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The control of diabetic patients with renal failure. Are we doing it correctly?

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Background & Aim: To analyse the degree of control of diabetic patients with renal insufficiency (RI) and comparison with those who have normally functioning kidneys.

Method: Transversal, descriptive study of diabetic patients treated at an urban primary care medical centre. Filtration of RI<60 (GF) was considered. To calculate that the control is correct, the values recommended by ADA 2015 were used (blood pressure <140mmHg and <90mmHg, LDL<100mg/dl, HbA1c<7%). Complications were considered to be the existence of strokes and peripheral vascular or cardiac disease. Averages and typical deviations were used for quantitative variables and percentages for qualitative variables.

Results: 100 patients were recruited. 19.4% had renal insufficiency and an average GF of 58.42±7.4. The RI patients had an average age of 78.5±8.4 and were mainly female (63.2%). The average values found were HbA1c 6.6±1.1%, LDL 87.7±18.8mm/dl, triglycerides 124.1±5.9mm/dl, TAS 134.8±11.4mmHg and TAD 72.6±8.5mmHg. The patients without RI had an average age of 67.8±11.4 and were mainly male (60.8%). The average values found were HbA1c 6.6±1.1%, LDL 95.3±30.6mm/dl, triglycerides 123.5±64.1mm/dl, TAS 136.5±13.9mmHg and TAD 73.2±10.8mmHg. On comparing patients with and without RI, there was a correct control of the TA in 73.7 vs 71.8% (p=0.86); of LDL in 84.2% vs 64.6% (p=0.09), of triglycerides in 63.2vs78.5% (p=0.35), and of HbA1c in 73.7 vs 74.4% (p=0.95). 31.6% of diabetic patients with RI had complications, vs 21.5% of those without RI (p=0.35).

Conclusions: The degree to which the risk factors are controlled in diabetic patients with RI do not differ to a large extent to the controls taken for those without, and in both cases, these controls should be improved as the patients are high risk.