ACHIEVEMENT OF RECOMMENDED GLUCOSE, LIPID AND BLOOD PRESSURE TARGETS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Introduction:
Patients with type 2 diabetes mellitus have a greater risk for cardiovascular morbidity and mortality than those without, and this is even further aggravated if they also suffer from hypertension or dyslipidemia. This risk can be reduced by tight control of blood glucose, serum lipids and blood pressure (BP).

Patients and methods:
One hundred and nineteen patients were enrolled. We estimated the proportion of well controlled diabetes, as defined by having glycosylated hemoglobin <7 %, blood pressure <140/90 and low density lipoprotein (LDL) cholesterol <2.6 mmol/l. For all the patients, anthropometric measurements and metabolic risk factors were carried.

RESULTS:
- A total of 119 subjects (61 men and 58 women) were included.

  **Characteristics of patients:**
  - Sex:
    - men: 49%
    - women: 51%
    - The mean age: 58 years 10.6
    - Diabetes duration: 9 3.3 years
    - Hypertension was noted in 60% of patients
    - Smoking =26.9%
    - BMI = 29.67 7.22
    - Waist circumference = 107.18 88 cm
    - The mean value of HbA1c was 8.8% ±2.3
    - The mean value of systolic BP was 135±16 mmHg and diastolic BP 76±12 mmHg
    - The mean value of LDL-C was 2.7±1 mmol/l
  - 27.9% of patients have presented a cardiovascular event:
    - myocardial infarction: n=23
    - stroke: n=7
    - peripheral artery disease: n=2

  **Achievement of therapeutic goals was obtained in**
  - Glycemic control: 50%
  - Blood pressure: 48.3%
  - Lipid goals: 20%
  - 3 objectives: 5%

Conclusions
The risk of diabetes complications can be reduced by tight control of blood glucose, serum lipids and blood pressure. However, in our study, only fewer individuals had achieved goals for HbA1c versus lipids and blood pressure. A Danish study (1) reported that >60% of people with type 2 DM had HbA1c values >6.3%. Aggressive management of cholesterol and blood pressure are also effective in preventing macrovascular diseases (2). An urgent action is needed to increase the proportion of these individuals achieving recommended glycemic goals by adapting diet exercise, and medications (increased use of insulin, multiple antihypertensive therapy and lipid lowerin drugs).

References:
2) Kemp and Associates, diabetes care, volume 28, number 6, june 2005