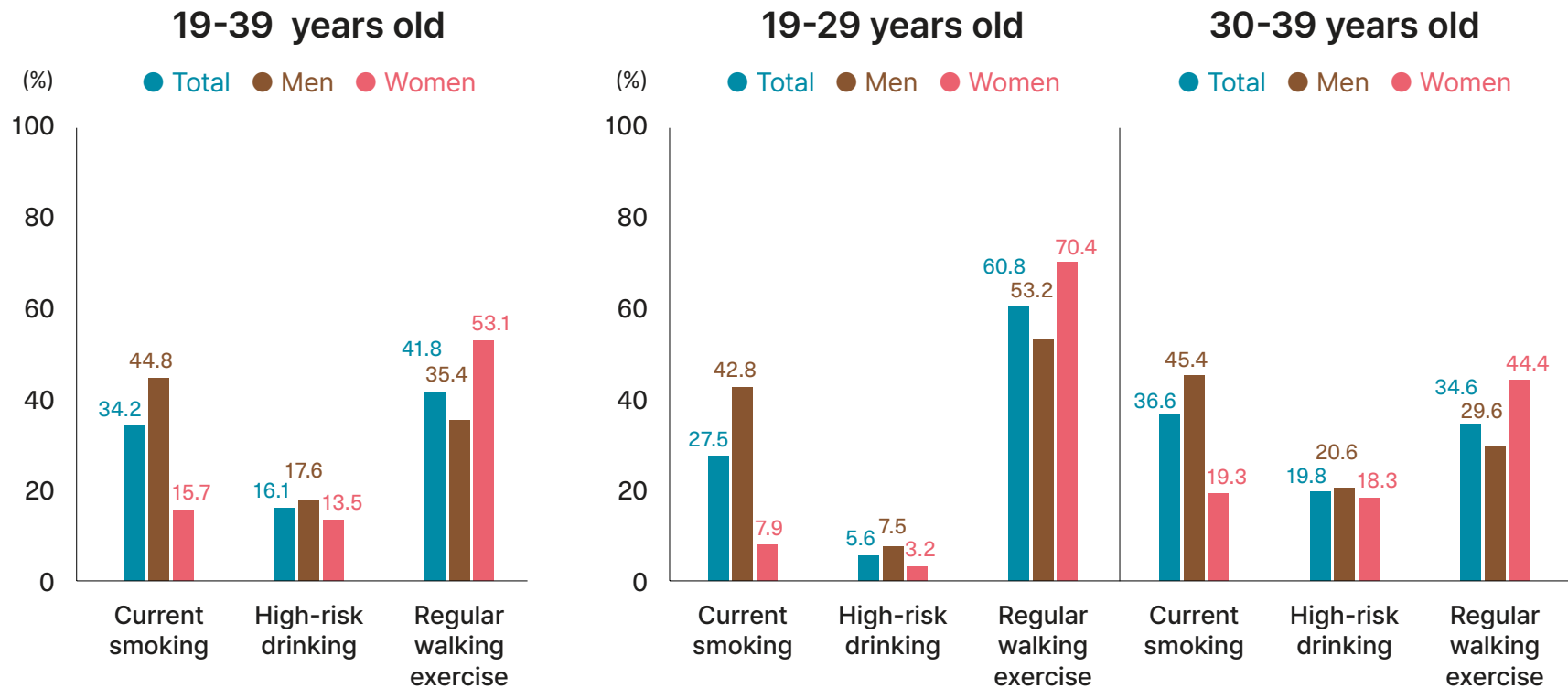
Current smoking: Having smoked 5 packs (or 100 cigarettes) in his or her lifetime and currently smoking cigarettes

High-risk alcohol consumption: More than 7 drinks twice a week for men and more than 5 for women

Regular walking: A minimum of 30 minutes a day of walking 5 or more days per week

Self-management behaviors in diabetes, overall and by age subgroup among young adults

Among young adults with diabetes, 34% were current smokers and 16% engaged in high-risk drinking. The walking practice rate was highest among young women with diabetes. Compared with older adults with diabetes, the rates of current smoking and high-risk drinking were approximately three-fold higher.



