

## ***Glycemic level in higher risk cardiac patients among north Indian patients based on first time population based screening programme.***

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### ***Abstract***

**Background:** Morbidity and mortality is being increased in India due to diabetes with cardiovascular disorders. Population-based screening for cardiovascular disease (CVD) risk including measurements of glucose, is proposed in several countries. We aimed to determine the prevalence of undiagnosed dysglycemia in adults at high CVD risk.

**Methods:** We enrolled patients aged 35-70 years at high CVD risk (Framingham derived 10-year CVD risk >21%) but without a previous CVD event, from four general practices in Narayana Hrudayalaya hospital, Jaipur, Rajasthan (India) (n=883) were invited to take part. 198 adults agreed. Each participant underwent a 75g anhydrous Oral Glucose Tolerance Test (0 and 120 minute glucose sampling) and routine clinical information was also collected.

**Results:** For those invited to participate the median (IQR) age was 52.3 years and 59% were male. Participants were median (IQR) age 52.3) years 65% men, 97% north Indian .18% had type 2 diabetes, 3% type 1 diabetes, 18% dysglycaemia (an elevated blood glucose level on at least one previous occasion) and 51% no known diabetes or dysglycaemia. There were 17 % current smokers. Mean (SD) blood pressure was 134 /78) mmHg, total: HDL cholesterol ratio 3.6. Their median (IQR) BMI was 28.9 kg/m<sup>2</sup>, HbA1c 5.9 %. Mean (SD) estimated 10-year CVD risk was 41 % using the Framingham risk equations for individuals with diabetes. Of the 100 individuals without any previously known dysglycaemia 14% were diagnosed with type 2 diabetes, 12% with IGT (120 minute glucose >140 but <200 mg/dl), 17%) with IFG (fasting glucose >110 but <126 mg/dl) and 9% with both IFG and IGT.

### **Conclusions :**

Adults at high risk of CVD are also at high risk of missed undiagnosed dysglycaemia. Our data showed half of participants without previously known diabetes or dysglycaemia were identified. Institutional screening programme for all adults aged 35-70 years is likely to find large numbers of individuals with diabetes and dysglycaemia and needs to address their subsequent management.



### ***Biography:***

Dr. Naresh Sen MBBS, MD (Int. Med), D.Card, FICE(UK), FAARM (USA) is a Senior Consultant Cardiologist, Narayana Hrudayalaya, Bangalore / Jaipur January, 2008 - June, 2012 with more than 10 years of experience in the successful management of many cardiac patients. He is dedicated to providing the most advanced diagnostic, preventive and therapeutic options for the entire spectrum of cardiac diseases. He is an Ex Consultant, Registrar at Narayana Hrudayalaya, Jaipur and Bangalore. He has won several health excellence awards to his credit.

### ***Speaker Publications:***

1. The Role of Feedback in Employee Performance Improvement. January 2017 [29<sup>th</sup> World Diabetes & Heart Congress](#); Tokyo, Japan June 23-24, 2020.

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