# CLINICAL PROFILE OF PERSONS WITH DIABETES MELLITUS (DM) ATTENDING AN ENDOCRINOLOGY CLINIC IN A TERTIARY HOSPITAL IN RURAL NIGERIA ADUNBIOLA P.O, OLUGBEMIDE O.A, BANKOLE I.A, AKHUEMOKHAN K.I DEPARTMENT OF INTERNAL MEDICINE IRRUA SPECIALIST TEACHING HOSPITAL, EDO STATE.

### BACKGROUND

Diabetes mellitus is a leading cause of morbidity and mortality globally.

Its prevalence is increasing worldwide due to the transition phase<sup>1</sup>.

The present prevalence of DM is projected to double in 2035<sup>2</sup> and the

International Diabetes Federation has reported Nigeria as having the highest number of people with diabetes in Africa. This study is to assess the clinical profile of persons with diabetes attending a diabetic clinic

### **METHODS**

This is an ongoing prospective observational study. Subjects were persons who had been diagnosed of DM based on World Health Organization criteria, and had been on treatment for at least six months. Standardized questionnaires were administered and biodata, clinical and biochemical profile of subjects were obtained.

### RESULTS

A total of 92 subjects have so far been recruited. Most of the subjects have Type 2 DM (89.1%). The mean (S D) for the socio demographic and clinical variables are shown in Table 1 and 2. The mean (SD) for fasting blood sugar was 155.60 (75.3) mg/dl (range 61 – 389) mg/dl. Sixty seven percent of our subjects had a body mass index above 25kg/m<sup>2</sup>. Metformin is the most commonly prescribed medication as shown in Figure 1. An optimal glycemic control (FBS < 110) was observed in 30.1% of patients.

### **CONCLUSION**

Management of diabetes constitute a great challenge in a rural setting.

This can be attributed to poor socioeconomic status of most of the patients as shown by their in ability to afford newer oral diabetic medications. A significant improvement in the current level of care for persons with diabetes would be achieved if policy makers can subsidize the cost of care of persons with diabetes.

## REFERENCES

1.Hu FB: Globalization of diabetes: The role of diet, lifestyle and genes. Diabetes Care. 2011;34:1249-57

2.Diabetes Fact Sheet - International Diabetes Federation.www.idf.org/webdata/docs/background - info- AFR.pdf.

# TABLE I: CHARACTERISTICS OF RESPONDENTS

		FREQUENCY	PERCENTAGE			
		(n)	(%)			
AGE (years)	40-50	29	31.5			
	50 — 60	21	228			
	>60	42	45.7			
Mean Age (SD)	56.6 (15.8) YEARS					
SEX	MALES	46	50.0			
	FEMALES	46	50.0			
TYPE OF DM	TYPE 1	10	10.9			
	TYPE 11	82	89.1			
Mean Duuration of DDM $(n=83) = 4.9 (4.7)$ years						
GLYCAEMIC CONTROL	GOOD	23	25.0			
	POOR	69	75.0			

### TABLE3: GENDER DISTRIBUTION OF SOCIO DEMOGRAPHIC VARIABLE

	SEX			
	FEMALES	MALES	t	P-Value
	n=46 n (%)	n=46 n (%)		
AGE (years)	53.28 (15.65)	60.26 (15.48)	- 2.15	0.034
Fasting Blood Glucose (mg/dI)	142.96 (70.25)	152.24 (65.40)	-0.66	0.514
Duration of DM (years)	5.03 (4.91)	4.43 (4.16)	0.61	0.547
BMI (Kg/m)2	29.22 (7.99)	26.28 (4.99)	2.11	0.037

\* statistically significant at p<0.05

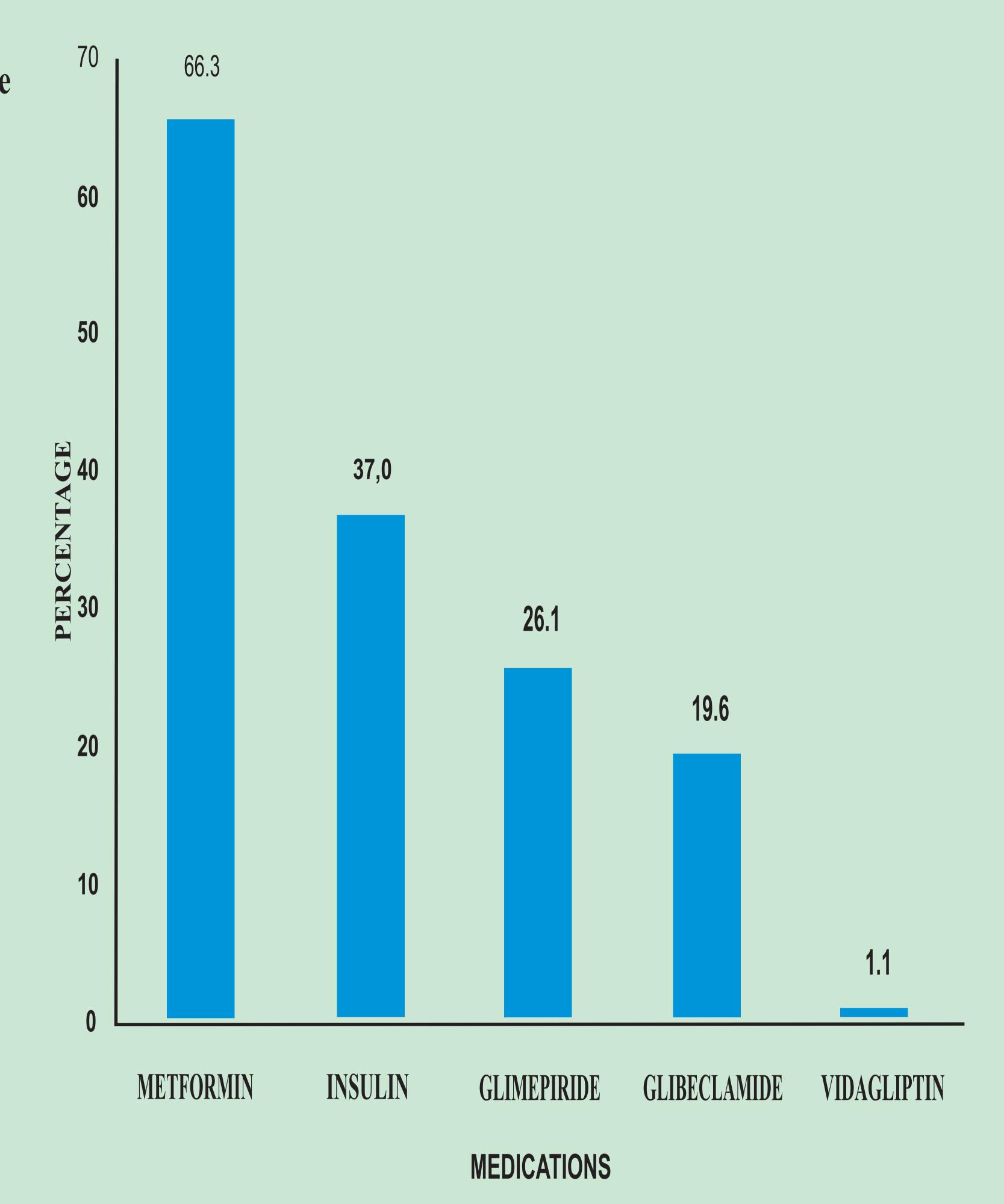


FIGURE 1: MEDICATIONS USED BY RESPONSENTS (N=92)