

INTRODUCTION

Diabetes mellitus (DM) is a major risk factor for stroke and has been shown that diabetic patients who suffer stroke have a worse prognosis, with greater morbidity and mortality.

OBJETIVES

Determination of the prevalence of DM in hospitalized patients for ischemic stroke. Comparison of demographic variables, complications prevalence, length of hospital stay and in-hospital mortality among diabetic and non-diabetic patients. Assessment of glycaemic control and therapy used in the treatment of DM.

METHODS

Observational, analytical and prospective study of 134 hospitalized patients for ischemic stroke in Hospital de Braga between August and November/2013.

- DM: patients with known history of DM or under treatment with oral antidiabetic (ADO) and/or insulin;
 - Complications: infectious and neurological complications;
 - Exclusion criteria: no determination of blood glucose on admission, hospitalization in the last 30 days, hospital transfer. (n = 20 patients).
- Statistical analysis:* IBM® SPSS® Statistics v 20.
Statistical significance : p<0,05

RESULTS

Graph 1: Previous diagnosis of DM (n= 134)

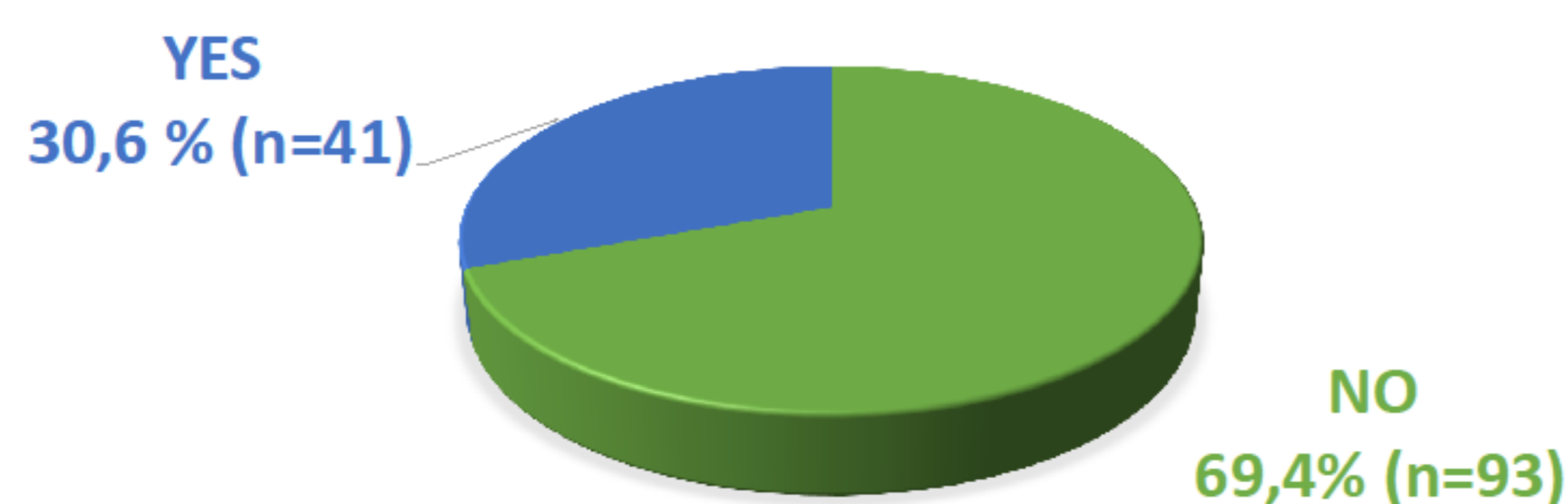


Table 2: Relationship between blood glucose vs prevalence of complications and in-hospital mortality (n=134)

	Complications	In-hospital mortality
Glycaemia	p=0,816	p=0,255

Table 3: Comparison of comorbidities among diabetic patients and nondiabetic

	Total (n=134)	DM (n=41)	Non-DM (n=93)	p
Hypertension	74,6% (n=100)	87,8% (n=36)	68,8% (n=64)	<0,05
Previous stroke	23,9% (n=32)	39% (n=16)	17,2% (n=16)	<0,05
Obesity	11,9% (n=16)	19,5% (n=8)	8,6% (n=8)	0,073
Dyslipidaemia	50,7% (n=68)	65,9% (n=27)	44,1% (n=41)	<0,05
Coronary heart disease	9,7% (n=13)	17,1% (n=7)	6,5% (n=6)	0,056
Atrial fibrillation	30,6% (n=41)	31,7% (n=13)	30,1% (n=28)	0,85
Chronic kidney disease	12,7% (n=17)	24,4% (n=10)	7,5% (n=7)	<0,05

Graph 2: Determination of HbA1c in the diabetic patients (n = 41)

