Clinical profile and outcome of type 1 diabetes mellitus in tertiary care centre of Eastern Nepal

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Aim: The objective of this study was to study the clinical profile and outcome of patients admitted with type 1 diabetes mellitus in tertiary care centre of eastern Nepal.

Method: A prospective descriptive study was carried out in the Department of Pediatric and Adolescent Medicine at BPKIHS, Dharan from January 2014 to February 2015. Details of socio-demographic, clinical, laboratory, treatment and outcome parameters were recorded in a pre-designed proforma. Data was analyzed using SPSS version 21.

Results: Out of 24 samples, median age was 11.5 years (range=4-18 years). Females were 58.3%. 66.7% were admitted with DKA. Most patients were from lower socio-economic status and rural background. The classical symptoms were polyuria, polydipsia and polyphagia and these symptoms were present in all cases. 46% were newly diagnosed. 37.5% presented with DKA at onset.

Conclusion: Type 1 diabetes mellitus though not curable is a treatable disease. Besides compliance to insulin, self-monitoring of blood glucose, dietary restrictions and regular follow-up, compassionate counseling plays a major role in achieving good glycemic control and is important to avoid life threatening complications like diabetes ketoacidosis.

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New challenges in glycemic management for patients with diabetes mellitus and chronic kidney disease

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The management of hyperglycemia in patients with chronic kidney disease (CKD) is complex and the goals and methods regarding glycemic control in CKD are not clearly defined. Although aggressive glycemic control seems to be advantageous in early stages of diabetic kidney disease, outcome data supporting tight glycemic control in patients with advanced CKD or end-stage kidney disease (ESKD) are lacking. Challenges in the management of patients with advanced CKD or ESKD include a growing array of available oral and injectable therapies, therapeutic inertia, monitoring difficulties and the complexity of combining various treatment regimens. This presentation will review the known alterations in glucose homeostasis that occur in kidney impairment, updated views on the value of glycemic control and issues with its determination, and recent data on approaches to monitoring glycemic control. Hypoglycemia, more frequent in diabetic CKD patients, will be analyzed. Treatment options for patients with diabetes and CKD or ESKD will be addressed including both the insulin and non-insulin agents that are currently available along with their indications and contraindications. The presentation will provide information to help clinicians and researchers in decision-making in order to reach individualized glycemic goals using appropriate therapy for patients with CKD or ESKD.

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