

HYPERTENSION AS A PREDICTOR OF DIABETIC RETINOPATHY AT A TERTIARY
CARE HOSPITAL

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ABSTRACT

Background: In the year 2000, there were around 171 million people with diabetes globally, and by 2030, it is estimated that this number would increase to 366 million. These microvascular complications are linked to the duration of diabetes mellitus, poor glycemic control and systolic hypertension. **Objective:** To determine the frequency diabetic retinopathy (DR) in diabetic patients with hypertension. **Subjects and Methods;** A total of 365 diabetic patients having hypertension were included in our study using non – probability consecutive sampling technique. These patients were screened for diabetic retinopathy. All the information was recorded in the proforma and data was analyzed by using SPSS version 22. **Results;** of these 365 study cases, 226 (61.9%) were male patients while 139 (38.1%) were female patients. Mean age of our study cases was 50.92 ± 5.77 years (with minimum age of our study cases was 40 years while maximum age was 60 years). Of these 365 study cases, 127 (34.8%) belonged to rural areas and 238 (65.2%) belonged to urban areas. Monthly family income up to Rs. 25000 was noted in 188 (51.5%) and 177 (48.5%) had monthly family income rupees more than 25000. History of smoking was present in 89 (24.4%) of our study cases. Mean body mass index was 26.32 ± 2.45 kg/m² and obesity was present in 112 (30.7%) of our study cases. Mean disease duration was 12.35 ± 7.52 years and 239 (65.5%) had duration of illness more than 5 years. Of these 365 study cases, 238 (65.2%) were illiterate and 127 (34.8%) were literate. Controlled diabetes was noted in 75 (20.5%) and 75 (20.5%) were taking proper treatment. Diabetic retinopathy was 151 (41.4%) of our study cases. **Conclusion;** Very high frequency of diabetic retinopathy was noted in patients with diabetes and hypertension in our study. Diabetic retinopathy was significantly associated with residential status, increasing age, monthly family income, smoking, treatment status, disease duration and obesity. Diabetic retinopathy was not associated with control of diabetes and hypertension. All clinicians treating such patients must educate their patients regarding regular eye check up to decrease disease morbidity.

KEYWORDS: Diabetic retinopathy, hypertension, frequency.

INTRODUCTION

Diabetes is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both. The chronic hyperglycemia of diabetes is associated with long-term damage, dysfunction, and failure of different organs, especially eyes; kidneys, nerves, heart, and blood vessels.^[1] There are three main types of diabetes mellitus (DM): Type I, Type II and gestational diabetes.^[2] The multisystem complications of diabetes such as retinopathy, nephropathy, neuropathy and cardiovascular diseases are considered important, impinging on public health.^[3] Diabetic nephropathy (DN) and diabetic retinopathy (DR) are arguably the two most dreaded complications of diabetes. Together they contribute to serious morbidity and mortality. As they progress to end-stage renal disease (ESRD) and blindness, they impose enormous medical, economic, and social costs on both the patient and the health care system. Because

nephropathy and retinopathy are frequently linked in patients.^[4] Diabetic retinopathy, which is a common complication in diabetes, is characterized by retinal vascular leakage, inflammation and abnormal neovascularization.^[5,6] DR is recognized as a leading cause of blindness and visual impairment in working-age adults in developed and developing countries. The World Health Organization (WHO) lists DR as a priority disease in their “VISION 2020” program initiative for the global elimination of avoidable blindness. Potential risk factors of DR include age, duration of diabetes, glycemic level, blood pressure, pregnancy and nephropathy.^[7-9] However, risk reduction for DR with glucose and BP control in diabetic patients is limited. Diabetic retinopathy is a common complication of diabetes and a leading cause of visual impairment and blindness. Research has established the importance of blood glucose control to prevent development and progression of the ocular complications of diabetes.

Simultaneous blood pressure control has been advocated for the same purpose, but findings reported from individual studies have supported varying conclusions regarding the ocular benefit of interventions on blood pressure.^[10,11] A large number of studies have evaluated the effect of elevated blood pressure on the development and progression of diabetic retinopathy and conversely, the effect of blood pressure reduction on preventing such progression. Among the more, notable was the UKPDS, which evaluated blood pressure reduction using either an angiotensin-converting enzyme inhibitor or a beta-adrenergic blocker, in conjunction with other drugs as needed to reduce blood pressure, by comparison with controls, who received no antihypertensive medication, in type 2 diabetics. Most of these patients were hypertensive (systolic blood pressure more than 150 mm Hg) at the outset of the study. Reduction of blood pressure by either drug prevented retinopathy progression. Other studies, some with diabetic patients who were normotensive at the outset, showed little or no effect of blood pressure reduction. The Action to Control Cardiovascular Risk in Diabetes (ACCORD)-Eye Study, for example, showed that blood pressure reduction in type 2 diabetic patients had no effect on the development or progression of diabetic retinopathy.^[12] A study from Jordan conducted by Al Amer et al,^[13] reported 38.7% diabetic retinopathy in diabetic patients having hypertension. Diabetic retinopathy leads to significant morbidity and affects functional status of the main work force of the society. Previous studies have reported that control of diabetes and blood pressure can lead to improvement in visual outcomes.