Self-management behaviors: Current smoking, high-risk alcohol consumption, regular walking

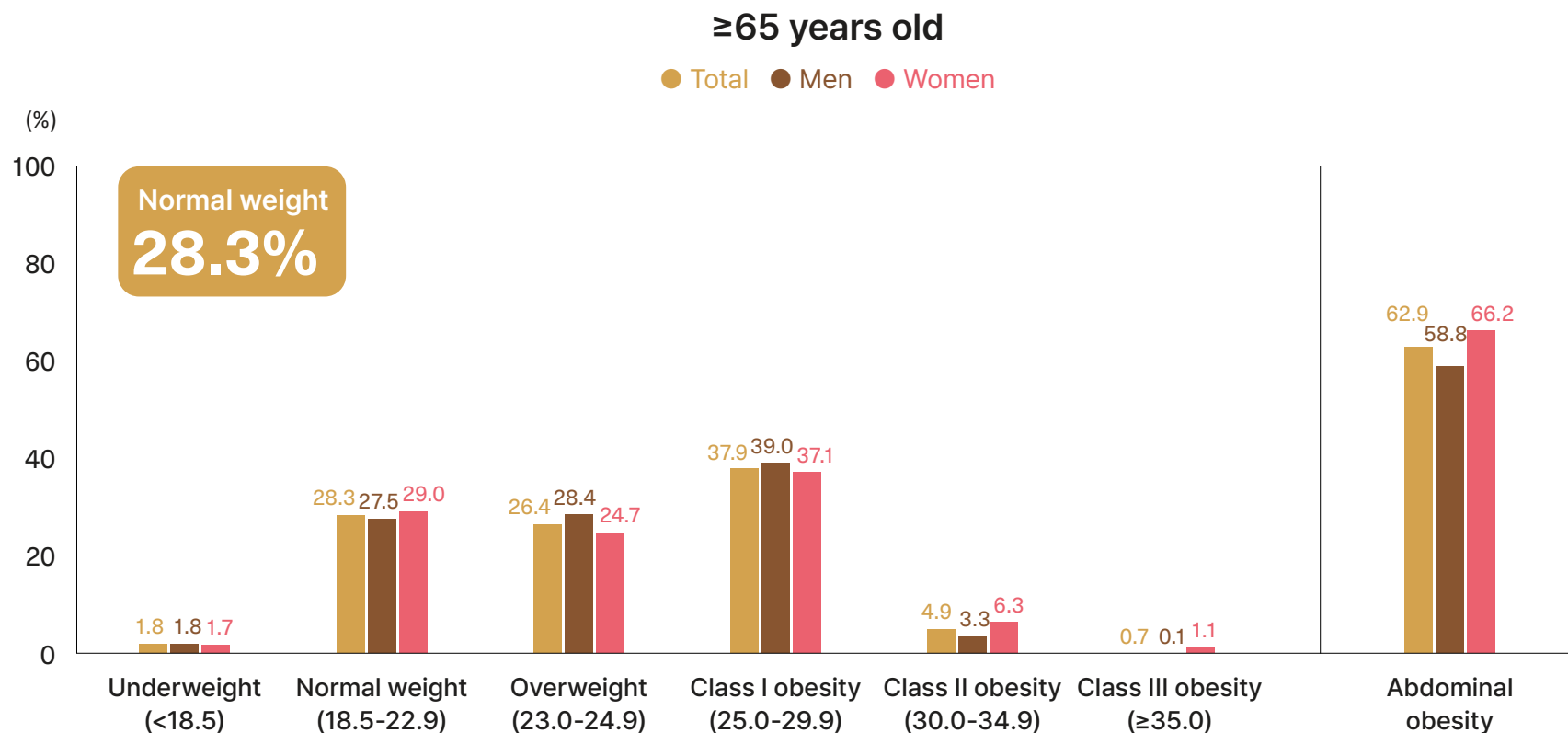
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High-risk alcohol consumption: More than 7 drinks twice a week for men and more than 5 for women

Regular walking: A minimum of 30 minutes a day of walking 5 or more days per week

Older Adults Obesity and abdominal obesity in diabetes

Among older adults with diabetes, fewer than one-third had a normal body weight, and 44% had obesity.

