RECOMMENDATIONS
Recommendations to the Nation, Institutions and Society:

There are about 14 million diabetics in India and roughly 50% of these will ultimately develop kidney complication leading on to (ESRD) end stage renal disease. Patients of ESRD will require lifelong maintenance dialysis or alternatively a kidney transplantation to survive. Quite clearly dimension of the problem is great. Not only many nephrologists, dialysis and kidney transplant units will be required but also morbidity arising out of it will cause a loss of enormous manpower. Government employees who reimburse their treatment expenditure will depend on national budget which may be enormous. Therefore the whole attempt should be to prevent development of protein leak.

This can be done by the following ways.

2) First of all a community survey for diabetes is essential to identify uncomplicated diabetic population at an early stage.

3) Meticulous control of blood glucose by treatment and proper dietary restrictions and also control of blood pressure are likely to be effective.

4) Urinary albumin excretion should be monitored every 3 to 6 months and the patients should be informed that the observed excretions of albumin indicate a certain risk and that more close control is required.

5) We need to know the temporal relationship of changes in circulating proinflammatory cytokines, acute-phase markers, insulin resistance, and glycemia during the development of type 2 diabetes. The power of elevated cytokines such as TNF – alpha and IL-6 through elevated APP might be helpful to predict type 2 diabetes development.

6) And if type 2 diabetes is an inflammatory disease, can anti-inflammatory drugs contribute to the management of the disease.
7) It will now be important to investigate prospectively the relationship between sialic acid and/or other markers and mediators of the acute-phase response (e.g., proinflammatory cytokines) and the development or progression of diabetic microangiopathy. Such studies may lead to indicators of those individuals at risk of developing tissue complications.

In terms of limitations of this study the sample size could have been larger. Patients with diabetic nephropathy could also have had early signs of other complications such as retinopathy and neuropathy. There was no way of assessing the impact of this on our study. In the interest of future researchers who wish to conduct similar studies we have several recommendations that we wish to make: A larger sample size should be observed over a longer time period. Finally, we recommend that researchers take into account other diabetic complications such as diabetic retinopathy and diabetic neuropathy to allow for a more complete study.