



To study the prevalence of Retinopathy complication in newly diagnosed Type 2 Diabetes Mellitus

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Introduction

Diabetes Mellitus (D.M.) refers to a group of common metabolic disorders that share the phenotype of hyperglycemia¹. It results from a defect in insulin secretion and/or insulin action, which results in hyperglycaemia with disturbances of carbohydrate, fat and protein metabolism².

Diabetes is one of the commonest chronic non communicable diseases affecting the society at large both in developing and developed countries. It is generally classified as type 1, type 2 or other specific types³.

Type 1 diabetes is generally considered a T cell mediated autoimmune disease involving destruction of the insulin secreting β cells in the pancreas, resulting in absolute insulin deficiency, whereas type 2 diabetes is characterised by resistance to the action of insulin and an inability to produce sufficient insulin to overcome this 'insulin resistance'⁴.

Globally, all types of diabetes are on the increase, type 2 diabetes in particular⁵. While diabetes has been known for many centuries, the prevalence has reached epidemic level proportion only recently⁶. The rise of prevalence has been more alarming in developing countries than in developed countries. There has also been a trend

towards a shift in the mean age of onset of type 2 diabetes to a much younger age⁷.

As per the 9th edition of International Diabetes Federation Atlas, 2019,. The global diabetes prevalence is estimated to be 9.3% (463 million people), rising to 10.2% (578 million) by 2030 and 10.9% (700 million) by 2045... The major proportion of this increase will occur in developing countries of the world like India⁸. One in two (50.1%) people living with diabetes do not know that they have diabetes.

India leads the world with largest number of diabetic subjects earning the dubious distinction of being termed the **"Diabetes Capital of the World"**.

Type 2 diabetes is accompanied by a high prevalence of associated disorders like the various components of the metabolic syndrome like hypertension, dyslipidemia and obesity; micro vascular complications like retinopathy (Rt), nephropathy (Np), neuropathy (Nu) and macro vascular complications like coronary artery disease, peripheral vascular disease and cerebrovascular disease resulting in significantly high morbidity and mortality^[9-14]. The chronic complications of diabetes mellitus translate into a significant economic burden on individuals and community at large¹⁴.

Due to its asymptomatic course, type 2 diabetes evades diagnosis for many years. Harris et al.¹⁵ estimated a gap of 9 to 12 years between the onset of type 2 diabetes and its clinical diagnosis. Long standing diabetes mellitus is associated with an increased prevalence of microvascular and macrovascular complications. The first indication of the presence of type 2 diabetes mellitus may actually be detected at the time of diagnosis of a diabetic complication.

Aims and Objectives

To study the Prevalence of retinopathy complication in newly diagnosed type 2 diabetes mellitus.

Materials and Methods

In this study, 100 newly diagnosed cases of type 2 diabetes mellitus patients were evaluated. A cross section of both male and female diabetes patients diagnosed within the last 3 months (new onset) attending the general medicine indoor and outpatient department and other clinical departments of katihar medical college, katihar was taken into study.

A detailed history, clinical examination and relevant investigations were performed.

History

Age, sex and duration of diabetes were recorded. Family history of diabetes and personal medical history was enquired. History of symptoms suggestive of retinopathy complication like blurred vision, fluctuating vision, impaired colour vision, dark or empty area in vision, floaters in vision, vision loss were taken

Inclusion Criteria

Patients with

- Newly diagnosed case of type 2 diabetes mellitus
- Cases within 3 months of diagnosis

Exclusion Criteria

Patients with:

- Type 1 diabetes mellitus

- Diagnosed type 2 diabetes of more than 3 months duration
- Previous history of any vascular disease
- End stage renal disease
- Pre existing neurological disease including stroke, dementia
- History of nephrotoxic, neurotoxic or oculotoxic drug use

Ophthalmoscopic examination included a detailed dilated fundus examination done by indirect ophthalmoscopy.

Non-proliferative diabetic retinopathy (NPDR) was diagnosed by the presence of microaneurysms, blot haemorrhages or cotton wool spots. Proliferative diabetic retinopathy (PDR) was defined as the presence of abnormal new vessels on the disc or elsewhere.