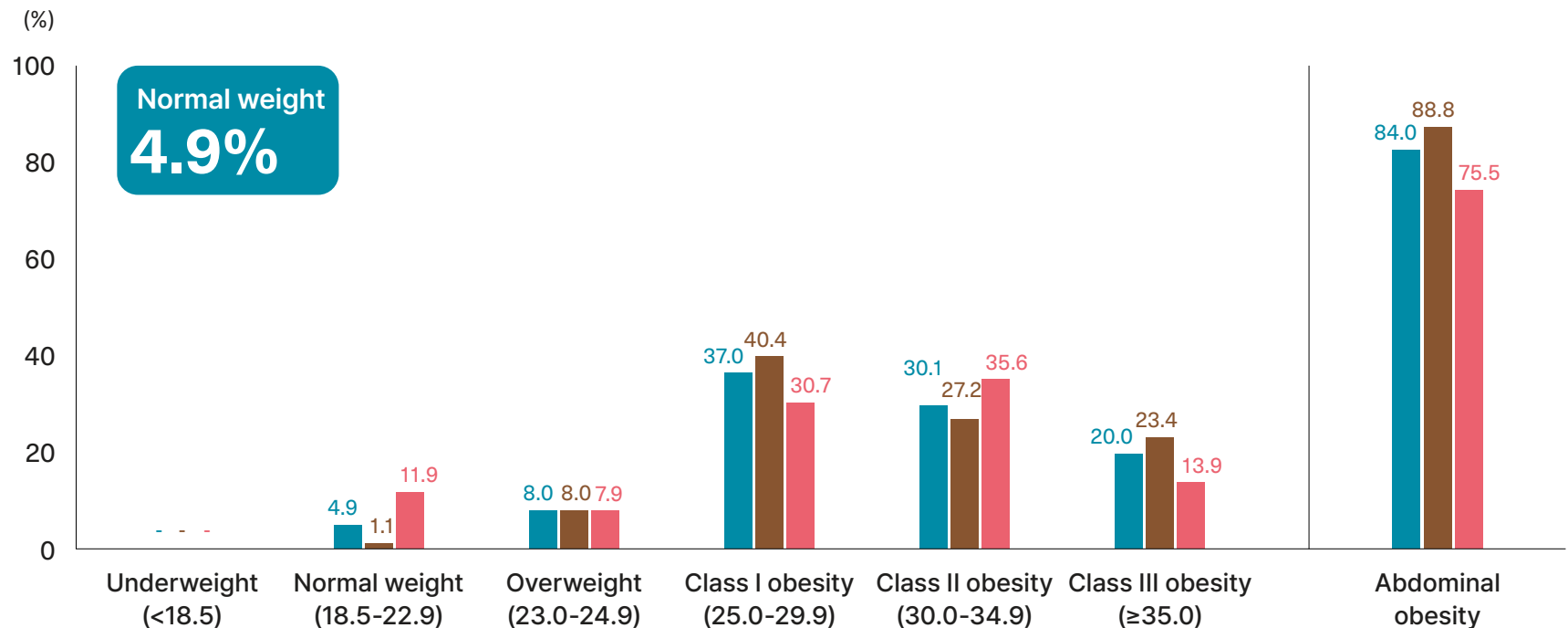


Obesity (based on body mass index, kg/m²): ① Underweight (<18.5) ② Normal weight (18.3-22.9) ③ Overweight (23.0-24.9) ④ Class I obesity (25.0-29.9)
⑤ Class II obesity (30.0-34.9) ⑥ Class III obesity (≥35.0) / Abdominal obesity (based on waist circumference): Men ≥90 cm, Women ≥85 cm

Among young adults with diabetes, only ~5% had a normal body weight.
8% were overweight, and nearly 9 in 10 (87%) had obesity.

