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Comparative lipid evaluation in patients with type 2 diabetes mellitus on continuous subcutaneous insulin infusion and multiple daily injections

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Background: Type 2 diabetes accounts for 90% of all types of diabetes [1]. Diabetes mellitus is a chronic metabolism, a ects weight. Several studies have been devoted to the studied body mass index (BMI) in people with diabetes on a continuous subcutaneous insulin infusion (CSII) [2, 3, 4]. Extremely little has been studied about the lipid changes in patients with diabetes on the CSII. us, people with typ 2 diabetes need more detailed research on (CSII) [5].

e purpose: To study lipid parameters in patients with type 2 diabetes on a CSII and MDI.

Materials and methods: In this research work, lipid data (Cholesterol, Triglycerides, HDL, LDL) were compared in patients with type 2 diabetes who were on CSII (n = 105) and MDI (n = 105). All patients were divided into subgroups by age (45-50; 51-55; 56-65 years); on the duration of the disease (5-10 years; 11-15 years; 16 years) and on gender di erences (men and women).

Results: Comparative analysis showed high statistical con dence between the average cholesterol levels of studied groups at the level of p 0.001. Similarly, it was with HDL, at the level of p 0.001. When comparing only in women, LDL was found to be statistically signi cant (p 0.05). Comparison of the average values of triglyceride by sex, age, duration of the disease was not found a signi cant statistical signi cance (p> 0.05).

Conclusion: e method of treatment of CSII in uenced the level of lipids, in patients cholesterol was lower compared to the MDI. However, CSII did not a ect triglycerides, only in female.

Key words: Diabetes mellitus, Cholesterol, CSII, MDI.

Biography

\$LJHULP 6HLGLQRYD LV D UHVHDUFKHU DQG GRFWRUDO VWXGHQW 3K' 6KH LV LQWHUHVWHG LQ W innovative technologies in her research work. This research is a personal initiative of the author and started in 2017 in the city of Almaty, Kazakhstan. This time ZRUN LV FRPSOHWHG YDULRXV SDUDPHWHUV RI SDWLHQWV ZLWK W\SH GLDEHWHV PHOOLWXV RQ

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