INTRODUCTION

According to WHO, there is a worldwide explosion of diabetes mellitus. The impact of the worldwide explosion of diabetes mellitus especially type 2 diabetes (which accounts for approximately 85 to 95% of all cases of diabetes) will remain centered in the developing countries, since by the year 2025, 75% of all the people with diabetes will be in the developing countries as compared with 62% in 1995. By 2025, there will be a 42% increase from 51-72 million in the developed countries and 170% increase from 84-228 million, in the developing countries. India already faces a grave problem with the largest number of subjects with diabetes (approx 33 million in 2003) and it will escalate further with the number increasing to 57.2 million in the year 2025 and by the year 2030 it may be 80.9 million.

Diabetes mellitus is associated with an increased prevalence of microvascular as well as macrovascular diseases. Diabetic retinopathy is a leading cause of blindness in working-age adults (ages 20-44). People with diabetes are twice as likely to develop cataracts or glaucoma as those without diabetes. 10-21% of all people with diabetes develops severe kidney diseases due to diabetic nephropathy. About 40% of people with type 1 diabetes develop severe kidney disease and end-stage renal disease (ESRD) by the age of 50. 60-70% of people with diabetes have mild to severe forms of diabetic nerve damage. It is a leading cause of non traumatic lower limb amputation. There is a 15-40-folds increased risk for leg amputation in the diabetic compared to non-diabetic population.
Diabetic foot infections are a major problem and a common cause for hospital admission of diabetic patients in India. Although the prevalence of PVD is low, the number of people suffering from foot complications is quite high on account of its large population. In addition, neuropathy is very common and is an associated risk factor for foot infections, which often tend to recur.

People with diabetes are 2-6-fold more likely to have coronary heart disease. Several reports indicate that during the past three decades there has been a substantial increase of CAD in developing countries particularly in India. At present, India has got the highest number of patients suffering from CAD. The current estimate of 25 million CAD patients is projected to increase to 40 millions by the year 2020.

People with diabetes are 2-4-fold more likely to have a stroke and 75% of all diabetes-related deaths are associated with cardiovascular disease.

Diabetes mellitus is an iceberg disease in which 66% of patients are often undiagnosed. Moreover, the onset of type 2 diabetes is usually subtle and many years may elapse before diagnosis. Harris et al. estimated a gap of 9 to 12 years between the onset of type 2 diabetes and its clinical diagnosis. The first indication of the presence of type 2 diabetes may actually be detected at the time of diagnosis of a complication. Various studies have showed that around 50% of the newly diagnosed type 2 diabetes patients already had indication of diabetes related tissue damage such as retinopathy, heart disease or microalbuminuria.
These findings may influence policies about early screening for diabetes. Due to a worldwide increase in the incidence of type 2 diabetes, it will likely continue to be a major cause of morbidity and mortality in the future. It is largely the complications associated with diabetes, which make it such a major public health problem. Therefore accurate information regarding the incidence of diabetic complications and associated risk factors is important in the prevention of its development.

Considering these facts and the high prevalence of diabetes in India, the study was undertaken to evaluate complications of diabetes mellitus and other risk factors for the development of diabetes at an early stage in recently diagnosed patients with the hope that, the results of the study will allow to make suggestions to improve screening programs. It will lead to earlier diagnosis of diabetes as well as its complications and more effective control of diabetes. Thereby reducing morbidity and mortality and potentially delaying the onset of complications of the disease.

The study may suggest the guidelines to improve the delivery of diabetic health care within available resources in order to help people with diabetes to leave healthy and meaningful life.
### Number of people with diabetes

According to WHO, number of people with diabetes in India in the year 1995 were 19.4 millions. In the year 2025, it will be 57.2 millions. For both 1995, 2025 the country with the highest number of people with diabetes is India\(^3\).

#### Diabetic retinopathy

Leading cause of blindness in adults ages 20-74\(^4\)

People with diabetes are twice more likely to develop cataracts or glaucoma than those without diabetes \(^5\).

#### Diabetic nephropathy

10-21% of all people with diabetes develops severe kidney diseases due to diabetic nephropathy \(^4\).

About 40% of people with IDDM develop severe kidney disease and end-stage renal disease (ESRD) by the age of 50. \(^6\).

#### Diabetic neuropathy

60-70% of people with diabetes have mild to severe forms of diabetic nerve damage \(^4\).

Leading cause of non traumatic lower limb amputation \(^4\).

15-40-folds increased risk for leg amputation in the diabetic compared to non-diabetic population \(^4\).

#### Diabetic vascular disease

2-6-fold more likely to have heart disease \(^4\).

2-4-fold more likely to have a stroke \(^4\).

75% of all diabetes –related deaths are associated with cardiovascular disease.