Abstract

Background: The assessment of risk factors for diabetes contributes to early detection and timely prevention of this disease. Chui province of Kyrgyzstan is considered as a region with increasing number of patients with type 2 diabetes (Type 2 DM).

Objective: To study the features of the risk of developing Type 2 DM in the Kyrgyz population- residents of Chui province of Kyrgyzstan.

Methods: 55 vulnerable families with low income (227 respondents of Kyrgyz-Asian ethnic group) which live in Chui region, the low altitude of mountain belt (500-1200 meters from sea level), were selected randomly to the study. A cross-sectional study was performed. The odds ratios (ORs) and confidence intervals (CI) were calculated. Stratification was carried out by age and sex: 18-39 years, 40-49 years, 50-59 years, over 60 years; 43 men and 184 women. The FINDRISK questionnaire was used to assess the risk of developing Type 2 DM within ten years.

Results: The high risk a 16.2% and moderate increased risk a 46.6% were detected in men, which was primarily associated with arterial hypertension (AH) and insufficient consumption of vegetables and fruits. In women the high risk a 19.7% and a slightly increased risk a 39.6% were defined and were associated with abdominal obesity (AO) and with AH. Men and women had increased levels of BMI, AO and AH in the group older age than 60 years.

Conclusion: The more significant and common risk factors (RF) for Type 2 DM in men is AH (60.4%), and in women: AO (80%). The prevalence of RF for Type 2 DM in the Kyrgyz in Chui region of Kyrgyzstan increases with age. In Kyrgyz Chui region dominated by a slightly increased risk of developing diabetes in the next 10 years: 46.6% in men, 39.6% in women and it increases with age. The risk of developing Type 2 diabetes in the Kyrgyz in the valleys is associated with abdominal obesity in women, and with hypertension in men. Slightly increased risk of developing in the next 10 years diabetes in the next 10 years is predominated in both men and women.

Keywords: Diabetes; Risk factors; Arterial hypertension; Visceral obesity; Obesity; Low altitude

Background

Kyrgyz (Asian population) live and work in all mountain belts [1]. Mountain conditions modify diseases course and their RF’s including Type 2 DM [2-4]. According to the International Diabetes Federation, the number of people with diabetes worldwide reached 382 million people in 2013, and by 2035 will reach 592 million [1-3]. The risk factors assessment for diabetes contributes to its early detection and timely prevention. Chui region of Kyrgyzstan is one of the region where the prevalence of patients with Type 2 diabetes increased from 912.8 in 2007 to 1151.8 per 100 thousand population in 2012, Waist circumference (WC) is an important predictor of diabetes, coronary heart disease and mortality independently of traditional factors such as hypertension, blood glucose level and lipoprotein [4-7]. 60% of patients with acute myocardial infarction have carbohydrate metabolism impairment [8]. DALY’s criteria show that the leading RFs are the main contributors to 60% burden of disease [9].

The prevalence of diabetes in valleys associated with higher energy intake than those living in the mountains [10]. In the low mountains of Kyrgyzstan the AO is significantly higher in women than in men under the age of 55 years [11]. Bearing in mind the commonality of RF’s for CVD, AH, DM and their close relationship and the fact that DM is currently the third leading cause of death after cardiovascular disease and cancer, the diabetes screening is justified [12,13].

Methods

Randomization was based on a survey of 55 families (227 respondents) of Kyrgyz living in Chui region (500-1000 1200 m). A cross-sectional study with the calculation of odds ratios (ORs) and confidence intervals (CI) was performed. Stratification carried out by age: 18-39 years, 40-49 years, 50-59 years, over 60 years and sex: 43 men and 184 women. Delineation of mountain belts is performed by altitude: 18-39 years, 40-49 years, 50-59 years, over 60 years of age, and sex: 43 men and 184 women. Delineation of mountain belts is performed by age and sex: 18-39 years, 40-49 years, 50-59 years, over 60 years; 43 men and 184 women. Delineation of mountain belts is performed by age and sex.
Daily insufficient consumption of fruits and vegetables is revealed a 53.5% in a group of men and a 41.8% in the group of women. Use of antihypertensive drugs as one of the main RF of Type 2 DM is defined in men in 60.4% and 62.5% among women. Family history as risk factors of Type 2 DM is found in 18.6% in men and in 9.2% among women (Table 1, Figures 1 and 2). The main RF’s of DM among the surveyed population of Chui region are consistently distributed as follows: for male: AH, inadequate intake of fruit and vegetables and AO; for women: AO, AH and subsequent irregular consumption of vegetables and fruits.

