The assessment of diabetes complications in people with uncontrolled type 2 diabetes

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Method: T2DM patients (DM > 3 years) were assessed between Mar 2014 - end Oct 2015. They were evaluated by clinical examination, lab exams (HbA1c, FPG, eGFR), cardiological and ophthalmological examination (ECG, US, ocular fundus).

Results: 146 adult T2DM patients, 48% male, mean age 60.2 yrs, mean duration of T2DM 7yrs, HbA1c 9.5%, FPG: 224.9 mg/dl included. Patients were treated with Met (88.5%), SU (81%), DPP4i (7.4%), glinides (2.9%) and alpha Gi (9.4%). The microvascular complication were: retinopathy in 16.5% of cases, CKD in 10.3% and neuropathy (distal symmetrical polyneuropathy) in 56.3%. 6.6% of the patients had previous stroke, 5.4% previous MI, 39.9% IHD (ECG changes in almost 65% of them), 9.8% heart failure and 13.4% peripheral arterial disease.

Conclusion: It is well known that most of the complications in diabetes arise from damages to small blood vessels and narrowing of large arteries due to chronic hyperglycemia and hypoglycemic episodes. Our study confirm the observation that microvascular complications affect more diabetic patients than macrovascular ones. The most frequent microvascular complication was polyneuropathy due to nerve damages that results from microvascular injury to the small blood vessels that supply the nerves. It is absolutely necessary to screen more often these patients and to maintain their glycemic control on long term.