Campaign on Diabetes in Western Amazon 2017-2018: Analysis of Risk Factors for T2DM of participating population

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Diabetes mellitus (DM) is a metabolic disease with multiple etiologies, characterized as chronic, progressive and presents hyperglycemia as a result of carbohydrate, lipid and protein disorders¹. Increase in incidence of this pathology in general population is associated with expansion of industrialization, higher consumption of hypercaloric diets, sedentary lifestyle, overweight, among others². Type 2 DM (T2DM) is the most prevalent type, with about 90-95% of total cases and is related to the increase of insulin resistance and deficiency in secretion of this hormone³. The beginning of this disease is insidious, asymptomatic and associated with lifestyle of individuals with genetic predisposition. Therefore, investigating risk factors is an essential measure to develop future activities in health promotion and intervention⁴.

Analyze the incidence of risk factors for T2DM in participants of Diabetes Awareness Campaign of 2017 and 2018 in Porto Velho-RO, Brazil.

Method

In campaign held in Porto Velho – Rondônia, Brazil, a questionnaire was used to evaluate the most prevalent risk factors of T2DM in treatment based on Finnish Diabetes Risk Score. Risk factors assessed were: a) age >45 years; b) gender; c) Body Mass Index (BMI): adequate (<25kg/m²), overweight (25-29,9kg/m²), obesity (≥30kg/m²); d) frequency and duration of physical activity over the week; e) tabagism; f) previous diagnosis of systemic arterial hypertension (SAH); g) family history of DM; h) history of gestational DM and/or fetal macrosomia in women. There was no question about previous diagnosis of DM. Participants under 18 years old and pregnant women were excluded. Criteria for risk factors for T2DM were based on Brazilian Society of Diabetes 2017-2018.

Results

In total, 685 people were attended, being 50,65% men (n=347) and 49,34% women (n=338). Of these, 92,26% (n=632) presented risk factors for T2DM, of which 48,73% were women (n=322) and 51,26% men (n=324). The incidence of these factors was: BMI ≥ 25kg/m² 74,36% (n=470); sedentary lifestyle 51,74% (n=327); age >45 years 45,41% (n=287); positive first-degree family history 35,28% (n=223), tabagism 28,48% (n=180); SAH 22,94% (n=145), gestational DM and/or fetal macrosomia in women 5,27% (n=17).

Discussion

There was a high incidence of risk factors for T2DM related to life habits evaluated by questionnaire applied in study population. Therefore, a precedente is opened for actions to promote and prevent health, in order to reduce such factors in this population.

References

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