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ORIGINAL ARTICLE

Diabetes Mellitus and Retinopathy: relationship, complications and management as comparative study among patients in KSA and Egypt

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ABSTRACT

Diabetes Miletus (DM) for long duration is associated with damage of various organ systems mainly affecting the eyes, nerves, kidneys, and the heart. It can cause diabetic retinopathy (DR) in patients with Type-2 DM has been found to be related to hyperglycemia and hypertension. Our aim to investigate the relationship between DM and Retinopathy, complications and their management either in KSA & Egypt. Data were collected through patients' interviews in different hospitals; Hail University medical clinic, King Khalid Hospital, Hail, KSA and El-Demerdash, Ain Shams University, Egypt. The results showed that Type-1 DM in KSA is more in males (22%) than Egypt (16.7%) while Type-2 in Egypt is more in males (77.8%) than KSA(69.2%). Obesity and hypertension are more in KSA than Egypt, while cholesterol and triglycerides are in the same range. High percentage of Egyptian patients have DM since 6-10years (42%), Vs(18%) in KSA, while 12% of Egyptian participants have DM for >10 years, Vs (40%) in KSA. High percentages of patients follow diet and visit sugar and ophthalmology clinics more in Egypt than KSA. The percentage of patients with Cataract more in KSA (about 26%) than Glaucoma (about 8%) in comparison to Egypt (about 10% both). Retinopathy was equal between patients either in KSA or Egypt (about 15%). About 7% Egypt Vs 28% KSA of patients with high glycated hemoglobin (HbA1c) level (10-12%). We can conclude that increased age, disease duration, high HbA1c, obesity, hypertension and no adherence to treatment were the main risk factors for microvascular disease.

Key Words: Diabetes Mellitus, Retinopathy, complications, managements, Saudi Arabia, Egypt.

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INTRODUCTION

Diabetes mellitus (DM) is about chronic metabolic disorder in the body characterized by increased level of blood glucose and it causes damage to different organs and tissues, for example the heart, kidneys, eyes, nervesand blood vessels[1]. The mortality of DM was 1.37 million [2]. DM is leading to blindness and amputation, kidney disease, cardiomyopathy, cerebrovascular and peripheral artery diseases [3]. [The pathological effects due to DM includes the vasculature leading to both microvascular and macrovascular complications [4]. They found that aging, DM duration, and glycated hemoglobin (HbA $_{1c}$) were the main risk factors for microvascular disease and diabetic foot, while age was the only risk factor for macrovascular complications. Gender differences should be considered when providing management for prevention and treatment of DM-related complications [5]. Stem cell-based therapy is promising for the treatment of DM and its complications[6]. Diabetes for long duration is associated with damage and failure of various organ systems mainly affecting the eyes, nerves, kidneys, and the heart [7]. It can cause diabetic retinopathy (DR) in patients with (T2DM) has been found to be related to both severities of

hyperglycemia and presence of hypertension. In the United States, approximately 10,000 new cases of blindness attributed to DR [8]. It is reported that more than 77% of patients who survive for over 20 years with diabetes are affected by Retinopathy [9]. Diabetic retinopathy can result in various degrees of visual impairment and is a leading cause of blindness worldwide [10]. The study done in 2010 estimated that 10.2 million US adults 40 years and older known to have diabetes, and the prevalence rate for developing diabetic retinopathy was 40.3% [11]. KSA have a high prevalence of DM [12]. The prevalence was about 23.7% during 2004 in Saudi Arabia[13].and increased to 30% by 2011 with a rate of 34.1% in men and 27.6% in women [14[.In 2015, KSA became in the second rank with the highest prevalence of DM among the Middle East and the 7th rank among the world according to a WHO report[15]. The Ministry of Health in Saudi Arabia reported that, there were 0.9 million individuals who were diagnosed with diabetes in 1992, this number increased by 2.7 times to 2.5 million in 2010[16]. Study done in 2016 reported that diabetics are of risk factor for eye complication. They found the prevalence of DR among Saudi patients with type 2 DM to be 14.8% [17]. DR as one of the microvascular complications for DM, it can affect about 24% of diabetic patients with long duration (for 10-15 years)[18]. Around 35% of all diabetic patients became with DR [19]. Also, diabetic nephropathy is leading to end-stage renal disease (ESRD) requiring dialysis[20]. Diabetic neuropathy affects about half of the diabetic population [21].In Saudi Arabia, study reported that the prevalence is 19.9% [22]. Proteinuria occurs in 15–40% of patients with type 1 diabetes while it ranges from 5 to 20% in patients with T2DM[23]. The prevalence of diabetic retinopathy in different regions of Saudi Arabia: Riyadh (31%), Madinah (36.8%), Taif (36.1%), and Al-Hassa (30%), [9]. This study was aimed to assess the prevalence of retinopathy and its association with DM in diabetic patients also complications and management in KSA & Egypt.