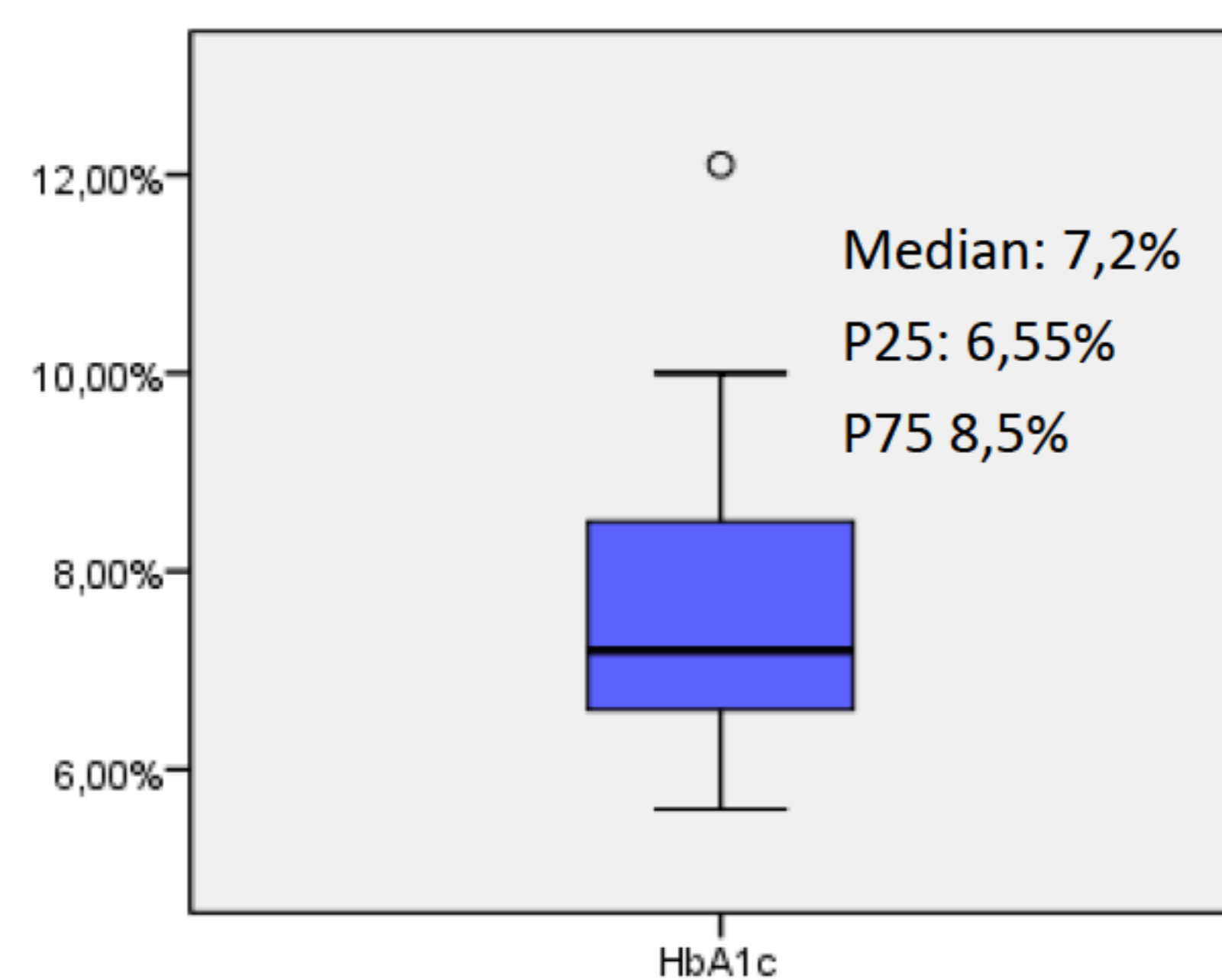


Table 4: Relationship of HbA1c vs. prevalence of complications and in-hospital mortality (n = 41)

	Complications	In-hospital mortality
HbA1c	p=0,731	p=0,634

Graph 3: Therapeutic (Tx) of diabetic patients at admission vs discharge (n = 41)

