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**A cross-sectional study of patients with type-2 diabetes in or Tambo district, South Africa****Oladele Vincent Adeniyi**

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**Objectives:** South Africa has pledged to the sustainable development goal of promoting good health and well-being to all residents. While this is laudable, paucity of reliable epidemiological data for different regions on diabetes and treatment outcomes may further widen the inequalities of access and quality of health care services across the country. This study examines the socio-demographic and clinical determinants of uncontrolled diabetes mellitus type-2 (T2DM) in individuals attending primary health care in OR Tambo district, South Africa.

**Design:** A cross-sectional analytical study.

**Setting:** Primary health care setting in OR Tambo district, South Africa.

**Participants:** Patients treated for T2DM for one or more years (n=327).

**Primary Outcome Measure:** Prevalence of uncontrolled T2DM.

**Secondary Outcome Measure:** Determinants of uncontrolled T2DM (glycosylated hemoglobin  $\geq 7\%$ ).

**Results:** Out of the 327 participants, 274 had HbA1c  $\geq 7\%$  (83.8%). Female sex (95% CI 1.3-4.2), overweight/obesity (95% CI 1.9-261.2), elevated LDL-C (95% CI 4.4-23.8), sedentary habits (95% CI 7.2-61.3), lower monthly income (95% CI 1.3-6.5), longer duration of T2DM (95% CI 4.4-294.2) and diabetes information from non-health workers (95% CI 1.4-7.0) were the significant determinants of uncontrolled T2DM. There was a significant positive correlation of uncontrolled T2DM with increasing duration of T2DM, estimated glomerular filtration rate and body mass index. However, a significant negative correlation exists between monthly income and increasing HbA1c.

**Conclusion:** We found a significantly high prevalence (83.8%) of uncontrolled T2DM among the patients, possibly attributable to overweight/obesity, sedentary living, lower income and lack of information on diabetes. Addressing these determinants will require re-engineering of the primary healthcare in the district.

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