Adel Ahmed Mohmed Ahmed Elnaggar, Endocrinol Metab Syndr 2016, 5:6 (Suppl)
http://dx.doi.org/10.4172/2161-1017.C1.017

®Case report of new onset of adult diabetes due to obesity with socioeconomic barrier

Adel Ahmed Mohmed Ahmed Elnaggar
Ain Shams University, School of Medicine, Egypt

Diabetes Mellitus (DM); defined as a group of diseases (cardio-metabolic disorders/complex metabolic disorders) characterized by hyperglycemia due to an absolute or relative lack of insulin or to a cellular resistance to insulin. Diabetes had multiple health hazards & high incidence of cardio metabolic comorbidities due to the nature of disease progress, leading to diabetic complications & disabilities, which impair individual productivity towards the community. Prevalence of adult diabetes worldwide is growing forcibly to affect the adolescence especially in gulf areas & America due to unhealthy life styles & physical inactivity. The most common cause of adult diabetes is the obesity. Diabetes & obesity are the highest prevalence of the gulf area; Saudi Arabia is considered the highest real country worldwide in diabetes & obesity prevalence. This patient's case of adult type 2 DM with obesity is commonly seen worldwide; especially in gulf (Middle East) & America. Such cases are missed by routine management of blood sugar level apart from the focus on the main cause of their diabetes, which is the obesity in adults. Control of diabetes not only means blood sugar control, but also should be causality control. Role of weight reduction is very important here towards causality control for patient's diabetes, furthermore multiple cardio metabolic risks outcomes associated with both diabetes & obesity. Aim of lowering insulin resistance by encouraging weight loss is beneficial, although unhealthy life style in gulf area & patient's socio-economic status, which is affecting drug choices ideally preferred in such cases like injectable Glucagon-like peptide-1 (GLP-1) Analogues; liraglutide (high cost) & Sodium-glucose co-transporter 2 (SGLT2) inhibitors, which are not yet launched in Saudi Arabia. Due to these challenges; I chose first basal insulin detemir plus metformin_sitagliptin oral anti_diabetic combination as regard to weight concern/cost/glucotoxicity control/preserve pancreatic beta cell function; then maintenance on metformin_sitagliptin combination plus weight reduction motivation by good doctor-patient relationship & play on good psychological support. Specify the target aim for patient's control of this diabetes by weight loss regimen, which by regular follow-up leads to achieving our target for both, controlling patient's diabetes & obesity.

Biography

Adel Ahmed Mohmed Ahmed Elnaggar is a Medical Endocrinologist with an extended expertise in adult diabetes and obesity; as regard prevention and early detection/diagnosis and management and risk reduction of their outcomes. He also share diabetes & obesity clinical trials link and research work concerning both. He is also working on community planning against chronic diseases/disabilities affecting community productivity; prevention & management. He is experienced in thyroid diseases and female endocrine health problems. He is a graduate and earned undergraduate and internship and completed Postgraduate residency in Internal Medicine & Endocrinology from Ain Shams University, School of Medicine, Cairo, Egypt. He is a member of Endocrine & Diabetes Society in Saudi Arabia. He is an active member of Diabetes Club & Endocrine Club, Saudi Arabia. He is also a member of Diabetes Investigators of Ministry of Health, Saudi Arabia sponsored by Sanofi Pharmaceutical company. He is member of European Society of Endocrinology and International Diabetes. He gives lectures on diabetes & obesity management to local Endocrinologists & Internists & GPs and takes part in diabetes health educational programs for the patients & health care professionals.

dr_adel_elnaggar@yahoo.com

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