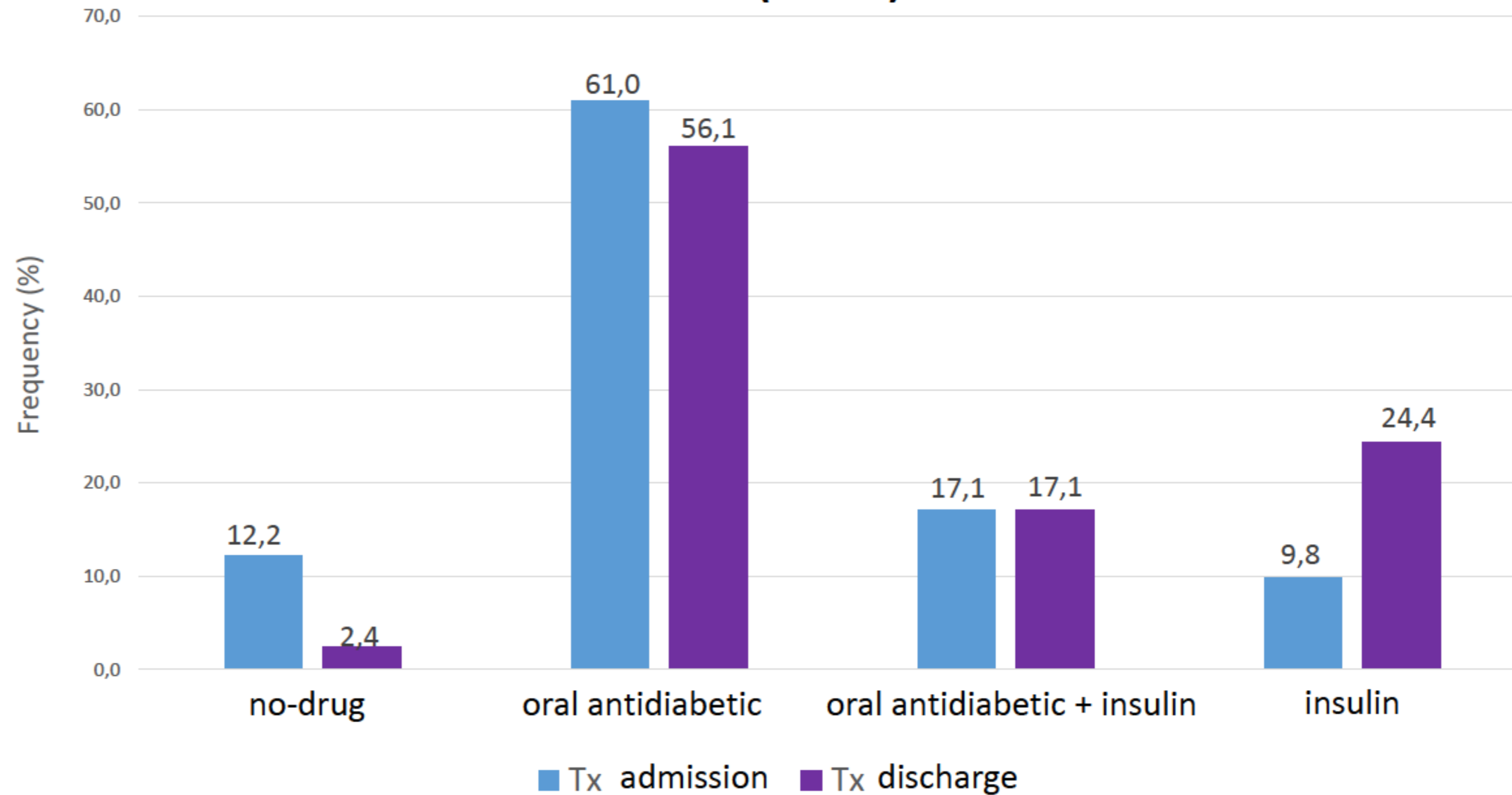


Table 1: Comparison of variables between diabetic and non-diabetic

	Total (n=134)	DM (n=41)	Non-DM (n=93)	p
Age (years)	Median: 79 P25: 67,75 P75: 85	Median: 79 P25: 65 P75: 84,5	Median: 80 P25: 68 P75: 85	0,625
Sex	F 53,7% (n=72) M 46,3% (n=62)	F 46,3% (n=19) M 57,3% (n=22)	F 57,0% (n=53) M 43% (n=40)	0,255
Glycaemia (mg/dL)	Median: 115 P25:100 P75: 139,25	Median: 156 P25:124 P75: 196	Median: 108 P25:97 P75: 123,5	<0,05
Length of stay (days)	Median: 10 P25:7 P75: 18	Median: 10 P25:3,5 P75: 18	Median: 10 P25:7 P75: 18	0,464
Complications	32,8% (n=44)	24,4% (n=10)	36,6% (n=34)	0,167
In-hospital mortality	8,2% (n=11)	2,4% (n=1)	10,8% (n=10)	0,106

CONCLUSION

Glycaemic control in the diabetic group is reasonable, in most patients, assuming the age, pre-existing comorbidities and chronic complications. We admit that the absence of a higher prevalence of complications and mortality in diabetic vs non-diabetic group, may be related to the small sample size.

References:
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