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¹ Profile of Type 2 Diabetic Patients in Urban Slums of Mumbai

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5 Abstract

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⁶ Background: The present study was carried out to study the disease profile of diabetic

⁷ patients in an urban slum in Mumbai.Objective: To study the patient profile among type 2

8 diabetic patients.Methodology: Descriptive epidemiological study design was adopted. Sample

⁹ size was fixed as 203.4 and samples are selected by simple random sampling

¹⁰ technique.Important Finding: Mean age of patient is 56.09 (SD=10.55) years and mean

¹¹ duration of disease is 5.37 (SD=4.13) years. Mean fasting and post prandial blood sugar are

¹² 171.56 (SD=52.37) and 254.71 (SD=79.60) respectively. Mean BMI is 25.62 (SD= 5.16) which

is above the normal BMI while daily calorie intake is 1889.17 (SD= 588.23).Principal

¹⁴ Conclusion: Positive family history as an important risk factor. Hypertension is most common

¹⁵ associated disease with diabetes. Ophthalmic complications are most frequent. 60

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17 Index terms— urban slum, hypertension, ophthalmic complications, disease profile.

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19 Background neidence and prevalence of Diabetes Mellitus is increasing rapidly to the tune of recognizing it as 20 modern epidemic. Contrary to our belief Diabetes is not limited only to the people of high socio economic profile 21 but has also shown its existence across all categories of people. It emphasizes the need for periodic assessment of actions at different levels. The number of people with diabetes in India, currently around 40.9 million is 22 expected to rise to 69.9 million by 2025 unless urgent preventive steps are taken. During the year 2004, there 23 were an estimated 37.7 million cases of diabetes in country, of these 21.4 million in urban areas and 16.3 million 24 in rural areas. The estimated total mortality due to diabetes was 1.09 lac; 62.5 thousand in urban areas and 46.6 25 thousand in rural areas. Same year 2.2 million DALYs were lost due to the disease. 26

In 2013, according to the World Health Organization, at least 347million people worldwide suffer from diabetes,
 or 2.8% of the population.

The present study was undertaken to find out prevalence of Diabetes, to understand diabetes patient profile, associated diseases and complications in an urban slum area. In this study, out of the total study population of 215, 67% (144) were females and 33% (71) were males. The number of female patients were more because of absence of male patients at home due to their being at work, at the time of visit. 76.7% (165) study subjects were in the age group of 40-60 years followed by those in 61 -80 years i.e 44 study subjects (Male-17(23.9%), Female -27(18.8%)). Remaining 6 study subjects (Male -3(4.2%), Female-3 (2.1%)) belonged to the age group of 80 years and above.

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³⁷ 3 Materials and Methods

38 4 Study

According to modified Prasad classification 84.7% (182) of patients belonged to Socio-economic class 1 & 2.

Above table shows that 57.7% are married and 40.5% of study subjects were widows. Majority i. The above

table shows that mean age of patient is 56.09 (SD=10.55) years and mean duration of disease is 5.37 (SD=4.13)

42 years. Mean fasting and post prandial blood sugar are 171.56 (SD=52.37) and 254.71 (SD=79.60) respectively.

- Mean BMI is 25.62 (SD= 5.16) which is above the normal BMI while daily calorie intake is 1889.17 (SD= 588.23). 43
- This may be because of decrease calorie intake after diagnosis. 44

IV. 45

Discussion 5 46

The present community based descriptive epidemiological study, was conducted at an urban slum which is a field 47 practice area of Department of Community Medicine. It was conducted during the period of February 2014to 48 December 2015, by selecting 250 diagnosed cases of type II diabetics who were identified from the community 49 (Sample size was 203). Taking into consideration of loss to follow up 215 study subjects data was analysed. 50

In this study total 2123 diabetic patients were found in community, which gives the present prevalence of 9.7%51 in population above 40 years of age. 52

53 In this study (Table no 1) majority of patients were females this due to fact that survey was carried out during 54 day time and majority of males of this community were engaged in their occupation such as zari work, bag making etc. Majority i.e. 76.7% of patients are in group between 40 to 60 years. Type 2 diabetes usually comes during 55 this age group. According to modified Prasad's classification 113 (52.6%) patients belonged to socioeconomic 56 57 class 2 and 3.