19-39 years old

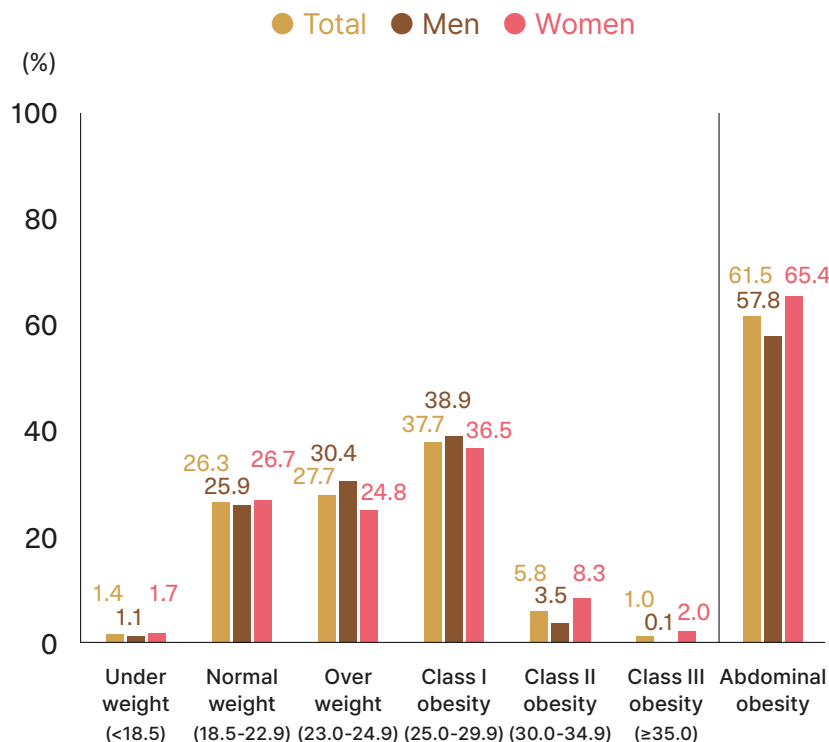
● Total ● Men ● Women



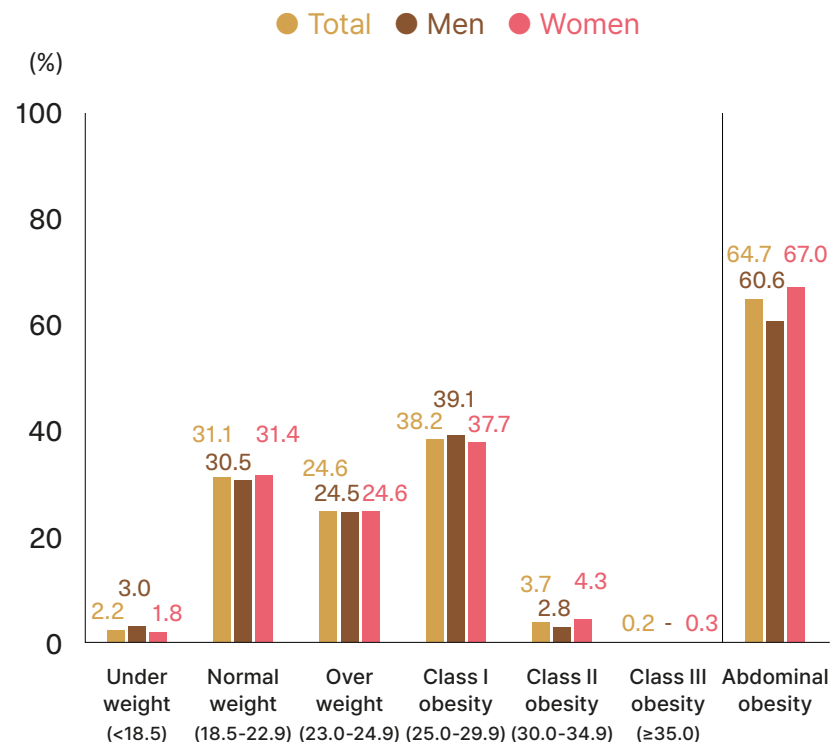
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Obesity and abdominal obesity in diabetes by age subgroup

