

PREVALENCA DHE FAKTORËT RISKANTË TË RETINOPATISË DIABETIKE NË POPULLATËN DIABETIKE SHQIPTARE

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Summary

PREVALENCE OF DIABETIC RETINOPATHY AND RELATED RISK FACTORS IN ALBANIAN DIABETIC PATIENTS

Backgrounds: Diabetic Retinopathy (DR) is a serious and frequent complication of diabetes. Often it is present since the diagnosis of type 2 diabetes. Chronic complications are responsible for decreased quality of life for diabetic patients, associated disability and add to national medical health care expenditures.

Objectives: 1) To define the prevalence of diabetic retinopathy in Albanian diabetic patients. 2) To analyze the clinical features associated with this complication in the examined group.

Material and methods: As part of ALBDIAB Project, we examined all the medical records of diabetics updated during the last year. In total, we included 17761 diabetics. Male 8462 (47.6%). 1 498 (8.37%) type 1 Diabetes and 16263 (90.8%) type 2. Type 1 Diabetes duration 9.7 ± 7.8 years and T2 Diabetes duration 4.6 ± 4.9 years. In all patients clinical and metabolic profiles were determined. Trained ophthalmologists defined the stages of retinopathy by ophthalmoscope after papillary dilatation.

Results: Diabetic retinopathy of different stages was present in 46.4% of T1DM and 28.74% of T2DM. The multivariate analyses revealed that significant predictors for diabetic retinopathy were: smoking status more than 10 years ($p=0.0028$ OR=1.28) but for smoking 6-10 years OR= 0.57, diabetes duration more than 5 years ($p=0.0000$ OR= 4.64), bad metabolic control HbA1c $>8\%$ ($p=0.0015$ OR=3.02), insulin treatment (OR=4.24) and HTA $e^{150/95}$ mm Hg ($p=0.002$ OR= 2.09). We found a good correlation of retinopathy with nephropathy and overweight. The other features such as obesity, coronary artery disease, or HTA treatment were univariate predictors of diabetic retinopathy, but they lost significance in multivariate analyses.

Conclusions: Our study showed that DR remains one of the most frequent complication of Diabetes. We were able to confirm the role of some clinical risk factors such as: diabetes duration, bad metabolic control, insulin treatment and HTA, while smoking status remains of a controversial feature.

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