Biochemical Analysis

Biochemical analysis of the following were done in the department of Biochemistry

American Diabetes Association Guidelines 2019 (ADA 2019)

- Fasting and/or 2 hr post 75 oral anhydrous glucose plasma glucose level was estimated by enzymatic glucose oxidation method. A basal FPG >126 mg/dl, and a plasma glucose >200 mg/dl at 2hr post 75 glucose confirmed on a second occasion was diagnostic of diabetes.
- Glycosylated haemoglobin (HbA1c) was estimated by ion exchange chromatography. In diabetes mellitus the value is ≥ 6.5 . It gives an idea of the plasma glucose control on the preceding 3 months.

Result and Analysis

Table No.1 Sex Wise Distribution of Population

SEX	NUMBER	%AGE
MALE	60	60
FEMALE	40	40

In our study 60% were male and 40% were female

Table No. 2 Distribution of Population in Different Age Group

Age Groups (in yrs)	Number	% Age
36-45	14	14
46-55	51	51
56-65	35	35

Majority of cases were in the age group of 46-55 years, followed by in age group 56-65 years.

Table No. 3 Showing the Prevalence of Retinopathy in Population

Complication	Number (N=100)	Percentage
ABSENT	93	93
PRESENT	7	7

7% of population were having retinopathy complication at the time of diagnosis

Table No. 4 Showing Prevalence of Retinopathy in Different Age Groups

AGE GROUPS (in yrs)	NPDR	PDR	%AGE
36-45 (N=14)	1	0	7.14
46-55 (N=51)	1	0	1.96
56-65 (N=35)	3	2	14.28

NPDR- non proliferative diabetes retinopathy
 PDR- proliferative diabetes retinopathy
 Highest prevalence was seen in 56-65 age groups

Table No. 5 Showing Distributions of Retinopathy in Male and Female

SEX	NPDR	PDR	%
MALE (N=60)	2	1	5
FEMALE (N=40)	3	1	10

Retinopathy was present in 10% of female and 5% of male

Discussion

The present cross sectional study was carried out on 100 consecutive patients of type 2 diabetes who were diagnosed recently (duration less than 3 months).The mean age at diagnosis was found to be 53.7 years. This signifies that in our hospital, diabetic patients are presenting late. Among the

newly diagnosed patients 60 were male and 40 patients were female.

Age wise analysis of the patients reveals that most of the patient were in age group 46-55 yrs n =51 (51%) , followed by in age group 56 – 65 n =35 (35%) and least number in 35 – 45 n= 14 (14%). This corroborates with the work done by RAMACHANDRA *et al*¹⁶ which shows that in developing countries, the majority of diabetes patients are in the age range of 45-64 years whereas in the developed countries are aged >65 years. In our study 86 % of population was in age group 46 – 65yrs.

Diabetic retinopathy is seen in 7 (7%) patients .The result concurs with the study done by REEMA *et al*.¹⁷ , PREMLATHA *et al*.¹⁸ ,CURES STUDY¹⁹ and recently published multicentre observational study from India conducted by SOSALE *et al*.²⁰ who reported a prevalence of 6.1% but are lower than most of the studies from the western world^{21,22,23}. It is difficult to identify the reasons for such variation in prevalence rates among various populations but ethnic susceptibility, age, healthcare facilities and other risk factors could have contributed to the differences. Retinopathy was seen in 5% of male and 10% of female but this was statistically not significant. The mean age of patients having retinopathy was higher than those without it (56.71yrs vs. 53.49yrs) but this was statistically not significant.

Summary and Conclusion

The study was carried out with the intent to assess the prevalence of diabetic complications of retinopathy in the newly diagnosed type 2 diabetics. Prevalence of complications is high even at the time of diagnosis of Type 2 diabetes. This is probably because of the insidious onset of diabetes and long duration of asymptomatic disease before symptoms develop. Hence screening tests for complications are strongly recommended at the time of diagnosis not only for early detection, but also to prevent the progression into end stage disease.

Endeavour should be made to control hyperglycemia and hypertension tightly by appropriate therapeutic measures so that the occurrence and worsening of complications could be mitigated.

There is an urgent need for concerted efforts by Government and Non-governmental sectors to implement national programmes aimed at prevention, management and surveillance of the disease.

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