65-74 years old



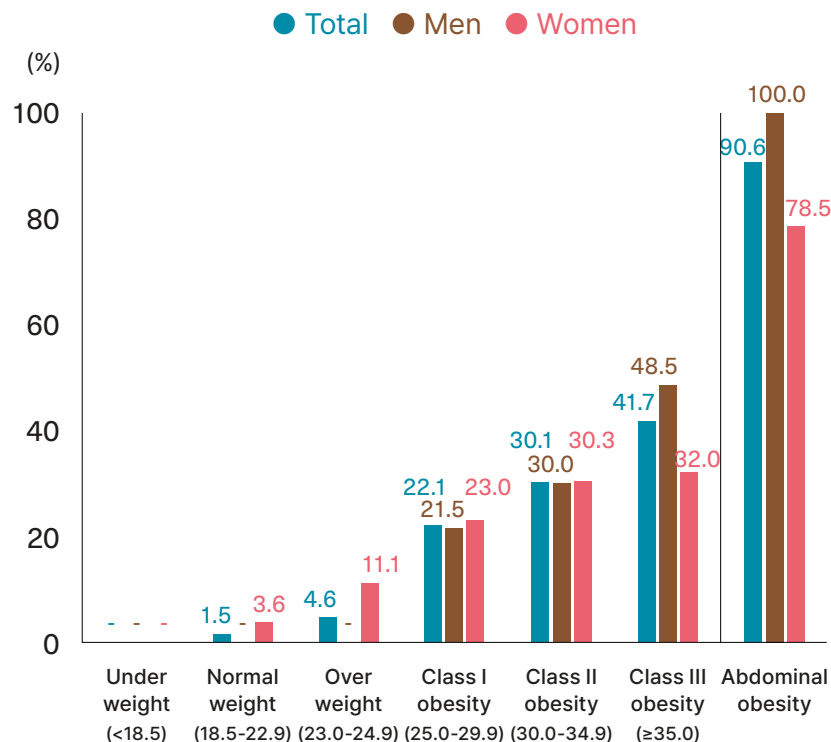
≥75 years old



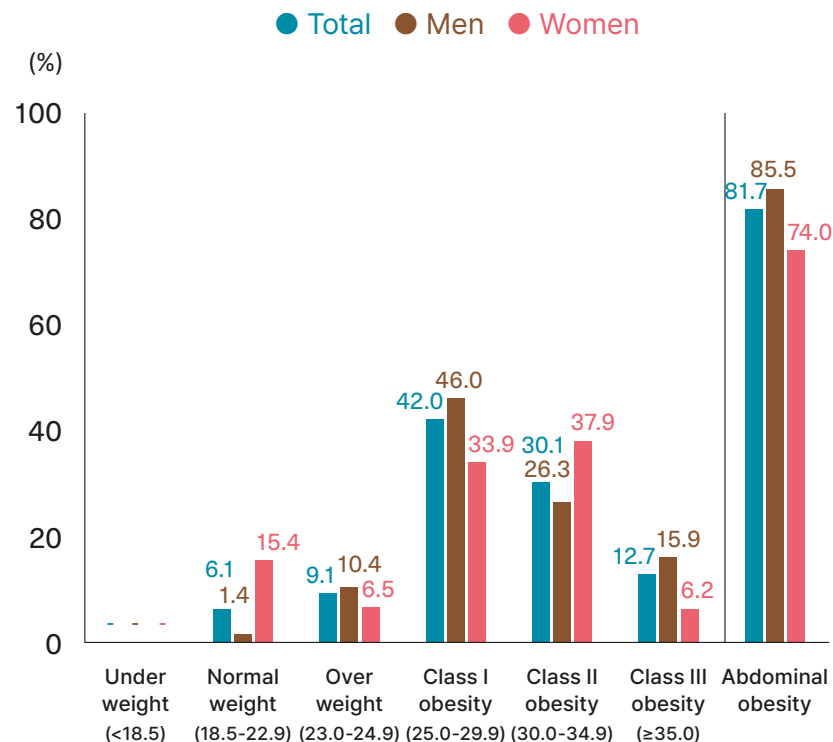
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Obesity and abdominal obesity in diabetes by age subgroup