SUBJECTS AND METHODS

The Study conducted through cross-sectional study design. It carried out among diabetic patients with or without eye diseases who follow up at clinic of Diabetes or ophthalmology, Hail University medical polyclinic, Hail and Riyadh, KSA and Egypt among 5 months (October 2019 to March 2020). The study excluded pregnant women, patients with a psychiatric illness or mental impairment, or patients unable to give informed consent. All participants were provided with clear and easy to understand information about the research paper in order to allow them to make an informed and voluntary decision about their participation. The data collection tool through a well-structured questionnaire (interview with patients) was used to address the study objective. The questionnaire consists of 25 questions, 4 about sociodemographic, 6 about diabetes and eye diseases knowledge, 7 about their adherence to treatment, to visiting physician, checking glucose level and finally 8 about their knowledge about symptoms of DM & eye complications. Statistical analyses were performed using SPSS version 23 (SPSS, Chicago, IL, USA). Frequencies and percentages were calculated for categorical variables.

RESULTS AND DISCUSSION

Many complications were found due to DM that leading to blindness and amputation and contributes substantially to kidney disease, cardiomyopathy, and cerebrovascular and peripheral artery diseases [3].It is recognized that more than 77% of patients who survive for over 20 years with diabetes are affected by Retinopathy [9].In this study the participants were 167 patients from Saudi Arabia (91 males and 76 females), 129 from Hail, 37 from Riyadh, 0ne from Dammam and other 60 patients from Egypt (36 males and 24 females). Table 1-3 showed the results of Saudi Arabia Diabetic patients. Table 1showed that 22% of males & 15.8% of females have diabetes type1, while 69.2% males & 72.4% females have diabetes type2 and the rest of patients did not know their type of diabetes. While Table 4 showed that in Egypt about 16.7% of males or females have diabetes type1, while 77.8% males & 83.3% females have diabetes type2[Figure 1]. Other study showedthat most of diabetic participants in Sudan at the age of 44.9 years, 70.3% of them were women[24].Other study was done in Saudi Arabia (2015), included 5396 patients, they found that 2959 are males (51.5% Type 1 and 55.5% Type 2), on other hand, 2437 are females (48.5% Type 1 and 44.7% Type 2) [25]. The global diabetes prevalence in 2019 is estimated to be 9.3% (463 million people), rising to 10.2% by 2030 and 10.9% by 2045 at the age between 20-79 years [26].

Most of patients in Saudi Arabia became diabetic more than 10 years (54.9% in males Vs 25% in females) followed by patient that became diabetic since 1-5 years (18.7% in males Vs 38.2% in females), and other patients since 6-10 years (20.9% in males Vs 15.8% in females). In Egypt, patients became diabetic in the last 6-10 years (50% in males Vs 34.6% in females) but about 16.7% became diabetic in the last 1-5 years or more than 10 years. Other study reported that>44% of individuals aged 55 with severe uncontrolled DM with long-term complications. They have hypertension (38%) and coronary heart disease (24%) in

Saudi Arabia [27]. Another study in Jeddah, Saudi Arabia reported that an age from 5–70 years the patients had microvascular complications such as neuropathy, retinopathy, nephropathy and in 6% of Type1 DM patients [28]. In KSA, 69.2% of males & 60.5% female patients said that diabetes Mellitus is hereditary, they said that their parents, 60.4% male Vs 63.2% female had diabetes. In Egypt, 55.6% of males & 75% female patients said that diabetes Mellitus is hereditary, they said that their parents, 78.3% male Vs 34.6% female had diabetes. In KSA37.4% males Vs 43.4% females are obese, but 49.5% males Vs 55.3% females with hypertension, while 34.1% males Vs 50% females with high level of Cholesterol & Triglycerides. Comparing results in Egypt, 15% males Vs 30.8% females are obese, but 40% males Vs 34.6% females with hypertension, while 33.3% males Vs 50% females with high level of Cholesterol & Triglycerides. Another research revealed that triglyceride is an independent predictor of type 2 DM among middle and old age [29].

Table 1: Percentages and Numbers of Diabetic patients in Saudi Arabia that answer the following questions about diabetes Mellitus. (n= 167).

Questions		Answers													
Do you have	Answer		YES			NO			Don	't Know	V				
Diabetes?	Male	89	97.	8%	0		0		2			2.2%			
	Female	75	98.	7%	0		0		1			1.3%			
What is the	Answer			Type 1	<u> </u>		Тур	e 2		Don	on't know				
type of	Male		20		22%		63	69.2%	8		8.8%				
Diabetes?	Female		12		15.8%		55	72.4%	9			11.8%			
What is the age of being	Answer	_	nce <1 Year	Since	1-5 Years Since <6-10 Years			>10 Years							
Diabetic?	Male	5	5.5%	17	18.7%	19	20.9%	9% 50			54.9%				
	Female	6	7.9%	29	38.2%	12	15.8%		19		25%				
If any person in your family	Answer	Parents B			thers & sters	Gra	andfathers	Son		None					
have DM?	Male	55	60.4%	12	13.2%	20	22%	6 6.6%		9		9.9%			
	Female	48	63.2%	9	11.4%	8	10.5%	1	1.3%	20		26.3%			
If DM	Answer		YES			NO			Don	't Know	V				
hereditary in your family?	Male		63	69.2%	14		15.4%		14		15.4%				
	Female		46	60.5%	12		15.8%		18		2	23.7%			
Do you have any other	Answer		obesity	y	Ну	perte	nsion		holestero dycerides		None				
diseases?	Male		34	37.4%	45		49.5%	31 34.		%	17	18.7%			
	Female		33	43.4%	42		55.3%	38	50%	6	10	13.2%			