According to Chennai urban population study 5, the middle income group had significantly higher prevalence 58 of type 2 diabetes compared to the low income group. Age standardised prevalence rates of Diabetes is 12.4% 59 and 6.4% in middles income group and low income group respectively. 60

The study done by Singh TP, Singh AD, Singh TB from Manipur 6 reported a prevalence of 4.0% in a 61 population aged above 45 years. 62

The KAP study done by Viral N. Shah et al on 238 Patients in saurastra region Gujarat 7 shows that 61.41%63 64 of the patients were in age group between 40 to 60 years. Thus the findings of our study are in accordance with the studies done above. 65

The study population was mostly inhabited by Muslim population who migrated to Mumbai especially from 66 Kerala, Andhra Pradesh Tamil Nadu. Majority i.e. 205 (75.37 %) of patients belonged to Muslim religion. 67 Almost all i.e. 236 (86.37%) were married. 68

This study (Table no 1) undertaken in an urban slum population, showed poor literacy rate. Majority of the 69 70 patients i.e.94 (43.70%) were illiterate, 45 (20.90%) completed their education up to primary school and only 57 71 (26.50%) had completed Secondary education.

72 The study done by Viral N. Shah et al in Saurastra region in Gujarat 7 also shows that 88.99% of diabetic 73 patients were either illiterate or had education up to secondary school. 62.3% of patients were unemployed 74 because most of participants were female and housewives. In a study 8 it is found that diabetes is more common among women with lower education compared to higher level of education. Women who had been engaged in 75 76 manual labour, had diabetes more often compared to those engaged in administrative work.

Family history of diabetes is a major risk factor for development of type 2 Diabetes. In this study (Table 77 ??o In this study 54.4% of patients had associated diseases like hypertension (42.30%) and 27.4% of patients 78 had complications. The most common complications were ophthalmic (14%) like retinopathy and cataract, 79 nephropathy (5.1%), diabetic foot (3.3%). Females were more prone to associated diseases and complications. 80 Associated diseases were more common in 40-60 years of age groups. 81

82 Type 2 Diabetes mellitus in association with other medical disorders like obesity and hyperlipidaemia 83 predisposed to cardiovascular disorders. This cluster of condition is known as syndrome X 11.Diabetes is an important component of complex cardiovascular risk factors, and is responsible for acceleration and worsening 84 of atherothrombosis. Major cardiovascular events cause, about 80% mortality in patients with type 2 diabetes 85 patients12, coronary artery disease, hypertension and insulin resistance. Atherosclerosis is responsible for over 86 80% of mortality in patients with type 2 diabetes, of which 75% due to coronary atherosclerosis and 25% is 87 attributed to cerebrovascular or peripheral vascular disease. Over 50% of newly diagnosed type 2 diabetic patients 88 suffer from coronary artery disease. 13 In a cohort study14, relative risk of all diabetes related mortality in the 89 cohort compared to general population was 2.31 in women and 1.58 in men. 90

Mean age of patients in this study was 56.09 (SD=10.55) years and mean duration of disease was 5.37 (SD=4.13) 91 years (Table 3). It was observed in Bangalore Urban District Diabetes (BUD) 15 study that the mean age at 92 93 diagnosis was 48.3 years to those who were aware of diabetes than 50.1 years for those not aware and 47. In this 94 study both fasting and post prandial sugar level were high (Fasting>140, PP>200) in 70.3% and 73.5% of patients 95 respectively. Mean blood sugar level were also found to be high (Fasting and PP blood sugar, 171.56(SD=52.37) 96 and 254.71 (SD=79.60) respectively. (Table 3). It means though patients had diabetes for more than five years still the blood sugar were not under control. 97

Obesity is an important risk factor to diabetes as it causes insulin resistance on target cells, and higher BMI 98 is associated with high mortality in diabetes. In present study 53 % (114) of patients had BMI more than 25. 99 Mean BMI was 25.62(SD=5.16) which is above the normal BMI. 100 V.

