

PS1.132

Microalbuminuria and diabetes mellitus at older age of life

Enisa Karic, E Ramic, R Smajlovic, A Bajraktarevic, M Ramic, O Batic-Mujanovic, E Tupkovic

Primary Health Care Center, Tuzla, Bosna and Herzegovina

Corresponding author: Assistant Professor Enisa Karic, Primary Health Care Center, Family Medicine, Tuzla, Bosna and Herzegovina. E-mail: ena.k@bih.net.ba

Background: Microalbuminuria (MA) is a risk factor for renal and cardiovascular disease in elderly people with type 2 diabetes mellitus (T2DM). The criteria for MA represents the albumin/creatinine ratio greater than 3.5 mg/mmol in female, and greater than 2.5 mg/mmol/l in male patients, found in three samples within the period of 6 months.

The aim of this prospective study was to determine the influence of some risk factors for the development of MA in older patients (over 65) with diabetes mellitus type 2 elderly.

Methods: We have monitored 182 patients with T2DM, but without MA, over the period of 36 months, and after this period MA was indicated in 70 patients. Then, we have extracted and compared the subgroup of 50 patients (17 males) with T2DM and MA, with average age of 66 ± 9.2 (Subgroup 1), and the subgroup of 50 patients (15 males) with T2DM and normoalbuminuria, with average age of 66 ± 9.1 .

Results: The average duration of T2DM in patients of Subgroup 1 from the time of T2DM diagnosis was 11 ± 6.6 years, and in the second subgroup 10.6 ± 6.2 (2-29) years ($p = 0.49146$). In the first subgroup there was significantly greater number of smokers (13), compared with the second subgroup that had just 6 smokers ($p = 0.0023$). Average HbA1c in Subgroup 1 were also significantly higher than the ones of the Subgroup 2 (8.94 ± 2.5 versus 7.97 ± 2) ($p = 0.0372$). Triglyceride values were also significantly higher in the subgroup of patients with MA ($2.91 \text{ mmol/l} \pm 1.53$ versus $1.94 \pm 1.06 \text{ mmol/l}$) ($p = 0.0004$). Blood pressure, BMI and creatinine did not show any significant differences.

Conclusion: Smoking, increased HbA1c, elevated triglyceride levels are risk factors for development of microalbuminuria in older patients with T2DM.