

28th European Diabetes Congress

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Diabetes and dementia risk factors in a representative sample of our hospitalised diabetic patients in General Hospital Subotica

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Population living with diabetes is exponentially rising, and expected to reach 366 million till 2030. Projections for future prevalence of dementia is parallel with these calculations, number of people with dementia is expected to rise to 1,7 million over next 40 years. There are substantial data suggesting that diabetes tip2 is associated with increased risk of development of dementia. In our study we used retrospective data of our 39 hospitalized patients with diabetes, mean age 72 years. Our aim was to make correlations with their cognitive function, presence and severity of dementia with available data of age, gender, type of diabetes therapy, duration of diabetes, arterial hypertension, hiperlipoproteinaemia, thyroid disfunction, and nephropathy. For mental evaluation, MMSE test was performed, using dementia severity gradation: Below 10 point's means severe, 10-20 moderate 20-23 mild dementia. T test, χ^2 test and test for multivariate correlation were used for statistical processing. We found no significant correlation with duration of diabetes, perhaps because relativity of the time of setting up diagnosis. Kidney affection was also without correlation with dementia, which is consistent to earlier published study results. Very slight positive correlation with insulin therapy, and also having thyroid disfunction, significance 0,29 and 0, 031. Most strong association showed with ageing and arterial hypertension 0, 0178, and 0,021, with prevalence in women 1.3:1. We were not able to make difference between vascular dementia and Alzheimer's disease in lack of neuroimaging data. Epidemiological data suggest that both type of dementia are more common in diabetes, and most individuals have dual pathology. Dementia per se is more common in diabetic population. Our data suggest us to aggressively cure metabolic and cardiovascular comorbidities even in elderly people, over 70 years also, but we can be more permissive with correction of mild thyroid disfunction.



Recent Publications

1. Ahtiluoto S., Polvikoski T., Peltonen M., Solomon A., Tuomilehto B. , Winblad B.:Diabetes, Alzheimer disease and vascular dementia : A population –based neuropathologic study. Neurology 2010;75;1195-1202.
2. Strachan M., Reynolds R., Frier B., Mitchell R., Price J.: The relationship between type 2 diabetes and dementia. Brit Med Bull2008;88;131-46.

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3. Ott A., Stolk R.P., van Harskamp F., Pols P., Hofman A., Breteler M.: Diabetes meliitus and the risk of dementia. The Rotterdam Study. *Neurology* 1999;53;1937-42.
4. Erkinjutti T., Ostbze T., Steenhuis R., Psych C., Hatchinski V.: The effect of different diagnostic criteria on the prevalence of dementia. *New Engl J Med*2006: 23[337]; 1667-74.
5. Exalto L., Whitner R., KappelL., Biessels G.: An update on tipe 2 diabetes, vascular dementia and Alzheimer's disease.*Exp Geront* 2012: 11[47];858-64

Biography

Klara Tucic Nemet is working in General Hospital Subotica from 1998, in the department of internal medicine Endocrinologist specialist. She is a head of department for short outpatient therapy. Her main activities are Diagnostic and therapy of hospitalized patients and outpatients. Interline consultant of internal medicine and endocrinology, endocrinologist consultant in private clinics. She is a principal investigator in clinical trial phase III: Comparison of cardiovascular protective effects of linagliptine and glimepiride. Double blind, randomized, multicenter, parallel group study Carolina. In 2008-2010 she participated in phase III, randomized, placebo controlled multicenter clinical trial: Effectiveness and safety of pioglitazone in type 2 diabetes. She is a President of branch of internal medicine of the Vojvodian Medical Association.

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