Table 2 showed the adherent of Saudi patients to treatment, we found that 69.2% male patients Vs 55.3% female patients who receive oral hypoglycemic drugs, while, 59.3% of male patients Vs 88.2% females who receive insulin. On the other hand, Table 4 showed the adherent of Egyptian patients to treatment it showed that 44.4% male patients Vs 40% female patients who receive oral hypoglycemic drugs, while, 11.2% of male patients Vs 20% females who receive insulin. Other studies showed that in japan that revealed 72.6% male and 59.7% for female Japanese patients who received only oral Hypoglycemic drug [30]. In our study, 59.3% male Vs 88.2% females who received insulin only compared to 11.0% of male Vs 29.9% females who receive only insulin, about 0.5% of patients who receive both insulin and Oral hypoglycemic Drug [30]. Only small percentage of Saudi patients who adjusted diets (17.6% males Vs 10.5% females), While the comparative study showed 50% of the subjects were using diet therapy with percentage 57.5%males and 52.2% females, and about 47.9% males and 29.9 females who do exercise[30].

About 62.6% of male patients Vs 55.3% females that visit the diabetes clinic regularly. Only 16.5% male Vs 25% female patients who visit the ophthalmology clinic one per month, 31.9% male Vs 27.6% female patients who visit the ophthalmologic clinic one per year and about 50% of patients did not visit. On the other hand, high percentage of Egyptian patients who adjusted diets (44.4% males Vs 40% females), and 88.9% of male patients Vs 91.7% females that visit the diabetes clinic regularly, about 27.8% male Vs

75% female patients who visit the ophthalmology clinic one per month, 55.6% male Vs 8.3% female patients who visit the ophthalmologic clinic one per year and 16.7% of patients did not visit. One third of male or female Saudi patients who adjusted their glucose level. Half of patients with middle and high level of fasting glucose, while about 7% with normal fasting glucose. High percentage of Egyptian patients (72.2% male Vs 58.3% female) who adjusted their glucose level, while 16.7% males Vs 41.7% females who did not adjusted [Figure 2].High 48.4% of male Saudi patients with HbA_{1c} (3.7-6.9%) VS female patients (19.7%), but for female patients 38.2% with high HA1c level (7-9.9% or 10-12%). Most of diabetic patient measure their glucose level once daily (54.9% males Vs 71.1% females). High percentages (61.1% males Vs 66.7% females) of Egyptian patients with glycated hemoglobin (HbA_{1c}) (3.7-6.9%), but (27.8% males Vs 25% females) of patients with HbA_{1c} level (7-9.9%) [Figure 3]. Some of diabetic patient measure their glucose level once weekly (22.2% males Vs 58.3% females), other measured one per month (33.3% males Vs 25% females). Other studies showed that blood HbA_{1c} level was 7.09% male and 7.47% female [30]. Another research found that that increased age, disease duration, HbA_{1c} were the main risk factors for microvascular disease and diabetic foot, while age was the only risk factor for macrovascular complications [31].

Table 2: Numbers and percentages of Diabetic patients in Saudi Arabia that being adherent to antidiabetic drugs treatment (n= 167).

		anuu	Hab	euc u	ıı ug	<u>,5 u</u>	eau	пеп	ւ (ու–	107].						
Questions									An	swers						
What is the	Answer]	Diet				0ral	hypog	lycemic		Insulin				
antidiabetic drug used?	Male	16		17	.6%			63		69.2%		54		59	.3%	
	Female	8		10	.5%			42		55.3%		67		59 88 times 26 28 't visit 51 48 know 6. 15 Don't kn	.2%	
Do you visit the sugar	Answer			YES					NO				Somet	imes		
clinic?	Male	57		62	.6%			10		10.9%		24		26	.4%	
	Female	42		55	.3%			10		13.2%		22		28	.9%	
Do you visit the	Answer	One /month						(ne / y	ear		I don't visit				
Ophthalmology clinic	Male	15		16.5%			29			31.9%		47		51.6%		
regularly?	Female	19		2:	5%			21		27.6%		36		59. 88. cimes 26. 28. t visit 51. 48. know 6.0 15. con't kn	.7%	
Do your glucose level	Answer	YES							NO				Don't	know		
is adjusted?	Male	29		31	.9%			56		61.5%		6		59.3 88.2 times 26.4 28.9 t visit 51.6 48.7 know 6.6 15.8 Don't kno 12 4 5 12 4 5 10 meas 2	6%	
	Female	20		26	.3%		44			57.9%	12			15.8%		
What is your fasting	Answer	Norn	nal (70-100)	Mi	ddle ((101-	125)	High (>126)		D	59 88 etimes 26 28 1't visit 51 48 t know 6. 15 Don't kn 1 5 5 5 5	iow	
blood glucose?	Male	7		7.7%	ó	4	ŀ6	50	.5%	45	49.5	%	11		12.1%	
	Female	6		7.9%	ó	3	31	40	.8%	35	46.19	%	5		6.6%	
What is your HbA _{1c}	Answer	3	3.7- <u>6</u>	5.9%			7-9	9.9%		10-	12%			>12		
level?	Male	44		48.49	%	2	26	28	.6%	17	18.79	%	4		4.4%	
	Female	15		19.79	%	2	29	38	.2%	29	38.2	%	15	26 28 t visit 51 48 know 6. 15 Oon't kn	19.7%	
Do you measure your glucose level?	Answer	One	ce da	aily	0	nce	weekly		Twi	ce weekly	One / mo		onth	_	Don't measure	
_	Male	50	54	4.9%	24	1	26.4	١%	8	8.8%	7	7	7.7%	2	2.2%	
	Female	54	71	1.1%	4		5.3	%	8	10.5%	4	5	5.3%	6	7.9%	

