UK; 7%, 4%/16%, 16%/79%/2%/4%. Within each country, burden of type 2 diabetes tended to increase with age among diabetic individuals (all-age, 18–24, 25–34, 35–44, 45–54, 55–64, 65–69 yrs: % pts): Italy: 61%, 17%, 16%, 31%, 66%, 79%, 61%; France: 63%, 7%, 19%, 46%, 61%, 73%, 76%; Spain: 66%, 18%, 16%, 44%, 75%, 68%, 93%; UK: 79%, 10%, 34%, 64%, 84%, 89%, 93%; Germany: 81%, 22%, 27%, 60%, 82%, 91%, 85%; The Netherlands: 84%, 50%, 50%, 71%, 86%, 89%, 92%. Type of treatment observed among type 1/type 2 diabetics varied across the countries (not mutually exclusive: % using Dietary restrictions/exercise, Oral-therapy/oral-antidiabetics, Insulin therapy): The Netherlands: type 1—16%, 4%, 92%, type 2—39%, 63%, 22%; UK: type 1—19%, 13%, 81%, type 2—39%, 62%, 16%; Spain: type 1—33%, 13%, 73%, type 2—57%, 61%, 17%; Germany: type 1—19%, 17%, 79%, type 2—61%, 54%, 23%; France: type 1—52%, 44%, 35%, type 2—66%, 78%, 16%; Italy: type 1—38%, 27%, 44%, type 2—79%, 77%, 14%. Among those using medications to manage diabetes, prescription medicines predominated (range: 74% (Spain) to 86% (The Netherlands)); use of OTC-products/complementary-therapy was rare (<1%–3%), and so as herbal-therapy (<1%–4%, except in Spain (12%)). CONCLUSIONS: Diabetes disease burden appear to be substantial in European nations studied, with type 2 diabetes burden increasing with age. The reported treatment patterns varied dramatically. With the aging European population, appropriate interventions, outcome evaluations and cost-effective diabetes management strategies are warranted to alleviate this burden.