CARDIOMETABOLIC RISK PROFILE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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INTRODUCTION

Diabetes melitus presents as a clustering of cardiometabolic risk factors in junction with hyperglycemia. Development of diabetic complications is related to to the number and severity of the cardiometabolic risk factors along with hyperglycemia.The aim of this study is to investigate the cardiometabolic risk profile of the patients with type 2 diabetes mellitus in daily clinical practice.

FINDINGS

Of the 390 type 2 diabetes patients who were included into the study, 222 (57%) were female and 168 (43%) were male. The mean age was 57.4 (56.5 in males, 58 in females). When evaluated for cardiometabolic risk factors, 91.5% were abdominally obese. 67.4% of the patients had low serum HDL-C levels, 61% had hypertriglyceridemia, and 60.5% had elevated blood pressure levels.

METHOD

390 consecutive patients with type 2 diabetes receiving regular care in Diabetes Outpatient Clinics of Istanbul Medeniyet University Göztepe Training and Research Hospital were included in the study. Patients' waist circumference and blood pressure measurements were performed. Fasting serum triglyceride and serum high-density lipoprotein-cholesterol (HDL-C) levels were recorded for practical assessment of atherogenic lipid profile. Abdominal obesity was defined as a waist circumference ≥ 80 cm in women, ≥ 94 cm in men, high blood pressure was defined as having previous diagnosis of hypertension or having a systolic blood pressure ≥ 130 mm Hg or a diastolic blood pressure ≥ 85 mm Hg. Low HDL –C was defined as serum HDL-C < 40 mg/dl in men and < 50 mg/dl in women, triglyceride elevation was defined as fasting serum triglyceride level ≥ 150 mg/dl.

Table 1: Cardiometabolic risk profile in patients with type 2 diabetes mellitus.

Patients (n)	Abdominal obesity, n (%)	Low HDL-C, n (%)	Hypertriglyceridemia, n (%)	High Blood Pressure, n (%)
Female (222)	217 (97.7%)	151 (68%)	136 (61.2%)	141 (63.5%)
Male (168)	140 (83.3%)	112 (66.6%)	102 (60.7%)	95 (56.5%)
Total (390)	357 (91.5%)	263 (67.4%)	238 (61%)	236 (60.5%)

CONCLUSION

In the light of the knowledge that assessment and treatment of the patients with type 2 diabetes only for hyperglycemia is insufficient to prevent complications of diabetes, it is critical to minimize the risk by managing modifiable multiple cardiometabolic risk factors. Our study indicated the presence of "clustering of cardiometabolic risk factors" in patients who are in diabetes clinics' regular follow-up and the need for planning the diabetes care strategies as taking these risk factors into consideration.