Пациентов с ГКМП составило 7 человек (33,3%), из них 3 женщины (42,8%), и 4 мужчины (57,1%), средний возраст – 58,3 года. Находились на лечении в стационаре в среднем 6,4 дня.

Пациентов с кардиомиопатиями обоих типов беспокоили: одышка при физической нагрузке – у 20 пациентов (65,2%), ноющие боли в области сердца у 12 пациентов (57,14%), сердцебиение – у 16 пациентов (76,19%), головокружение – у 4 пациентов (19,04%).

По данным ЭХО-КГ: у всех пациентов с ДКМП ФВ ЛЖ равнялась меньше 45%, среднее значение – 30,14%; среднее ФУ переднезаднего размера ЛЖ – 21,14%, что меньше 25% и соответствует критериям постановки данного диагноза. Пациенты с ГКМП имеют среднее значение ФВ ЛЖ 69%, что незначительно превышает норму; среднее ФУ переднезаднего ЛЖ – 37%. Средняя толщина межжелудочковой перегородки составила 13,14 мм, без сопутствующих патологий сердечно-сосудистой системы.

При ЭКГ исследовании у пациентов 1-й группы наиболее отличительными признаками являлись: синусовые тахикардии, а для 2-й группы гипертрофия ЛП и ЛЖ, фибрилляция предсердий. Общими признаками стали: блокады левой ножки пучка Гиса, желудочковые нарушения ритма.

Лабораторные исследования, такие как: общий анализ крови (ОАК), общий анализ мочи (ОАМ), биохимический анализ крови (БАК) и гемостазиограмма у всех пациентов находится в норме, что исключает другие причины развития кардиомиопатий.

Выводы

Наиболее распространёнными жалобами у пациентов с кардиомиопатиями стали одышка при физической нагрузке, сердцебиение, ноющие боли в области сердца и головокружение.

Самым достоверным методом исследования пациентов с данными заболеваниями является ЭХО-КГ, с помощью него определяется и различаются виды кардиомиопатий, а другие не менее важные методы исследования, такие как ЭКГ, рентген, КТ, МРТ и лабораторные методы исследования используются в качестве исключения других кардиологических заболеваний.

СПИСОК ИСПОЛЬЗОВАННОЙ ЛИТЕРАТУРЫ

1. Клинические рекомендации: Перикардиты / ред. Российское кардиологическое общество. – М. : ГЭОТАР-Медиа, 2022. – 55 с.

2. Национальные рекомендации: Диагностика и лечение острых коронарных синдромов с подъемом и без подъема сегмента ST на ЭКГ / ред. Белорусское научное общество кардиологов. – 2010. – 39 с.

УДК 616.379-008.64-06

Blesson James

Scientific supervisor: T. A. Kurman

Educational Establishment
"*Gomel State Medical University*"
Gomel, Republic of Belarus

EPIDEMIOLOGY OF COMPLICATIONS OF DIABETES MELLITUS

Introduction

Diabetes mellitus (DM) belongs to a group of common metabolic disorders that share the phenotype of hyperglycemia. Several types of DM are caused by a complex interaction of polygenetic and environmental factors. Depending on the etiology of the DM, factors contributing to hyperglycemia include reduced insulin secretion, decreased glucose

utilization, insulin resistance and increased glucose production. The metabolic dysregulation caused by DM causes secondary pathophysiologic changes in multiple organ systems that impose a huge burden on the individual with diabetes and on the health care system. DM is the leading cause of end-stage renal disease nontraumatic lower-extremity amputations, and adult blindness. Persons with diabetes are at increased risk for cardiovascular disease, which is the main cause of morbidity and mortality in this population. Type 2 diabetes have become global epidemics [1].

Diabetes mellitus has reached an increasingly high global prevalence of 343 million, according to recent estimates. While staggering, these numbers are not the only problem but how it affects the quality of life. The human impact of diabetes includes dangerous complications, economic difficulties and loss of the most creative and productive years of life. Though hard to implement, optimal diabetes management has been proven to reduce the complications of diabetes [2]. Type 2 diabetes is associated with more than a two-fold excess mortality from cardiovascular disease,it includes microvascular which includes Retinopathy, Neuropathy, Nephropathy and Macrovascular which includes Coronary artery disease, Dyslipidemia,Cerebrovascular disease, Peripheral arterial disease (diabetic foot). If left untreated, the microvascular complications will ultimately lead to blindness, overt kidney failure, foot ulcers and unhealing wounds which can eventually lead to amputations [2]. There is a huge challenge for the society and the healthcare system to organize treatment and management of people with diabetes to reduce its serious impact on health of the individual, as well as to reduce the economic difficulties of society to compensate for lost working years as well as for managing blindness, dialysis, amputations, etc. Many major achievements within diabetes care have been obtained during recent years, including definitive knowledge that targeting physical inactivity, obesity , smoking, reduction of blood pressure and lipids, as well as lowering glucose, significantly improves the most important clinical outcome in people with diabetes [2].

