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## Assessment of control level of cardiovascular risk factors of type 2 diabetes between the years 2006/2007 and 2011/2012, at the national center for diabetes

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**Objective:** To assess the prevalence of Cardiovascular Risk Factors (CVRFs) control in type 2 diabetes patients attending the NCDEG, Determine the relationship between (CVRFs) including glycemic control, blood pressure control, lipids control, and weight control) and number of independent variables such as: age, gender, duration of diabetes, body mass index, marital status, smoking status, education level, occupation, hypertension, and dyslipidemia, and to assess the control level of cardiovascular risk factors in type 2 diabetic patients attending NCDEG in two different periods 2006/2007 and 2011/2012.

Design: A cross-sectional, retrospective was used in this study.

Setting: The National Center for Diabetes, Endocrinology, and Genetics (NCDEG)

**Patients and Methods:** A quota sample of 1000 male patients and 1000 female patients (2000 patients medical records) with type 2 diabetes patients who were above the age of 25 years, and attended the NCDEG during the two periods 2006/2007 and 2010/2011.

**Results:** Glycemic control (HbA1C < 7%) was present in 32.8% of patients in the first period, and was 33.6% in the second period. Blood pressure control (SBP< 130mmHg and DBP< 80mmHg) was present in 26.9% of our patients in the first period, and increased to 30.7% in the second period. lipids control (LDL <100 mg/dl, and (HDL > 40 mg/dl in males, >50 mg/dl in females), and TRG < 150 mg/dl) was present in 18.1% of patients in the first period, and decreased to 17.8% in the second period. Obesity control (BMI < 30 kg/m<sup>2</sup>) was present in 44.4% of our patients in the first period, and decreased to 40.1% in the second period. After using multivariate logistic regression a significant association between glycemic control and age, duration of diabetes, BMI, period, and dyslipidemia, a significant association between blood pressure control and period, age, BMI, and dyslipidemia, a significant association between lipids control and age, BMI, and HbA1C, a significant association between obesity control and gender, marital status smoking status, HbA1C, and hypertension.

**Conclusion:** In type 2 diabetes further improvement is necessary to reduce the burden of this disease. This includes the examination of the centers policies, protocols, and the promotion of optimal management to reduce CVRFs among this group of patients. Furthermore, educational programs should focus on the adherence, nutritional, and blood pressure control through home health care.

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