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Morbidity profile and causes of mortality in type 2 diabetes patients

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Background: Data regarding the prevalence of morbidity and mortality in patients of Type 2 Diabetes Mellitus (T2DM) is scanty in India. Objectives: To determine the prevalence of micro and macro vascular complications, acute metabolic complications, infections, Non Alcoholic Fatty Liver Disease (NAFLD) and cause of mortality in T2DM patients admitted to a tertiary care teaching hospital in Eastern India.

Material and Methods: This was a hospital-based prospective study evaluating 150 T2DM patients admitted to a tertiary care institution in Eastern India. Diagnosis of micro and macro vascular complications, infections and NAFLD was made using standard protocols. In case of death, the most probable cause was noted.

Results: Out of 150 patients, 14.7% of patients were newly diagnosed T2DM and out of them 41% of patients had vascular complications and 54.5% had infections. Of the total patients, 56% had nephropathy, 20% neuropathy, 17.3% retinopathy, 31.3% CVD, 11.3% CAD, 4.6% acute metabolic complications, 44% infections and 16.6% had NAFLD respectively. Macro vascular events occurred earlier than microvascular complications. Multiple logistic regression analysis showed strong association of age, duration of diabetes, serum cholesterol, triglyceride, LDL-C with retinopathy (Regression coefficient β : -0.1086807, 0.4127152, -0.0513393, 0.0146429, 0.0587475; $p < 0.05$, < 0.001 , < 0.05 , < 0.05 , < 0.05 respectively), while only duration of diabetes was strongly associated with nephropathy and neuropathy (Regression coefficient β : 0.2538751, 0.2261636; $p < 0.001$ for each). Increasing age was associated with CAD (Regression coefficient β : 0.055392; $p < 0.05$) and FBG was a risk factor for CVD (Regression coefficient β : 0.0055014; $p < 0.05$). 18.6% patients died due to diabetes related complications. Cardiovascular (CV)-related deaths (CVD+CAD) were most common cause (51.5%: CVD 36.4%, CAD 15.1%) to be followed by infections (27.3%) and then chronic kidney disease (12.1%).

Conclusions: This study highlights the high prevalence of vascular complications and infections in T2DM patients of Eastern India. CV-related deaths were principal causes of death, similar to that in developed world.

Biography

Manoranjan Behera completed his M.B.B.S in 1992 from V.S.S. Medical College, Sambalpur University, Odisha, India. He is a M.D for Internal Medicine in 1998, from Sambalpur University India. Presently he is working as Associate professor, in Department of Medicine, at Gov. Medical College, Odisha.

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