INTRODUCTION: Type 2 Diabetes Mellitus (T2DM) is a chronic disease, with prevalence increasing worldwide and its complications are major causes of early morbidity and mortality. Recent guidelines suggest the individualisation of glycaemic targets and glucose-lowering therapies. The aim of this study was to determine the quality of care provided to type 2 diabetic patients in our institution, analysing metabolic control, cardiovascular risk factors and prevalence of diabetic complications.

METHODS: Transversal study with 423 type 2 diabetic patients, followed at our diabetes clinic.

RESULTS: A total of 423 patients were included in the study, with a mean age of 67 ± 9,4 years. 61,7% were men. Approximately 90% of patients were overweight (41,9% obese). 65,3% had familiar history of T2DM. Mean duration of diabetes was 15 ± 10,5 years and HbA1c levels averaged 7,0% ± 1,2. 60% had HbA1c ≤7% (40% HbA1c ≤6,5%). Concerning therapeutic regimens: 75% used oral hypoglycaemic agents (OAD) alone (73,4% of these were using 2 or more agents); 25% were treated with insulin (16% in combination with OAD).

82,3% of the patients had hypertension and 31,2% met the target blood pressure (BP) of 130/80mmHg. 82,9% had dyslipidaemia and 62,6% met the goal LDL cholesterol level <100mg/dl. 12% of patients met the combined ADA goal for BP, LDL and HbA1c. 61,3% of the patients was anti-aggregated.

Regarding diabetic complications: 16,7% had retinopathy, 26,4% nephropathy, 23% cardiovascular and 8,7% cerebrovascular disease.

CONCLUSIONS: Metabolic control (HbA1c), BP, LDL values were favourable in our patients, comparing to other studies. Although, it’s challenging to achieve all the goals proposed by international guidelines.