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Diabetes is now seen as a heterogeneous group of disease, characterized by a state of chronic hyperglycemia resulting from a diversity of etiologies environment and genetic acting jointly.

The prevalence of disease in adults was found to be 2.4% in rural, 4 – 11.6% in urban dwellers. High frequency of impaired glucose tolerance shown by those studies ranging from 3.6 – 9.1% indicate the potential for further rise in prevalence of diabetes in coming decades. It was shown that an increase in physical activity and moderate weight loss reduced the incidence of Type – 2 Diabetes Mellitus by 50% in middle age men with IGT.

Clinical symptom of hyperglycemia includes the classical triad of polydypsia, polyuria, weight loss, fatigue, weakness, blurring vision, and frequent superficial infection. Other diagnostic presentations include drowsiness, heavy glycosuria (All those with glycosuria consider diabetes unless otherwise proved by a standard OGGT), Ketonuria and at times under these situations demonstration of an unequivocal gross cultivation of blood glucose should not only clinch the diagnosis but also warn initiation of treatment.

However, in the presence of less diagnostic symptoms e.g. a non-healing wound or ulcer, recurrent boil or styes, unexplained
vaginal itching and discharge or other recurrent bacterial infection, confirmation of the diagnosis requires the following criteria laid down by WHO.

Symptom of diabetes + RBS concentration > 1.1 mmol/ > 200 mg/dl

Or

Fasting plasma glucose ≥ 7.0 mmol / L (126 mg/dl)

Or

2 hr Plasma glucose ≥ 11.1 mmol / L (200 mg/dl) during and OGTT

In the absence of unequivocal hyperglycemia and acute metabolite decomposition, these criteria should be confirmed by repeat testing on a different day.

The chronic complications of diabetes affect many organs systems and are responsible for the majority of morbidity and mortality associated with disease. Chronic complication may be divided into macrovascular, microvascular and others.

(a). Microvascular

1. Retinopathy
2. Neuropathy
3. Nephropathy

(b). Macrovascular

1. Coronary Artery Disease
2. Cerebro Vascular Disease
3. Peripheral Vascular Disease

Non-vascular complications include infection, gastrointestinal manifestations, and sexual dysfunction.