CONTROL OF CARDIOVASCULAR RISK FACTORS IN TYPE 2 DIABETES MELLITUS PATIENTS IN LUTH

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Abstract

Background: Diabetes Mellitus is a burden on the health-care system, which is already under strain due to other chronic diseases. Diabetes is associated with other co-morbidities like hypertension, dyslipidaemia and obesity. Uncontrolled diabetes has led to increased rate of complications, and thus increased the cost of treatment. These complications of diabetes can be prevented or progression delayed by tight glycaemic, blood pressure and lipid control. The United Kingdom Prospective Diabetes Study has shown that retinopathy, nephropathy and neuropathy were improved by lowering the blood glucose levels with intensive therapy in which a mean HbA1c of 7.0% was achieved.

Objectives: The purpose of the study was to determine the percentage of patients who had their HbA1c, BP and Lipids treated to target.

Methods: Type 2 Diabetes Mellitus patients attending Lagos University Teaching Hospital (a tertiary hospital) Diabetes Clinic, Lagos, Nigeria were recruited. Information such as; age, sex, duration of DM, HbA1c, blood pressure, fasting lipids values were obtained from case notes and clinical examination. Data collected was analyzed using SPSS version 17.

Results: 218 subjects (41.3% males, 58.7% females) seen in the diabetes clinic in July and August 2012 were recruited for the study. Mean age of the cohort was 59.08 ± 11.02 years. Mean diabetes duration was 8.51 ± 7.37years. Of the 218 subjects,47.7% of patients had good glycaemic control using HbA1c of <7%, 40.8 % of patients had good BP control of < 130/80mmHg and 80.7% had dyslipidaemia.
78.9% had central obesity.

1.8% of subjects were under-weight, 21.6% had normal weight, 43.6 % overweight, 23.4% had obesity class 1, 7.8% had obesity class 2 while 1.4% had obesity class 3.

Discussion: In our study, we found that only 47.7% of our study population had HbA1c <7%. Mean HbA1c was 7.56 ± 2.42. This is similar to another study done by Unadike et al in Benin, Nigeria (2010), which reported poor glycaemic control in 46% of subjects. Probable reasons for poor control in that study included; poor health seeking behaviour, low level of literacy, poverty, poor adherence with follow up visits and medications amongst others. Coker and Fasanmade (2006) also documented poor glycaemic control in their study amongst persons with diabetes in Lagos, Nigeria with a mean HbA1c level of 10.5%.

Conclusion: Metabolic control in T2DM patients attending our tertiary health centers in Nigeria remains sub-optimal and dyslipidemia seems to be the least well controlled. Concerted efforts need to be put in place to address metabolic control especially dyslipidemia.