Table 3 showed the complications due to DM. Most of patients with polyurea (71.4% males Vs 64.5% females), followed by Tingling & Numbness, Mouth or toes fungi (about 22% males Vs 36% females). In Egyptian patients some complications were found due to DM. Fifty of patients with polyurea followed by Tingling & Numbness (27.8% males Vs 75% females). Mouth or toes fungi (27.8% males Vs 16.7% females). (Table 6). Study done in 2016 about Type 1 DM Saudi Children revealed the main symptoms present are 96% (polyuria), 85% (polydipsia), 62% (weight loss), 47% (nocturia), and 22% are diabetic Kidney diseases [32]. Other symptoms were frequent with Saudi patients such as eye pain (26.4% in males Vs 32.9% in females), followed by clouds in vision (14.3% in males Vs 35.5% in females). Presence of cataract in (22% in males Vs 30.3% in females), Glaucoma (4.4% in males Vs 11.8% in females) and retinopathy (15.4% in males Vs 13.2% in females), while (60.4% in males Vs 57.9% in females) did not have eye problems. Other symptoms were frequent with Egyptian patients such as eye pain (16.7% in males Vs 41.7% in females), followed by clouds in vision (22.2% in males Vs 50% in females). Presence of cataract and in (2.8% in males Vs 16.7% in females), Glaucoma (2.8% in males Vs 16.7% in females) and retinopathy (16.6% in males Vs 12.5% in females), while (77.8% in males Vs 54.2% in females) did not have eye problems [Figure 4]. Other study in Taif, KSA (2019) showed that the most prevalent complication was neuropathy (65.4%) followed by retinopathy (43.3%), hypoglycemia (27.7%), cardiovascular accident (5.2%), and renal failure (3.5%), cardiovascular (5.2%)[33]. Another study in Jeddah, KSA (2015) said that Long-term complications were found as retinopathy (4.4%), microalbuminuria (16.2%) and dyslipidemia (8.3%)[34].

Other study revealed that diabetes complications were varied such as microvascular complication present in 9%, macrovascular (6%), cardiovascular (4%), cerebrovascular and peripheral vascular disease (1%) andabout 30% of the patients had both micro- and macrovascular complications [28].In other research done by Algeffari showed that 35% of DM patients in Saudi Arabia suffer diabetic neuropathy [35]. Other study in King Fahd Hospital at Al-Madinah showed that about 36% of DM type 2 patients had microalbuminuria [36],while other cross-sectional study in Saudi Arabia showed that about 20% of DM patients had diabetic retinopathy and 10.8% of DM patients had diabetic nephropathy [37]. Recent research found an association between both Diabetic Kidney disease, diabetic retinopathy, also statistically significant association between both Diabetic Kidney disease, diabetic retinopathy and peripheral arterial disease [38,39]. It was recognized that more than 77% of patients who survive for over 20 years with diabetes are affected by Retinopathy[9].

In Saudi patients, 58.4% of male Vs 81.6% had vision problems after became 40.7% males Vs 48.7% had problems in vision at night, while 13.2% males Vs 11.8% had problems in side vision. Only 15.4% males Vs 27.6%% had lipids on their eye lids. On the other hand, with Egyptian patients we found that 55.6% of male Vs 77.7% had vision problems after became diabetic, 5.6% males Vs 25% had problems in vision at night, while 11.1% males had problems in side vision, but no in females. About 22.2% males Vs 50% had lipids on their eye lids. Other studies showed that Postoperative monitoring and good management of surgical complications will protect the risk of vision loss in patients with cataract either with or without diabetes [40].

Table 3: Numbers and percentages of Diabetic patients in Saudi Arabia that answer the following

questions about symptoms of DM & eye diseases. (n= 167).

