

How to find and treat the thousands with undiagnosed chronic conditions



Residents getting their blood sugar levels tested at a health event. The large number of patients suffering from diabetes, hypertension and high lipids drives up healthcare costs when they run into complications. Singapore's three public healthcare clusters must act as one integrated system to manage these patients, says the writer. ST PHOTO: KUA CHEE SIONG

Many suffer from diabetes, hypertension and high lipids but don't know it.

Chia Kee Seng

A recent article in The Straits Times on kidney failure vividly captured not only the suffering of patients undergoing dialysis, but also highlighted a sobering fact: that "half the kidney disease cases in Singapore could have been prevented".

According to the Singapore Renal Registry Annual Report 2023, there are 10,837 Singaporeans living with kidney failure, the final stage of chronic kidney disease (CKD5). The economic burden to the country is estimated to run into hundreds of millions annually.

This burden would have been considerably lower – and the suffering of patients greatly reduced – if we had managed to prevent half these cases. Why aren't we doing so and what can we do better?

First, let us understand the root of the problem. It is common to attribute the growing number of patients with catastrophic non-communicable diseases such as kidney failure, heart disease, stroke and cancer, to the inevitable consequences of an

ageing population.

While ageing does play a role, this defeatist mindset blinds us to a harder truth: the number of patients with such diseases is rising too sharply in Singapore, even after factoring in the effects of ageing.

The root causes are well known: our modern lifestyles, particularly smoking, unhealthy diets and lack of physical activity leading to being overweight and obese. Singapore has made remarkable progress in reducing smoking rates, and the impact is visible in the dramatic fall of smoking-related cancers such as lung cancer over the past six decades. But we have been far less successful in our ongoing "battle of the bulge".

MANAGING DIABETES, HYPERTENSION, HIGH LIPIDS

This is why Healthier SG rightly focuses on encouraging Singaporeans to prevent chronic diseases by adopting healthier lifestyles. Yet, in practice, this is an uphill task. The impact of such efforts is long term, and progress depends on more than campaigns and incentives.

Ultimately, a shift in societal values and attitudes is required. We must become a society that values health as much as wealth. In addition, healthy living must cease to be seen as a chore and

instead become "shioi", a Singlish word that DeepSeek defines as a strong sense of pleasure, enjoyment and satisfaction to the point of being addiction.

While it will take time for attitudes to change, a more immediate and achievable goal is to tackle the upstream conditions that, if left unmanaged, inevitably lead to catastrophic diseases, particularly diabetes (high blood sugar), hypertension (high blood pressure), and high blood lipids. They are called the Three Highs.

The good news is that effective lifestyle changes and evidence-based medications can prevent these diseases progressing to the stage where serious complications arise. In milder cases, these conditions can even be reversed.

The bad news is that many Singaporeans have these conditions and a large number remain undiagnosed, and thus untreated.

The National Population Health Survey 2024 found that among Singapore residents (citizens and permanent residents): 9.1 per cent have diabetes; 33.8 per cent have hypertension; and 30.5 per cent have high lipid levels.

Among diabetics, 16.5 per cent were unaware of their condition and were diagnosed only during the survey. Shockingly, 51.2 per cent of those suffering from hypertension had not been

diagnosed before. Meanwhile, 41.3 per cent of those with high lipids were previously undiagnosed.

THE MISSING 800,000

A simple back-of-the-envelope calculation suggests that roughly 1.8 million Singaporeans have at least one of these three conditions. Assuming that those suffering from all three conditions are more likely to be diagnosed, this still leaves around 800,000 people walking around with undiagnosed diabetes, hypertension or high lipids.

What we need to do, above all, is to find these 800,000 individuals, and ensure that all 1.8 million patients receive consistent, coordinated care before complications set in.

Singapore's three public healthcare clusters must act as one integrated system to identify and manage these patients. Establishing a centralised national registry of cases of diabetes, hypertension and high lipids, covering both public and private care, would be a critical step.

We could also consider changing the funding models to encourage healthcare clusters to manage these cases better. For example, the clusters could receive per-person funding to keep the 1.8 million patients with these conditions free of complications and out of hospital. They could work with private partners, as well as the polyclinics under their cluster, to manage the condition of these patients. If some of the patients under their care get hospitalised, they lose the funding for those patients.

The large number of patients suffering from diabetes, hypertension and high lipids drives up healthcare costs when they run into complications. This also brings into focus the role of the insurers and whether they can – in their own interest – also help keep these conditions in check.

Many insurers are facing losses or barely breaking even on their Integrated Shield Plans (IPs). Six out of seven insurers have raised premiums in 2025, ST has reported.

It would make sense for insurers to change their mindset. They should evolve from being passive payers of claims to becoming active partners in health promotion – aligning financial sustainability with population well-being.

For example, insurers could encourage and incentivise their policyholders to undergo the nationally recommended screening tests for conditions such as diabetes, hypertension, high lipids, breast cancer and cervical cancer.

They could even consider rewarding policyholders who are managing conditions like hypertension or diabetes well by lowering their annual premiums to reflect their lower risk for complications. Such an approach combines business sense with a higher purpose in which the insurers help the nation remain healthy.

Singapore must do all it can to identify and manage the condition of its 1.8 million citizens suffering from diabetes, hypertension or high lipids. Realigning public funding and insurance incentives could help us do that. Winning this battle is not just about saving dollars; it is also about saving lives, preserving dignity, and building a healthier nation.

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