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JOINT41

Treatment of hyperuricemia as an option for slowing the progression of diabetic nephropathy

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Introduction

Diabetic nephropathy is the main cause leading to end-stage renal disease. Uric acid may play a role as the underlying cause of diabetic nephropathy. The serum level of uric acid is also a risk factor for cardiovascular disease and atherosclerosis. It's a complex interplay among hyperuricemia, diabetes mellitus and the progression of diabetic nephropathy. Our aim is to evaluate allopurinol effects on proteinuria in diabetic patients with nephropathy.

Material and methods.

80 patients with type 2 diabetes mellitus and incipient diabetic nephropathy were included. 40 patients were randomized to receive allopurinol (100 mg/d) and 40 were randomized to receive placebo. Administration of antihypertensive and renoprotective drugs (angiotensin-converting enzyme inhibitors and angiotensin receptor blockers) continued for both groups, without changes in dosage. Proteinuria was compared at baseline, 2 and 4 months among the two groups.

Results

Each group consisted of 19 men and 21 women. After four months of treatment, serum levels of uric acid ($P = .02$) and 24-hour urine protein ($P = .049$) were significantly lower in the patients on allopurinol treatment, compared with the control group.

Conclusions

Treatment with hyperuricemia can reduce severity of proteinuria. So, it's important to use them as an adjuvants cost-effective therapy for patients with diabetic nephropathy.

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JOINT743

Main epidemiological indicators of diabetes mellitus among the urban population on the example of Minsk (2014–2024)

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Aim

To assess the dynamics of the prevalence of DM among the Belarusian urban population in the period 2014–2024.

Materials and methods

Data from the official statistics of the Ministry of Health of Belarus and demographic indicators were the subject of the study.

Results

The prevalence of diabetes increased from 2296.4 cases in 2014 to 4588.6 cases per 100,000 population in 2024. The average annual increase in DM prevalence was 7.6% (type 1 DM - 4.1%, type 2 DM - 7.9%). The primary incidence of diabetes was 202.7 - 416.0 cases per 100,000 population, of which T1DM: 9.0 - 11.0, T2DM: 196.4 - 405.0 cases per 100,000 population. The average annual increase in the primary incidence of diabetes was 8.3% (T1DM - 2.9%, T2DM - 8.4%). The increase is the result of active measures to diagnose T2DM in at-risk groups. Gender characteristics: T2DM is 1.9 times more common in women than in men, in people with T1DM was the same for both sexes, other types of diabetes are 2.7 times more common in men. Diabetes affects 5.6% of the adult population of Minsk, a figure in line with WHO projections. The proportion of working-age people was on average 87% among those with T1DM, 21% among those with T2DM, and 75% among those with other types of diabetes. On average, 3.7% of people with DM die each year, and 92.3% of these deaths occur in people over working age. The leading cause of death was cardiovascular disease: DM1 - 49.0% of deaths, DM2 - 67.9%. Malignant neoplasms came second: 5.5% of deaths in T1DM and 14.9% in T2DM. The proportion of deaths due to complications of DM, including emergencies, was less than 0.1%.

Conclusions

The above data indicate that the quality of medical care, availability of antihyperglycaemic drugs, including insulin, and means of self-control ensure a low mortality rate from diabetes mellitus, but at the same time emphasise the need

for management decisions on the prevention of cardiovascular pathology and early detection of malignant neoplasms.

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JOINT3822

The transition phase and glycemc control: insights from 100 patients study

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Introduction

The transition period from pediatric to adult diabetology is particularly critical. Transferring care to adult services is often associated with a deterioration in glycemc control. We aimed to assess glycemc control among type 1 diabetics during this transition phase.

Patients and Methods

This was a retrospective descriptive study involving 100 type 1 diabetic patients initially followed in pediatrics before transitioning to the endocrinology-diabetology department at CHU Ibn Rochd. Data were collected on glycemc balance, follow-up regularity, and treatment adherence at the time of transition and afterward, from January 2021 to September 2024. Statistical analysis was performed using IBM SPSS software.

Results

The average age of our patients was 16 years (range: 14 to 18), with a female predominance (56%). The duration of diabetes was approximately 5 years, and the transition occurred at an average age of 14 years. Transition announcements were made by pediatricians for all our patients. The interval between referral and the first consultation was less than three weeks. Patients attended an average of 3.3 consultations per year at the start of the transition, and 2.1 consultations per year afterward. All patients were on a basal-bolus insulin regimen, with 14% using human insulin and 86% using insulin analogs, and performed approximately four capillary blood glucose tests per day. The average HbA1c was 10.1% before the transition and 9.23% afterward ($P < 0.001$). Nine patients were hospitalized for diabetic ketoacidosis due to treatment discontinuation after the transition. Regarding degenerative complications, 11 patients exhibited diabetic retinopathy at the time of transition.

Conclusion

The transition from pediatric to adult diabetology is a critical phase for type 1 diabetic patients. Our study highlights a decline in medical follow-up. However, the observed reduction in HbA1c levels demonstrates the potential for modest improvement. These findings underline the need to strengthen support and coordination between pediatric and adult services to improve clinical outcomes and the quality of life of young patients.

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JOINT3740 Glycemc control in type 1 diabetes patients transitioning from pediatric to adult care

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Introduction and Objective

The transition of adolescents with Type 1 Diabetes Mellitus (T1DM) to adult Endocrinology services coincides with significant personal changes. Interstitial glucose monitoring is a key tool for diabetes management. This study aims to evaluate metabolic control in adolescents after transitioning to adult endocrinology follow-up.

Materials and Methods

A descriptive observational study was conducted on patients aged 14–18 years who had at least one data download in 2024 while under follow-up at the General Endocrinology outpatient clinic of Hospital Universitario Clínico San Cecilio (Granada). Anthropometric variables, treatment characteristics, and disease control parameters (glucometry and HbA1c) were analyzed. Statistical analysis was performed using SPSS v.15.

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