Questions							Answers	3							
Are these symptoms	Answer	P	olyurea		gling & mbness		Dry	skin		Diab cor		Anl	de Edema		
frequent with	Male	65	71.4%	22	24	.2%	8	8.8%	3	3	3.3%	1	1.1%		
you due to diabetes?	Female	49	64.5%	29	38	3.2%	19	25%	6	5	7.9%	4	5.3%		
Are these symptoms	Answer	Fo	ot ulcer		th or to fungi	es	Dia	rrhea		Anx	iety		None		
frequent with	Male	16	17.6%	19	20	.9%	5	5.5%	1	2	13.2%	8	8.8%		
you due to diabetes?	Female	23	30.3%	26	34	.2%	2	2.6%	1	5	19.7%	2	2.6%		
Do you have	Answer		YES				NO				Don	None Sometimes Sometimes	1		
problem in	Male	31		34.1%		39		.9%		2			23.1%		
vision before Diabetes?	Female	28		36.8%		29	38	.2%		1	9	1 4 4 6 8 8 6 2 m't know 2 metimes 3 2 No 55 44 1 9 37 12 Someti 39 23 10 84	25%		
Do you have problem in	Answer		YES				NO			Don't know					
vision after	Male	53		58.4%	_	22		.2%		1			17.6%		
Diabetes?	Female	62		81.6%		7	9.	2%		7	7		9.2%		
Do you have	Answer		YES				NO				Som	etimes			
vision problem	Male	37		40.7%		24		5.4%		3			32.9%		
at night?	Female	37		48.7%		11	14	1.5%		20			26.3%		
Do you have	Answer		Cata	ract		Gla	ucoma	Re	etinop	athy		23.19 25% t know 17.69 9.2% etimes 32.99 26.39 None 55 60. 44 57. None 37 40	lone		
these diseases?	Male	20		22%		4	4.4%	14		15.4			60.4%		
	Female	23		30.3%		9	11.8%	10)	13.2		44	57.9%		
Are these symptoms frequent with	Answer	Ey	e pain	Clou	ds in vi	vision Double vision			1	More lightness to objects			None		
you?	Male	24	26.4%	13	14.3	%	10	11%	2	0	22%	37	40.7%		
	Female	25	32.9%	27	35.5	%	13	17.1%	6 1	6	21%	12	15.8%		
Do you lose	Answer		Y	ES				NO				Some	times		
your side	Male	12		13.2%			40		43.9% 39			9	42.9%		
vision?	Female	9		11.8%			44		57.9	9%	2:	3	30.3%		
Do you have	Answer		•	YI	ES	•					NO)			
lipids on your	Male		14	,			15.4%			77			84.6%		
eye lid?	Female		21	-			27.6%		ļ	55		7	2.4%		

Table 4: Percentages and Numbers of Diabetic patients in Egypt that answer the following questions about diabetes Mellitus. (n= 60).

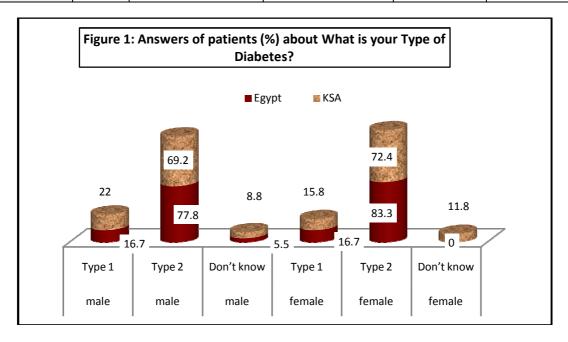
			que	suons a	oout alai	oetes	s meintus.	(n=0)	ouj.							
Questions							Answei	rs								
Do you	Answer		YES				NO		Don't I	Know						
have Diabetes?	Male	34	94.	4%	0		0		2		5.6%					
	Female	24	10	00	0		0		0		0					
What is	Answer		1	Type 1				Тур	pe 2	Dor	't know					
the type of Diabetes?	Male		6		16.7		28		77.8%	2	5.5%					
	Female	nale 4			16.7%		20		83.3%	0	0					
What is the age of	Answer		nce <1 Year	Since 1	-5 Years	_	ce <6-10 Years		>10 Years							
being	Male	6	16.7%	6	16.7%	18	50%		6	16.8%						
Diabetic?	Female	0	0	4	16.7%	18	34.6%		2	8.3%						
If any person in	Answer	Pa	arents		iers & ters	Gra	ndfathers		Sons	None						
your	Male	36	78.3%	5	10.9%	5	10.9%	0	0	0	0					
family have DM?	Female	18	34.6%	4	16.7%	2	8.3%	0	0	0	0					
1 If DM	Answer		YES			NO		Don't Know								
hereditary	Male		20	55.6%	9		25%		7	1	9.4%					
in your family?	Female		18	75%	6		25%		0		0					
Do you have any	Answer		Obesit	у	Нур	erte	nsion		gh Cholesterol & Triglycerides	None						
other	Male		6	15%	16		40%	12	33.3%	6	16.7%					
diseases?	Female		16	30.8%	18		34.6%	12	506%	6	25%					

Table 5: Numbers and percentages of Diabetic patients in Egypt that being adherent to antidiabetic drugs treatment (n= 60).