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102 6 Conclusion

Risk factor profile of diabetic profile was studied and findings were mentioned in results followed by discussion.









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? NFHS data 2005-06 indicates the population of more than 40 years is around 25.8%. This when applied to the study area, total Population of more than 40 years

totals 21874. Assuming the

prevalence of type 2 diabetes around 9.3% in urban slum (3,4), total type 2 diabetic expected were 2034.Taking 10% of this population, sample size was 203.4.The final sample of 215 were considered for study.

? Simple random sampling method (using random number table) was used for sample collection. Descriptive statistics are used and data presented in percentages. For qualitative data analysis was done with chi square test. SPSS (16 version) was used for analysis of the data.

Figure 4: Table 1 :

| | 30.70% | | | | | | |
|-----------------------------------|---|---|--|-----------------|---------------------------------------|--------------------------------|--------------------------------|
| | 55.80% | | | | Nuclear Joint Ex- | | |
| F/H of Dia- betes | ClassPresent Absent | N Ma(%) 20 28.2 51 71.8 | | Female (| %) 27.1 105 N 39 72.9 | tended Total 156 N 59 | % 27.4 72.6 |
| | HTN | 26 | 76.5 | 65 | 78.3 | 91 | 77.8 |
| Associated Diseases (N=117) | IHD HTN+IHD Oth- ers(stroke) Ophthalmic | $\begin{array}{ccc} 1 & 5 \\ 2 & 7 \end{array}$ | 2.9 14.7 5.9 50.0 | 4 11 3 23 | 4.8 13.3 3.6 51.1 | $5 16 5 \\ 30$ | 4.3 13. 4.2 50.8 |
| Complications $(N=59)$ | Renal Foot Heart Others * < 5 years | $\begin{array}{ccc} 4 & 1 \\ 1 & 1 \\ 42 \end{array}$ | $28.7 \ 7.1 \\ 7.1 \ 7.1 \\ 59.2$ | 7 6 5 4 87 | $15.6 \\ 13.3 \\ 11.1 \\ 8.9 \\ 60.4$ | 11 7 6 5 129 | 18.6 11.9 10.2 8.4 60 |
| Duration of Diabetes | 5-10years 10-15 years | 18 6 | $\begin{array}{c} 25.4\\ 8.4\end{array}$ | 40 14 | 27.8 9.7 | $\frac{58}{20}$ | 27.0 9.3 |
| | >15 years Total | 571 | $7.0\\100$ | $\frac{3}{144}$ | 2.1 100 | $\frac{8}{215}$ | $3.7 \\ 100$ |

* Impotency, peripheral neuropathy

Figure 5: Table 2 :

| 3 | | | | | | | | |
|----|-----|-----|-----|-----|-----|-----|-----|-----|
| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% |

Figure 6: Table 3 :

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| Year 2017 Volume XVII Issue III Version I | | Associated Diseases | | |
|--|----------------|------------------------|---------|-------------|
| D D D D) F | | | | |
| (| | | | |
| Variables | MinimumMaximum | | Mean | Std. Devia- |
| | | | | tion |
| Age | 40 | 82 | 56.09 | 10.55 |
| Duration of Disease | 2 | 20 | 5.37 | 4.13 |
| Systolic Blood Pressure | 100 | 210 | 141.71 | 19.19 |
| Diastolic Blood Pressure | 60 | 120 | 94.08 | 11.94 |
| Fasting Blood Sugar | 75 | 408 | 171.56 | 52.37 |
| PP Blood Sugar | 100 | 562 | 254.71 | 79.60 |
| BMI | 15.60 | 40.00 | 25.62 | 5.16 |
| Calories Intake | 1235 | 4256 | 1889.17 | 588.23 |

Figure 7: No Ophthalmic Renal Foot Heart Others Percentage Of Study Subjects Complications 0% 10% 20% 30% 40% 50% No Hypertension HTN + IHD IHD Others (Stroke) Percentage Of Study Subjects

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