MATERIALS AND METHODS

A total of 365 patients with Type 2 diabetes mellitus and hypertension aged up to 60 years of either sex were enrolled in our descriptive cross-sectional study. Patients underwent any form of retinal surgery / laser therapy, on ACE-inhibitors or ARBs, Kidney disease (Nephrotic syndrome, Nephritic Syndrome) not related with diabetes, patient having cataract were excluded from our study. A total of 365 type 2 diabetic hypertensive patients presenting in Diabetes OPD fulfilling the inclusion criteria were selected from Diabetes outdoor clinic of Nishtar Hospital Multan. Once registered, all patients had undergone retinal imaging using Non Mydriatic Fundus Camera (NIDEK® Model # AFC-330). All retinal images were interpreted and reported by consultant ophthalmologist from department of ophthalmology Nishtar Hospital Multan. Collected Data was entered into SPSS version 22 and was analyzed through its statistical package. Descriptive statistics was used to analyze the data. Mean \pm S.D. was calculated for age of the patients, height, weight and BMI. Frequencies and percentages were calculated for qualitative variables like gender, DR, obesity, history of smoking, regular eye checkup, level of education, residential status and monthly family income.

RESULTS

Our study comprised of a total of 365 patients meeting inclusion criteria of our study. Of these 365 study cases, 226 (61.9%) were male patients while 139 (38.1%) were female patients. Mean age of our study cases was 50.92 ± 5.77 years (with minimum age of our study cases was 40 years while maximum age was 60 years). Mean age of the male patients was noted to be 51.49 ± 5.20 years while that female patients was 50.00 ± 6.38 years ($p=0.016$). Our study results have indicated that majority of our study cases i.e. 190 (52.1%) were aged more than 50 years. Of these 365 study cases, 127 (34.8%) belonged to rural areas and 238 (65.2%) belonged to urban areas. Monthly family income up to Rs. 25000 was noted in 188 (51.5%) and 177 (48.5%) had monthly family income rupees more than 25000. History of smoking was present in 89 (24.4%) of our study cases. Mean body mass index of our study cases was $26.32 \pm 2.45 \text{ kg/m}^2$ and obesity was present in 112 (30.7%) of our study cases. Mean disease duration was 12.35 ± 7.52 years and 239 (65.5%) had duration of illness more than 5 years.

Of these 365 study cases, 238 (65.2%) were illiterate and 127 (34.8%) were literate. Controlled diabetes was noted in 75 (20.5%) and 75 (20.5%) were taking proper treatment while none of them had undergone regular eye checkup. Diabetic retinopathy was 151 (41.4%) of our study cases.

DISCUSSION

In the year 2000, there were around 171 million people with diabetes globally, and by 2030, it is estimated that this number would increase to 366 million. As the number of persons with diabetes increases, the development of microvascular complications like retinopathy, nephropathy and neuropathy also rises. These microvascular complications are linked to the duration of diabetes mellitus, poor glycemic control and systolic hypertension. The magnitude of damage caused by these microvascular complications of diabetes stresses the need for sensitive markers of screening for retinopathy and nephropathy.^[14-16] Our study comprised of a total of 365 patients meeting inclusion criteria of our study. Of these 365 study cases, 226 (61.9%) were male patients while 139 (38.1%) were female patients. A study conducted in India by Thakkar et al^[17] reported 57% male patients' predominance, these findings are similar to that of our study results. Salem et al^[18] reported male gender predominance over female patients i.e. 54.14% male patients, these findings are similar to that of our study results. Rani et al.^[14] reported 52.2% male patients which is same as that of our study results. Mean age of our study cases was 50.92 ± 5.77 years (with minimum age of our study cases was 40 years while maximum age was 60 years). Mean age of the male patients was noted to be 51.49 ± 5.20 years while that female patients was 50.00 ± 6.38 years ($p=0.016$). Our study results have indicated that majority of our study cases i.e. 190

(52.1%) were aged more than 50 years. Rani et al,^[14] reported 58.6 ± 9.6 mean age, these findings are close to that of our study results. Nisar et al.^[19] reported 52.18 ± 8.99 years which is similar to that of our study results. Jamil et al.^[20] reported 50.95 ± 10.12 years mean age, these findings are also in compliance with that of ours. Thakkar et al.^[17] 61.91 ± 9.16 which is quite higher than our study results, the reason for this disparity is that we only included patients ranging from 40-60 years of age. Similar results have been reported by Jamil et al.^[20] Of these 365 study cases, 127 (34.8%) belonged to rural areas and 238 (65.2%) belonged to urban areas. Monthly family income up to Rs. 25000 was noted in 188 (51.5%) and 177 (48.5%) had monthly family income rupees more than 25000. History of smoking was present in 89 (24.4%) of our study cases. Mean body mass index of our study cases was 26.32 ± 2.45 kg/m² and obesity was present in 112 (30.7%) of our study cases. Of these 365 study cases, 238 (65.2%) were illiterate and 127 (34.8%) were literate. Mean disease duration was 12.35 ± 7.52 years and 239 (65.5%) had duration of illness more than 5 years. Crimi et al^[21] reported 14.7 ± 7.1 years mean duration of diabetes in diabetic retinopathy, these results are close to that of our study results. Rani et al^[85] 6.6 years mean disease duration among targeted population. These findings are quite lower than that of our study results. Controlled diabetes was noted in 75 (20.5%) and 75 (20.5%) were taking proper treatment while none of them had undergone regular eye checkup. Similar results have by reported by Rani et al.^[14] and Thakkar et al.^[17] Diabetic retinopathy was 151 (41.4%) of our study cases. A study from Jordan conducted by Al-Amer et al.^[13] reported 38.7% diabetic retinopathy in diabetic patients having hypertension which is close to our study results. A study conducted by Rehman et al.^[22] reported 58% diabetic retinopathy among hypertensive patients which is close to our study results.

CONCLUSION

Very high frequency of diabetic retinopathy was noted in patients with diabetes and hypertension in our study. Diabetic retinopathy was significantly associated with residential status, increasing age, monthly family income, smoking, treatment status, disease duration and obesity. Diabetic retinopathy was not associated with control of diabetes and hypertension. All clinicians treating such patients must educate their patients regarding regular eye check up to decrease disease morbidity.

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