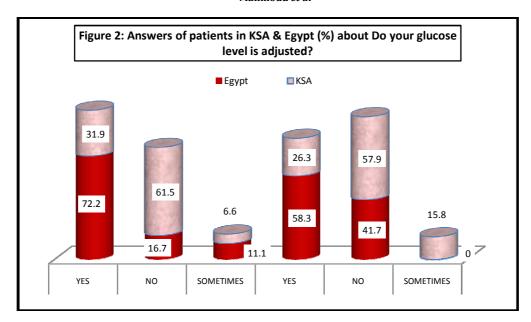
Questions							A	nswers						
What is the	Answer		Diet		(Oral l	al hypoglycemic Insu							
antidiabetic drug	Male	24	44	.4%		24		44.4%		6		1	1.2%	
used?	Female	16	40	0%		16		40%		8			20%	
Do you visit the	Answer		YES				NC)			Some	etimes		
sugar clinic?	Male	32	88	.9%		4		11.1%		0			0	
	Female	22	91	.7%		2		8.3%		0			0	
Do you visit the	Answer	01	ne /mont	th		0	ne/	year			I don'	t visit	t	
ophthalmologic	Male	10		.8%		20		55.6%		6		1	6.6%	
clinic regularly?	Female	18 75%			2		8.3%		4 16.7%					
Do your glucose	Answer		YES				NC)			Don't	know	I	
level is adjusted?	Male	26	72	.2%		6		16.7%		4		1	1.1%	
	Female	14	58	.3%		10		41.7%		0			0	
2 What is your	Answer	N	ormal		M	iddle		Hi	gh		D	on't l	know	
fasting blood			0-100)		(10	1-12	5)	(>1	26)					
glucose?	Male	2	5.6%		24	66	.7%	4	11.19		4		11.1%	
	Female	8	33.30	% 1	12		0%	4	16.79	%_	0		0	
3 What is your	Answer	3.	7-6.9%		7-	9.9%)	10-1	12%			>12	%	
HbA _{1c} level?	Male	22	61.19	%	10		.8%	2	5.6%		2		5.6%	
	Female	16	66.79	%	6	2	5%	2	8.3%		0		0	
Do you measure	Answer	Once	daily	Onc	e wee	kly		Twice	One	/ m	onth		Don't	
your glucose								weekly					easure	
level?	Male	6	16.7%	8	22.		3	8.3%	12		3.3%	8	22.2%	
	Female	2	8.3%	14	58.	3%	0	0	6	2	25%	2	8.3%	

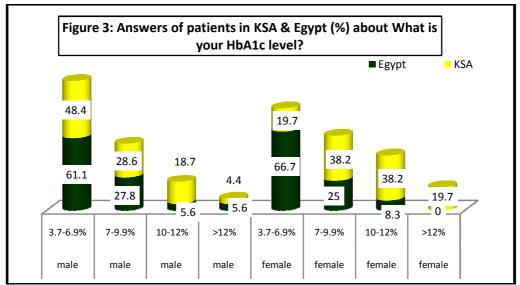
Table 6: Numbers and percentages of Diabetic patients in Egypt that answer the following questions about some medical analysis. (n=60).

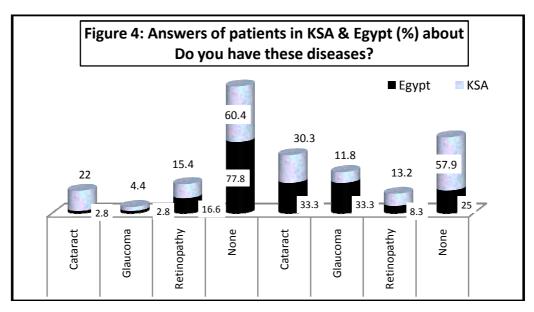
Questions					, , , , , , , , , , , , , , , , , , , 	anarys	_	swers	-					
Are these symptoms	Answer	Polyu	rea			ling & bness		Dry	skin	Dial	oetic co	ma		Ankle Edema
frequent with you due to	Male	18	50%)	10	27.8%)	4	11.1 %	4	11.	.1%	0	0
diabetes?	Female	12	50%)	18	75%		6	25%	8	33	.3%	10	41.7%
Are these symptoms	Answer	Foot ul	lcer		Candidiasis in mouth or toes			Dia	rrhea	Anxiety			None	
frequent with	Male	8	22.29	%	10	27.8%)	0	0	22	61	.1%	0	0
you?	Female	0	0		4	16.7%)	4	16.7 %	0	(0	0	0
Do you have	Answer		YES				N(0			De	on't kr	iow	
problem in	Male	28		77.89		6			6.7%		2		Ede 0 10 4 No 10 No	5.6%
vision before Diabetes?	Female	14		58.3	%	10		4	1.7%		0			0
4 Do you have problem in	Answer		YES				NO	0			Do	on't kr	iow	
vision after	Male	20		55.6	%	8		2	2.2%		8			22.2%
Diabetes?	Female	16		77.79	%	6		:	25%		2			8.3%
Do you have	Answer		YES				N(0			Sc	metir	nes	
vision problem	Male	2	2		ó	32			88.9		2			5.6%
at night?	Female	6		25%	ò	18		· '	75%		0			0
5 Do you have	Answer		aract			Glauco	na		Ret	inopat	hy		No	ne
these diseases?	Male	1		2.8%	1		2.8%	~	6		6.6%			77.8%
	Female	4	1	6.7%	4	1	6.79	%	3	1	2.5%	13	3	54.2%
7 Are these symptoms	Answer	Eye pa	ain		Cloud		Do	ouble	vision	More lightne			None	
frequent with	Male	6	16.79	%	8	22.2%)	0	0	6	16	.7%	16	44.4%
you?	Female	10	41.79	%	12	50%		0	0	2	8.3	3%	0	0
Do you lose your	Answer		YES					NO)			Some	etime	s
side vision?	Male	4		11	.1%		32	2	88	.9%	(0		0
	Female	2		8.	3%		22	2	91	.7%	(0		0
Do you have	Answer			Yl	ES							NO		
lipids on your eve lid?	Male		8			22.2	%			28			77.8	3%
cyc nu:	Female	1	2			500	%			12			50	%



