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Systemic hypertension and type 2 diabetes mellitus and lapse of diagnosis for end-stage kidney disease in 18 patients from a Hospital of Puerto Vallarta, Jalisco, México

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Background: End-stage kidney disease is directly related to hypertension, diabetes and dyslipidemia, which today is a disease that has reached epidemic proportions in our country.

Methods: We conducted an analytical, observational, cross-sectional and retrospective study based on individuals, involving 18 patients assigned to the ISSSTE Hospital located in Puerto Vallarta, Jalisco, México, diagnosed with end-stage kidney disease, in which we seek to establish an approximate time frame for the diagnosis of end-stage kidney disease in patients with a previous diagnosis of systemic hypertension, diabetes mellitus type 2 and both associated. Statistical analysis was performed using the Excel Analysis ToolPak for Microsoft Office Excel 2013.

Results: Data were collected from 18 patients diagnosed with end stage kidney disease, of which only 15 patients (83.33%) were analyzed, otherwise 3 patients (16.66%) were excluded, 2 of them by presenting a diagnosis of ESKD simultaneously to type 2 diabetes or systemic hypertension, and the remaining patient did not present any comorbidity when establishing the diagnosis of ESKD. Of the selected patients, it was found that the category which took a shorter time to have as diagnosed ESKD were patients with hypertension as unique comorbidity, with an average of 5.6 years, while the category of type 2 diabetes mellitus and associated hypertension, had an average of 9 years; and finally patients with type 2 diabetes mellitus only, showed an average of 20 years of evolution before they make a diagnosis of ESRD.

Conclusions/Discussion: The results show a direct causal link between type 2 diabetes mellitus and hypertension, with the onset of chronic kidney failure, this time depending on the evolution of the disease. Being patients with hypertension as the only comorbidity those with the shortest period to develop terminal chronic renal impairment compared to patients with diabetes mellitus as one comorbidity, who show a slow and progressive deterioration, perhaps associated with various factors, a major by inhibiting the renin-angiotensin system, which slows the progression of kidney disease.

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Novel intervention strategies for reducing sedentary behavior in the workplace

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Until recently, sedentary behavior was considered synonymous with a lack of moderate/vigorous physical activity (MVPA). More recent evidence suggests prolonged sedentary time has deleterious health effects that are independent of participation in MVPA. Furthermore, because they are distinct behaviours, strategies for increasing MVPA may not be effective for reducing sedentary behavior. Recent reviews have confirmed that efficacious interventions for MVPA do not reduce overall sedentary time. This suggests that novel intervention approaches that specifically target sedentary behavior are warranted. However, there is a notable gap in research identifying effective behavioral strategies for reducing sedentary behavior. The workplace is an ideal setting for implementing interventions to reduce sitting time, as a majority of adults spend up to half of their waking hours at work, and over 80% of adults now have sedentary occupations. Furthermore, the structure of workplaces facilitates multi-level approaches to behavior change, whereby environmental changes can be added to individual behavior change strategies to bolster intervention effects. Our team has conducted a series of experiments testing seated active workstations for reducing sedentary time amongst office workers. We will present the findings of these studies and discuss future directions for this important line of research.

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