Introduction
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Diabetes mellitus is the most prevalent metabolic, non-communicable disorder in the world. The increasing prevalence of type 2 diabetes mellitus is a global problem, and it is unfortunately, a major one in developing countries such as India. The world presently has nearly 150 million diabetics of which one fifth that is approximately 33 million are in India. In fact India has been dubbed as the Diabetes Capital of the World at the recent 2003 International Diabetes Federation (IDF) conference in Paris. The WHO has projected that by 2005 A.D there will be a 170% increase in the diabetic population in developing countries like India.¹

Diabetes mellitus has emerged a major public health problem in our country and has assumed epidemic proportions. Prevalence of Diabetes has increased from 2.1% in 1972 to almost 20% in 2003. The vast majority of these are Type 2 patients.

Consequent to the rising prevalence of diabetes, the number suffering from complications will also increase. In order to have the holistic view of the challenge, it is essential to have data on the prevalence of complications also.

Classic symptoms of hyperglycemia, polyurea, polydipsia and weight loss are often absent in people with type 2 diabetes.
However those with newly diagnosed diabetes are more likely to report symptoms related to cardiovascular system, neurology etc.\textsuperscript{2}

In fact various studies report that nearly 50\% of newly diagnosed patients have presence of one or more complications at the time of diagnosis. It seems reasonable to assume that diabetes has a recognizable preclinical stage. The duration of the preclinical stage has been estimated by extrapolation from the prevalence of complications at clinical diagnosis\textsuperscript{3}.

The complications of diabetes affect many organ systems and are responsible for the majority of morbidity and mortality associated with disease.

Complications of diabetes can be divided into vascular and non vascular. Vascular complications can be further divided into microvascular and macrovascular.

**Microvascular**
- Retinopathy
- Nephropathy
- Neuropathy

**Macrovascular**
- Coronary heart disease
- Cerebrovascular disease
- Peripheral vascular disease
In addition to the said complications of diabetes, there is a strong association between diabetes and obesity, hypertension and dyslipidemia.

In population studies the prevalence of hypertension in Type 2 diabetes is more common than in non diabetic individuals. In fact hypertension is a common, important and modifiable risk factor for both micro and macro vascular complications of diabetes. Hypertension is clearly associated with insulin resistance.

Dyslipidemia tends to clearly show an association with Type 2 diabetes. The hallmarks of diabetes dyslipidemia are elevated TG, low HDL and a small, dense more atherogenic LDL\textsuperscript{4}. Dyslipidemia often precedes the onset of Type 2 diabetes and may persist despite a blood sugar control.

The association between obesity and Type 2 diabetes is well known. The escalating epidemic of Type 2 diabetes that we are experiencing is largely attributable to the fattening of modern society. Obesity increases the risk of developing diabetes and complicates its treatment\textsuperscript{5,6,7}. Obese individuals with diabetes also have higher mortality rates than thinner individuals.

Thus, in addition to various complications the prevalence of obesity, hypertension and dyslipidemia may be high at the time of diagnosis of Type 2 diabetes.
As mentioned earlier various studies have reported the prevalence of different types of complications at the time of diagnosis to be 20 – 50%.

Since no such study has been conducted in Bundelkhand region we decided to undertake this study to study the prevalence of complications in newly diagnosed Type 2 diabetes mellitus patients.