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REFERENCES

- 1. World Health Organization [homepage on the internet] Diabetes. (2017). [cited 2018 Jul 01]. Available from: http://www.who.int/diabetes/en/
- 2. GBD. (2018). Causes of Death Collaborators, "Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980-2017: a systematic analysis for the Global Burden of Disease Study 2017," The Lancet, vol. 392, no. 10159, pp. 1736–1788.
- 3. Érika, B. Rangel, Cláudia, O., Rodrigues& João, R. de Sá. (2019). Micro- and Macrovascular Complications in Diabetes Mellitus: Preclinical and Clinical Studies. Journal of Diabetes Research Volume 2019, Article ID 2161085, 5 pages https://doi.org/10.1155/2019/2161085
- 4. Orasanu, G. &Plutzky, J. (2009). The pathologic continuum of diabetic vascular disease. J Am Coll Cardiol. 53(5 Suppl): S35–42.
- 5. American Diabetes Association. (2017). Economic costs of diabetes in the U.S. in 2017. *Diabetes Care*, 41(5):917–928.
- 6. Paulini, J., E. Higuti, R.M. Bastos, S.A.,Gomes, & É. B. Rangel. (2016). Mesenchymal stem cells as therapeutic candidates for halting the progression of diabetic nephropathy. Stem Cells International, Article ID 9521629, 16 pages.
- 7. American Diabetes Association (2016). Standards of medical care in diabetes-2016: Summary of revisions. Diabetes Care. 39(Suppl 1): S4–5.
- 8. Fong, D.S., Aiello, L.P., Ferris, F.L., Klein, R. (2004). Diabetic retinopathy. Diabetes Care. 27:2540-53.
- 9. Ahmed, R.A., Khalil, S.N., Al-Qahtani, M.A. (2016). Diabetic retinopathy and the associated risk factors in diabetes type 2 patients in Abha, Saudi Arabia. J Family Community Med. 23:18–24.
- 10. Viswanath, K., Mc-Gavin, D.D. (2003). Diabetic retinopathy: clinical findings and management. Community Eye Health. 16(46): 21–4.
- 11. Zhang, X., Saaddine, J.B., Chou, C.F., Cotch, M.F., Cheng, Y.J., Geiss, L.S., et al. (2010). Prevalence of diabetic retinopathy in the United States, 2005-2008. JAMA. 304:649–56.
- 12. Khandekar, R. (2012). Screening and public health strategies for diabetic retinopathy in the Eastern Mediterranean region. Middle East Afr J Ophthalmol. 19:178–84.
- 13. Al-Nozha, M.M., Al-Maatouq, M.A., Al-Mazrou, Y.Y., et al.(2004). Diabetes mellitus in Saudi Arabia. Saudi Med J. 25:1603–1610.
- 14. Alqurashi, K.A., Aljabri, K.S., Bokhari, S.A. (2011). Prevalence of diabetes mellitus in a Saudi community. Ann Saudi Med. 31:19–23.
- 15. Al Dawish, M.A., Robert, A.A., Braham, R., Al Hayek, A.A., Al Saeed, A., Ahmed, R.A., et al.(2016). Diabetes mellitus in Saudi Arabia: A review of the recent literature. Curr Diabetes Rev. 12:359–68.
- 16. The Ministry of Health. (2015). Statistics report.. [Last cited on 2015 Nov 05]. http://www.moh.gov.sa/en/Ministry/Statistics/book/Pages/default.aspx
- 17. Alaboud, A.F., Tourkmani, A.M., Alharbi, T.J., Alobikan, A.H., Abdelhay, O., Al Batal, S.M., et al. (2016). Microvascular and macrovascular complications of type 2 diabetic mellitus in Central, Kingdom of Saudi Arabia. Saudi Med J. 2016; 37(12): 1408–11.
- 18. Voigt, M., Schmidt, S., Lehmann, T., Kohler, B., Kloos, C., Voigt, U., et al.(2018). Prevalence and progression rate of diabetic retinopathy in type 2 diabetes patients in correlation with the duration of diabetes. Exp Clin Endocrinol Diabetes. 126:570–6.
- 19. Fenner, B.J., Wong, R.L., Lam, W.C., Tan, G.S., Cheung, G.C. (2018). Advances in retinal imaging and applications in diabetic retinopathy screening: A review. Ophthalmol Ther.7:333–46.
- 20. Ahmedani, M.Y., Hydrie, M.Z., Iqbal, A., Gul, A., Mirza, W.B., Basit, A. (2005). Prevalence of microalbuminuria in type 2 diabetic patients in Karachi: Pakistan: a multi-center study. J Pak Med Assoc. 55(9): 382–6.
- 21. Tong, P.C., Kong, A.P., So, W.Y., Ng, M.H., Yang, X., Ng, M.C., et al. (2006). Hematocrit, independent of chronic kidney disease, predicts adverse cardiovascular outcomes in Chinese patients with type 2 diabetes. Diabetes Care. 29(11): 2439–44.
- 22. Wang, D.D., Bakhotmah, B.A., Hu, F.B., Alzahrani, H.A. (2014). Prevalence and correlates of diabetic peripheral neuropathy in a Saudi Arabic population: a cross-sectional study. PLoS One. 9(9):e106935.
- 23. Gross, J.L., de Azevedo, M.J., Silveiro, S.P., Canani, L.H., Caramori, M.L., Zelmanovitz, T. (2005). Diabetic nephropathy: Diagnosis, prevention, and treatment. Diabetes Care. 28:164–76.
- 24. Omar, S.M., Imad, R. Musa, ElSouli, M. & Adam, I. (2019). Prevalence, risk factors, and glycaemic control of type 2 diabetes mellitus in eastern Sudan: a community-based study. Ther Adv Endocrinol Metab. 10: 2042018819860071
- 25. Al-Rubeaan, K., Al-Manaa, H.A., TKhoja, T. A., Al-Sharqawi, AH, Aburisheh, K.H., Amira, M. Youssef, A.M., Metib, S. Alotaibi, M.S., &Al-Gamdi, A.A. (2015 a). Health care services provided to type 1 and type 2 diabetic patients in Saudi Arabia. Saudi Med J. 36(10): 1216–1225.doi: 10.15537/smj.2015.10.12596
- 26. Saeedi, P., Petersohn, I., Salpea, P., Bright, D., Williams, R. (2019). Global and regional diabetes prevalence estimates for 2019 and projections for 2030 and 2045: Results from the International Diabetes Federation Diabetes Atlas, 9th edition.157, 107843, NOV 01,
- 27. Alsenany, S. & Al Saif, A. (2015). Incidence of diabetes mellitus type 2 complications among Saudi adult patients at primary health care center | Phys Ther Sci. 2015 | Jun; 27(6): 1727–1730.doi: 10.1589/jpts.27.1727