Goal

The aim of this study is to find out the epidemiology and prevalence of different complications of diabetes mellitus in the population.

Materials and methods of research

Retrospective analysis of the case histories was made in the endocrinology department of Gomelskaya gorodskaya klinicheskaya bolnitsa No. 3, Belarus. Permission for research was granted by the Gomel state medical university. Medical case histories of 25 patients were analysed.In the observational group there were 10 females and 15 males.

The gathered data was from the month of January to February of 2024.

Results of research and their discussion

25 patients case history were studied, in that 15 patients were male and 10 patients were female. The age group of the studied people were between 28 and 75.

The no. of patients who had diabetes mellitus type 1 were 6 (24%) and the no. of patients who had diabetes mellitus type 2 were 19 (76%) (Table 1).

The number of people affected in the age group 20–39 is 5, 40–59 is 8, 60–80 is 12. Of which the no.of people having Polyneuropathy is 16 (64%) and it is the most common complication, followed by Arterial Hypertension – 14 (56%), IHD – 6 (24%), Retinopathy – 6 (24%), Angiopathy – 6 (24%), Atherosclerosis – 6 (24%), Nephropathy – 5 (20%), Diabetic foot – 1 (4%) (Figure 1).

Table 1 – Distribution of complications of DM among the patients

Complication	No. of patients	%
Polyneuropathy	16	64
Arterial hypertension	14	56
IHD	6	24
Retinopathy	6	24
Angiopathy	6	24
Atherosclerosis	6	24
Neuropathy	5	20
Diabetic foot	1	4

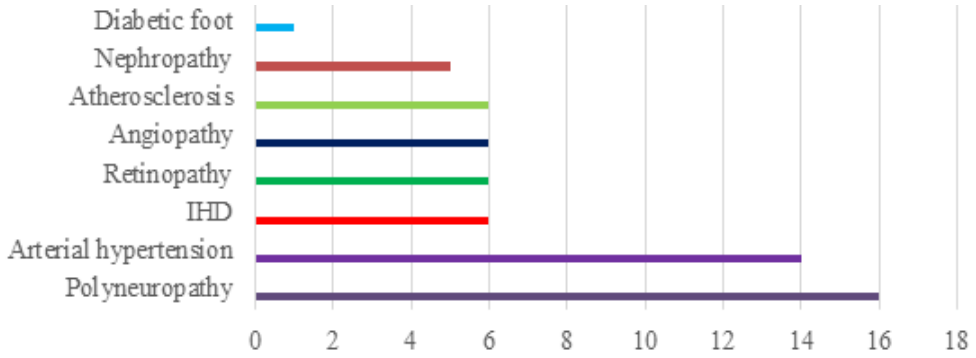

Figure 1 – Complications vs No. of patients

Conclusions

In this study we can conclude that the patients aged from 60–80=12 (48%) were most affected age group. Patients having type 2 Diabetes Mellitus (19 patients) were more than type 1 Diabetes Mellitus (6 patients). Diabetes Mellitus is one the most common disease occurring worldwide and the complications arising from it is also high. The main complications arising from diabetes mellitus are polyneuropathy, nephropathy, angiopathy, retinopathy, atherosclerosis, hypertension, IHD, diabetic foot.

The most common complication seen is Polyneuropathy (64%). The complications of Diabetes Mellitus can be controlled to an extent by proper management of the disease. By following a Healthy lifestyle, a good diet and avoiding risk factors like smoking, unhealthy food and obesity.The majority of the complications can be avoided by following correct treatment regimen, taking medication regularly and proper follow up and regular. Strict glycemic control to reduce microvascular complications and strict BP control should be done to reduce Macrovascular complications in Diabetes Mellitus. In an otherwise controlled properly managed Diabetes Mellitus with proper excercise and diet people can live a normal life and a good quality life.

LITERATURE

1. *Loscalzo, J.* Diabetes mellitus: Harrison's principle of internal medicine 21st edition / J. Loscalzo, A. S. Fauci, D. L. Kasper. – Vol. 1. – P. 3094.

2. *Asha, H. S.* Diabetes mellitus: A practical guide to diabetes mellitus 7th edition / H. S. Asha, S. Bharathi, Naik. Dukhabandhu. – P. 8–9.