19-29 years old



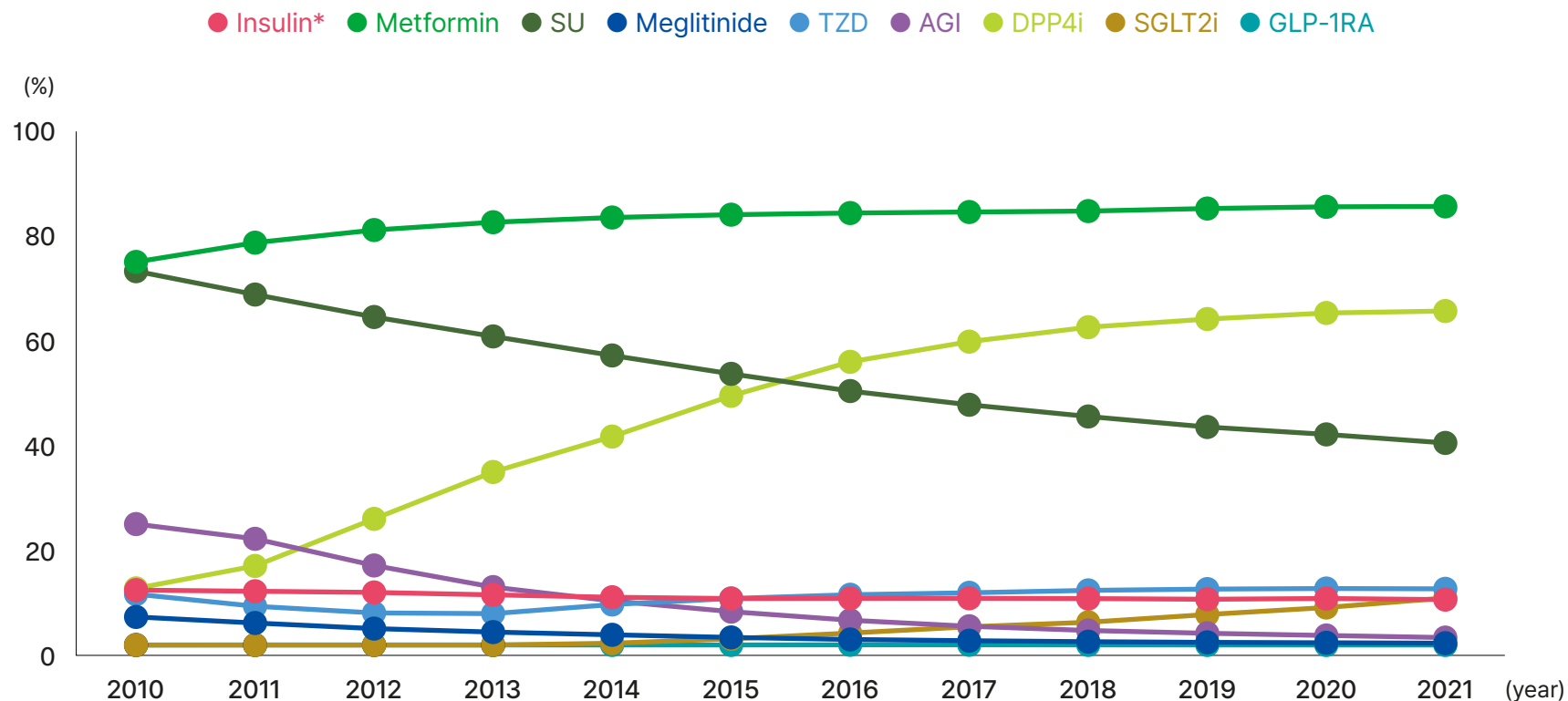
30-39 years old



Obesity (based on body mass index, kg/m²): ① Underweight (<18.5) ② Normal weight (18.3-22.9) ③ Overweight (23.0-24.9) ④ Class I obesity (25.0-29.9) ⑤ Class II obesity (30.0-34.9) ⑥ Class III obesity (≥35.0) / Abdominal obesity (based on waist circumference): Men ≥90 cm, Women ≥85 cm