- 28. Ammari, F. (2004). Long-term complications of type 1 diabetes mellitus in the western area of Saudi Arabia. DiabetologiaCroatica, vol. 33, p. 2.
- 29. Zhao, J., Zhang, Y., Wei, F., Song, J., Cao, Z., Chen, C., Zhang, K., Feng, S., Wang Y. & Li W-D. (2019). Triglyceride is an independent predictor of type 2 diabetes among middle-aged and older adults: a prospective study with 8-year follow-ups in two cohorts. Journal of Translational Medicine volume 17, Article number: 403
- 30. Hara, Y., Hisatomi, M., Ito H., Nakao, M., Tsuboi, K., Ishihara, Y.(2014). Effects of gender, age, family support, and treatment on perceived stress and coping of patients with type 2 diabetes mellitus. Biopsychosoc Med. 8:16. doi: 10.1186/1751-0759-8-16.
- 31. Economic costs of diabetes in the U.S. in 2017. [2018]. Diabetes Care, 41(5): 917-928.
- 32. Rafique, M., Ishaq, F., Masood, M.K., Al-Qahtani, Y.A.M., Assiri, W.I.A., Assiri, M.A.A., Qureshi, M.A., Zia, S. (2016). Clinical Profile of Type 1 Diabetes Mellitus in Saudi Children: a Hospital Based Study. Annals of King Edward Medical University 22(4): 251-256.
- 33. Alharithy, Mohammed K., et al. (2019)."Anxiety prevalence in type 2 diabetes patients in Taif Saudi Arabia." Anxiety 8.2: 88-92.
- 34. Al-Agha, Abdulmoein, E., Alafif, M. & Ihab A. Abd-Elhameed, I.A. (2015). "Glycemic control, complications, and associated autoimmune diseases in children and adolescents with type 1 diabetes in Jeddah, Saudi Arabia." Saudi medical journal 36.1: 26
- 35. Algeffar,i M.A. (2018). Painful Diabetic Peripheral Neuropathy amongSaudi Diabetic Patients is Common but Under-recognized: Multicenter Cross-sectional study at primary health care setting. J Family Community Med. 25: 43-47.
- 36. El-Bab, M.F., Shawky, N., Al-Sisi, A., Akhta, r M. (2012). Retinopathy and risk factors in diabetic patients from Al-Madinah Al-Munawarah in the Kingdom of Saudi Arabia. Clin Ophthalmol. 6: 269-276.
- 37. Al-Rubeaan, K., Abu El-Asrar, A.M., Youssef, A.M., Subhani, S.N., Ahmad, N.A., Al-Sharqawi, A.H., et al. (2015 b). Diabetic retinopathy and its risk factors in a society with a type 2 diabetes epidemic: a Saudi National Diabetes Registry-based study. Acta Ophthalmol. 93: e140-e147.
- 38. Megallaa, M.H., Ismail, A.A., Zeitoun, M.H., Khalifa, M.S. (2019). Association of diabetic foot ulcers with chronic vascular diabetic complications in patients with type 2 diabetes. Diabetes MetabSyndr. 13(2):1287-1292. doi: 10.1016/j.dsx.2019.01.048. Epub 2019 Jan 24.
- 39. [39].Khalil, S.A., Megallaa, M.H., Rohoma, K.H., Guindy, M.A., Zaki, A., Hassanein, M., et al. (2019). Prevalence of Chronic Diabetic Complications in Newly Diagnosed versus Known Type 2 Diabetic Subjects in a Sample of Alexandria Population, Egypt. Curr Diabetes Rev. 15(1): 74–83.
- 40. [40].Kiziltoprak, H., Tekin, K., Inanc, M., & Goker, YS. (2019). Cataract in diabetes mellitus.World J Diabetes. 10(3): 140–153.doi: 10.4239/wjd.v10.i3.140

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