Stratification of risk of Type 2 DM defined following ranges: in a group of men 18, 6% had less than 7 points (lower risk of developing Type 2 DM in the next 10 years), 46.6% had 7.11 points (slightly increased risk of developing Type 2 DM), 18.6% had 12-14 points (average risk of developing Type 2 DM), 16.2% had 15-20 points (high risk of developing Type 2 DM), and nobody had more than 20 points (very high risk of developing Type 2 DM) (Figure 3).

In the group of women 8.7% had less than 7 points, 39.6% had 11.7 points, 32% had 12-14 points, 19.7% had 15-20 points, and nobody had more than 20 points (Figure 4). In women, following RF’s such as BMI, AO, AH increased with age. These RF’s were the highest in the group of women older than 60 years (22.3%, 40.2%, and 32.6% respectively). In men it was defined a trend towards an increasing of BMI, visceral obesity and hypertension with age. These RF’s were high in the group of men over 60 years (13.9%, 25.6%, and 30.2%, respectively) (Table 2 and Figures 5-7). Significant and common RF in men with Type 2 DM in Chui region is AH (OR 1.125, 95% CI 0.579-2.189), in women is obesity (70%) (OR 0.175, 95% CI 0.086-0.356).

**Discussion**

Bearing in mind that the indigenous people of Kyrgyzstan live and work at all mountain belts the physiological functions of the human body, course of diseases and their risk factors, including diabetes, have their own features. In our study high WC was prevalent in women: 80%, more than in men: 53.4%, which coincides with the study of Mirrakhimov [15-18]: 73.7% and 35.3% respectively [11]. In other studies (Knyazev and Sultanalieva [19]) abdominal obesity was predominated in men (71.6%) [16]. There were no significant differences in physical activity at least 30 minutes per day in groups of men (25.6%) and women (22.9%). In other studies [16] predominantly were women (51.7%).

Daily insufficient consumption of fruits and vegetables is revealed 53.5% in a group of men and 41.8% in the group of women, which is 2 times more than results from other studies (24.1% and 25%, respectively) [16]. AH as a leading RF is predominated in men (60.4%) and in women is predominated AO (80%) and both RF’s increase with...
The prevalence of arterial hypertension (>140/90 mm Hg) as risk factors for Type 2 diabetes, depending on age and gender.

Stratification of risk of Type 2 DM identified following ranges: in a group of men 18, 6% had lower risk of developing Type 2 DM in the next 10 years, 46.6% had a slightly increased risk, 18.6% had average risk, 16.2% had high risk, and nobody had very high risk. In the group of women: 8.7% had lower risk of developing Type 2 DM in the next 10 years, 39.6% had a slightly increased risk, 32% had average risk, 19.7% had high risk, and nobody had very high risk.

The difference between men and women in the group of average risk, which are 18.6% and 32%, can be explained by a combination of a higher frequency of AO in women (94%), irregular consumption of vegetables and fruit (69%), family history (18%) in comparison with males (75%, 45%, 10%). In Kyrgyzstan, AH and AO are more common in women (62.5% and 80% respectively) and their frequency increases with age, so that is why a moderate risk of developing Type 2 DM among women is higher than in men.

The risk of developing Type 2 DM in the Kyrgyz (Asian population) in Chui region has its own features. In men AH is the leading RF for diabetes, then inadequate intake of fruits and vegetables and AO; in women the leading RF is AO, then AH, and irregular consumption of vegetables and fruits. Prevalence of RF for Type 2 DM in the Kyrgyz in Chui region of Kyrgyzstan increases with age. Stratification the risk of Type 2 DM in both men and women showed prevalence of slightly increased risk. Studies [19-22] showed that the risks of developing Type 2 DM in men increase with increasing cardiovascular risk: patients with a very high risk for CV risk according to SCORE scale also has a high and very high risk of developing Type 2 DM according to FINDRISC.

Conclusions

Significant and common RF for type 2 diabetes in men (60.4%) is hypertension; in women is visceral obesity (80%). Prevalence of RF for Type 2 DM in the Kyrgyz in Chui region of Kyrgyzstan increases with age. In men AH is the leading RF for diabetes, then inadequate intake of fruits and vegetables and AO; in women the leading RF is AO, then AH, and irregular consumption of vegetables and fruits. Stratification the risk of Type 2 DM in both men and women showed prevalence of slightly increased risk of developing diabetes in the next 10 years: in men: 46.6%, in women: 39.6%, which increase with age.

References


