Review
Of
Literature
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Ferhand et al studied the Diabetes Mellitus Type 2 and that at the time of diagnosis nephropathy was present in 29% of the patients, neuropathy in 25.1%, Coronary Artery Disease in 21%, hypertension in 23%, stroke in 5.6%, Peripheral vascular disease in 4.8%, obesity in 16%, hypercholesterolemia in 11% and hypertriglyceridemia in 14%, retinopathy in 15%. Tzing et al in 2001 showed in a study in Taiwan that 25% newly diagnosed subjects of Type 2 Diabetes Mellitus had retinopathy and 22% had hypertension.

A study carried out in the Department of Medicine, Central Middles Hospital in London in 2001, revealed that at the time of diagnosis, quarter of patients have at least one complication. The prevalence of microvascular disease was 23.7 %, and that of macrovascular disease was 15.7%, prevalence of retinopathy was 17.5%, while nephropathy prevalence was 18.1% at the time of diagnosis.

The hypertension in diabetes study HDS-1 conducted in 1993 and concluded that 39% of newly diagnosed Type 2 Diabetes Mellitus patients were hypertensive (BP 160 > 90). These patients had a greater mean BMI than normotensive patients, such patients also showed a higher prevalence of cardiovascular events and also of microalbuminuria.
Payola K et al reported a prevalence of hypertension to be increased by 1.6 fold in newly diagnosed patients. The prevalence of Coronary Artery Disease (CAD) was found to be increased by 1.7 fold in males and 4.4 fold in females as compared with non-diabetic subjects. They also found the prevalence of proteinuria to be 19.5%. Klen R et al showed the prevalence of retinopathy to be 10.2% in a recent cross sectional study. This is likely due to a long history of undiagnosed diabetes during which retinopathy develops.

Ballard et al showed that nephropathy is often present early in the course of disease with upto 8% of newly diagnosed patients having proteinuria.

Migelalis and coworkers found that the prevalence of peripheral vascular disease in newly diagnosed Type 2 patients is 6.6%. They also found that the patients with peripheral vascular disease had low HDL cholesterol levels and higher triglycerides level. The indicators used for peripheral vascular disease were history of intermittent claudication, absent foot pulse decreased ankle brachial BP index, radiologically detectable arterial calcification of lower limb.

Mc Dowell and coworkers found that diabetic foot was present in nearly 20% of newly diagnosed patients and they had to undergo lower extremity amputation within one year of diagnosis.
Jogkkan and coworkers studied the lipid profile in newly diagnosed Type 2 Diabetes Mellitus with regard to level of cholesterol, triglycerides and non-essential fatty acids. They concluded that triglycerides and NEFA were raised significantly in newly diagnosed patients where cholesterol was not as compared to controls.

Mckuige et al in a study in England showed that truncal skinfold thickness in South Asian men were significantly greater despite similar skinfold thickness on the limbs at a comparable BMI.

Banerji et al who studied obesity in migrant Indians in USA found that the exaggerated risk of insulin resistance in Indians is very likely due to an excess total body fat in comparison to caucasians.

Strong heart study by Howard et al who found that dyslipidemia is common in females.