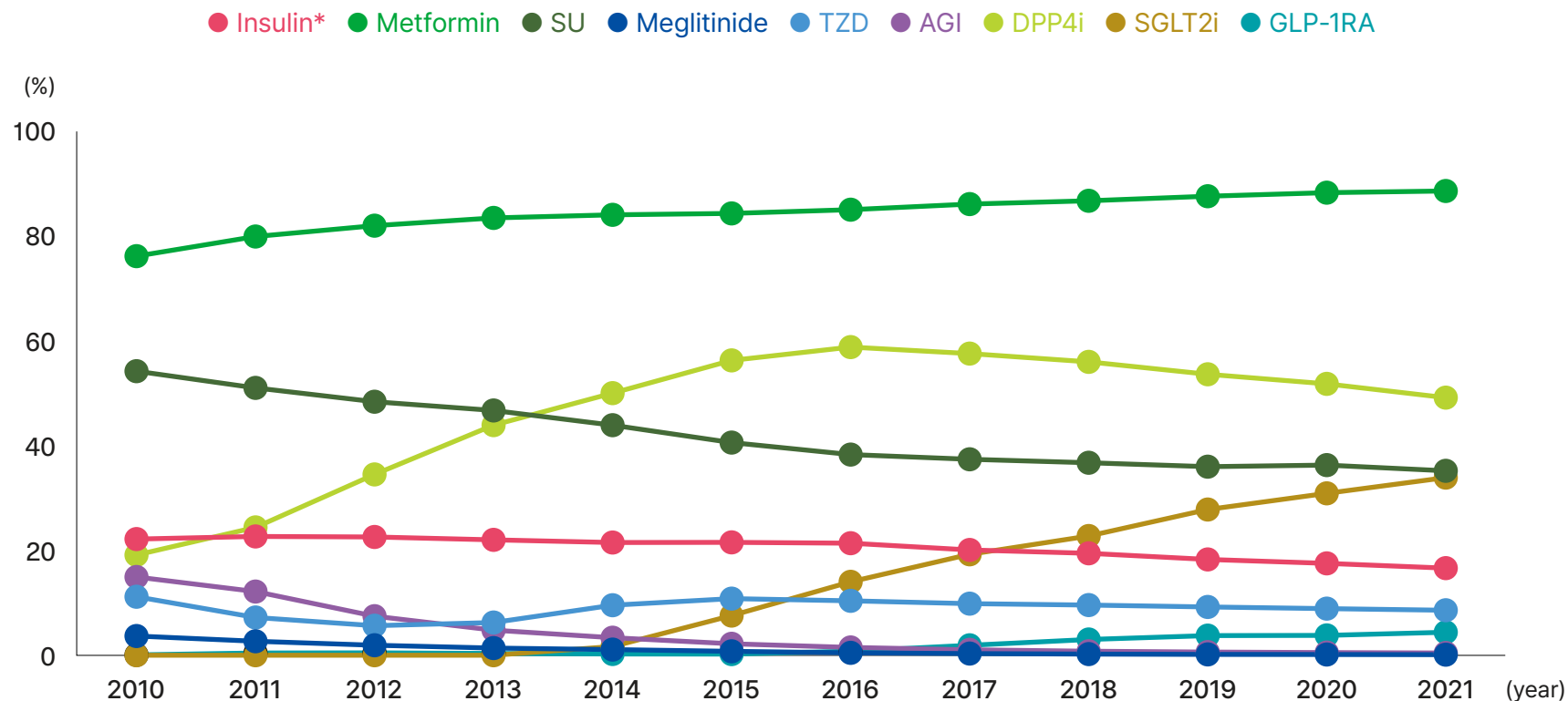
Current status of antidiabetic medication prescribing

Metformin is the most commonly prescribed medication, followed by DPP-4 inhibitors. Prescriptions of DPP-4 inhibitors have steadily increased among older adults, while SGLT2 inhibitor use has consistently risen among young adults.



Data source: National Health Insurance Service database

*Insulin: Prescribed at least 3 times a year (SU, sulfonylurea; TZD, thiazolidinedione; AGI, alpha-glucosidase inhibitor; DPP-4i, dipeptidyl peptidase-4 inhibitor; SGLT2i, sodium-glucose cotransporter-2 inhibitor; GLP-1RA, glucagon-like peptide-1 receptor agonist)



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*Insulin: Prescribed at least 3 times a year (SU, sulfonylurea; TZD, thiazolidinedione; AGI, alpha-glucosidase inhibitor; DPP-4i, dipeptidyl peptidase-4 inhibitor; SGLT2i, sodium-glucose cotransporter-2 inhibitor; GLP-1RA, glucagon-like peptide-1 receptor agonist)



**DIABETES
FACT SHEET
IN KOREA 2024**