



GENDER-RELATED RISK OF CARDIOVASCULAR DISEASES IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

BOGOMOLETS NATIONAL MEDICAL UNIVERSITY, Kyiv, Ukraine

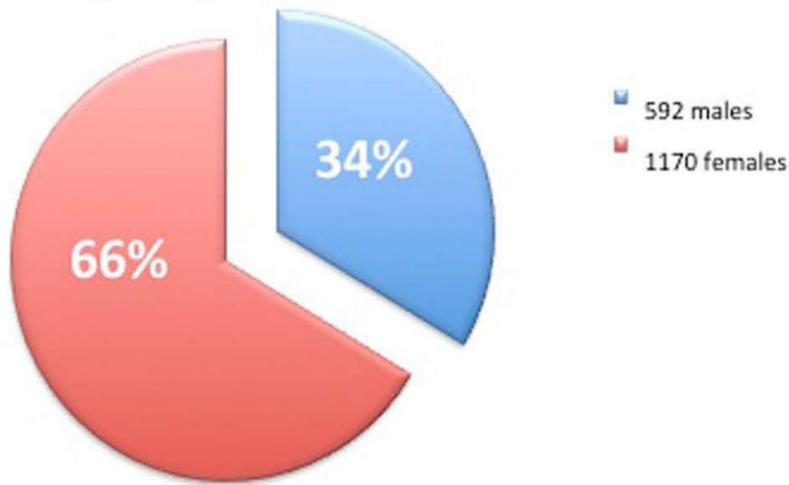
M.D.LEV PRYSTUPIUK, M.D.LIUDMYLA NAUMOVA, M.D.MAKSYM PRYSTUPIUK, M.D.PH.D.MARIANNA NAUMOVA, M.D.PH.D.OLEKSANDR PRYSTUPIUK

INTRODUCTION

THE MAIN CAUSES OF DEATH IN THE WORLD TODAY IS NON-COMMUNICABLE DISEASES (NCDs). A RESEARCH OF THE WORLD BANK FOUND OUT THAT 82% OF DEATHS IN UKRAINE ARE CAUSED BY CHRONIC NCDs, 3.6% OF WHICH COMPOSE DIABETES MELLITUS. AND SINCE THE COURSE OF TYPE 2 DIABETES MELLITUS (T2DM) IS USUALLY LONG, IT REQUIRES SPECIAL, COSTLY MEDICAL CARE FOR SIGNIFICANT PERIOD OF PATIENT'S LIFETIME.

MATERIAL'S RESEARCH

Our research involved
1 762 people with T2DM



Gender	Cholesterol		
	under 5.3 mmol/L	5.3-6.5 mmol/L	over 6.5 mmol/L
Males	38%	57%	5%
Females	28%	64%	8%

Regarding fasting glycemia, patients' groups were

Gender	Glycemia	Cholesterol		
		under 6.2 mmol/L	6.2-7.8 mmol/L	over 7.8 mmol/L
Males (cholesterol level)		5.70±0.01 mmol/L	5.90±0.05 mmol/L	5.99±0.04 mmol/L
Females (cholesterol level)		4.86±0.03 mmol/L	6.50±0.03 mmol/L	7.50±0.03 mmol/L

Regarding BMI, patients' groups were

Gender	BMI	Cholesterol		
		Normal weight	Overweight	Obesity
Males (cholesterol level)		5.81±0.06 mmol/L	6.12±0.04 mmol/L	6.10±0.05 mmol/L
Females (cholesterol level)		5.48±0.04 mmol/L	5.56±0.02 mmol/L	5.77±0.01 mmol/L

OUR RESEARCH INVOLVED 592 MALES AND 1170 FEMALES WITH T2DM. WE DETERMINED BMI, GLYCEMIA, TOTAL CHOLESTEROL, HDL-C AND NON-HDL-C. DYSLIPIDEMIA IS ESTABLISHED WITH CHOLESTEROLEMIA OVER 5.20 MMOL/L AND WITH HDL-C UNDER 1.02 MMOL/L IN MALES AND UNDER 1.29 MMOL/L IN FEMALES. IN OUR STUDY GROUP, CHOLESTEROL LEVEL IN MEN WAS 6.41±0.03 MMOL/L, IN WOMEN - 6.23±0.01 MMOL/L (P<0.05), WHILE HDL-C WAS RESPECTIVELY 1.89±0.88 AND 1.88±0.07 MMOL/L (P<0.05), AND NON-HDL-C - 4.60±0.02 AND 3.38±0.05 MMOL/L (P<0.05).

PATIENTS WERE DIVIDED, ACCORDING TO CHOLESTEROLEMIA, INTO THE FOLLOWING GROUPS: UNDER 5.3, 5.3-6.5 AND OVER 6.5 MMOL/L.

IN RELATION TO THIS, MALES WERE THE FOLLOWING PERCENTAGES: 38%, 57%, 5%, AND FEMALES: 28%, 64%, 8%.

REGARDING FASTING GLYCEMIA, PATIENTS' GROUPS WERE: UNDER 6.2, 6.2-7.8 AND OVER 7.8 MMOL/L.

ACCORDINGLY, CHOLESTEROL LEVEL RELATED TO GLYCEMIC GROUPS IN MEN WAS 5.70±0.01, 5.90±0.05, 5.99±0.04 MMOL/L (P<0.001), AND IN WOMEN: 4.86±0.03, 6.50±0.03, 7.50±0.03 MMOL/L (P<0.001) RESPECTIVELY.

IN ACCORDANCE WITH BMI WE HAD THE FOLLOWING CLASSIFICATION: NORMAL WEIGHT, OVERWEIGHT, OBESITY.

AND MALE PATIENTS' CHOLESTEROL WAS RESPECTIVELY AS FOLLOWS: 5.81±0.06, 6.12±0.04, 6.10±0.05 MMOL/L, WHILE FEMALE CHOLESTEROL: 5.48±0.04, 5.56±0.02, 5.77±0.01 MMOL/L.

CONCLUSIONS:

1. ATHEROGENIC DYSLIPIDEMIA IN 70% OF PATIENTS WITH T2DM OF BOTH SEXES IS CAUSED BY AN INCREASE IN BLOOD NON-HDL-C.
2. ATHEROGENIC DYSLIPIDEMIA CORRELATED WITH THE STATE OF COMPENSATION OF DIABETES AND BODY WEIGHT.
3. THERAPEUTIC CORRECTION OF DYSLIPIDEMIA IN PATIENTS WITH T2DM SHOULD BE NORMALIZATION OF BLOOD GLUCOSE AND BODY WEIGHT.

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