Cardiovascular (CV) complications are by far the leading cause of death among people with diabetes. Cardiovascular mortality is common in both type 1 and type 2 and the rate increases when hyperglycemia is uncontrolled. On the other hand, multifactorial intervention to control CV risk factors has been consistently shown to reduce CV mortality. In addition, control could lead to economical benefits and reduced costs. Unfortunately, control of CV risk factors remains suboptimal despite the introduction of many new medications in the last few years.

In Bahrain, studies performed in the last ten years have shown suboptimal control. However, these studies were relatively old, and there are no studies that assess and compare the progress of care given to these patients over the last decade. The aim of this study is to assess and compare control of CV risk factors (namely: hyperglycemia, hypertension, and dyslipidemia) among people with diabetes attending a diabetes clinic in a primary care setting.

METHOD

Medical records of diabetic patients attending diabetes clinic from 1 September 2014 to 31 December 2014 were reviewed. Data documented were age, sex, diabetes duration, Body Mass Index (BMI), smoking, glycated hemoglobin (A1C), oral hypoglycemic drugs and insulin regimen, blood pressure, antihypertensive drugs, lipids profile and statin type.

Result: Three hundred seventy patients’ records were reviewed. One-hundred-thirty (35.1%) patients were males. Two hundred four (55.1%) patients were having diabetes for more than or equal to 15 years. Glycated hemoglobin <53 mmol/l was achieved in 92 (24.9%) patients in 2014 compared to 134 (20.4%) patients in 2005 (P-Value=0.1).

Blood pressure ≤130/80 was achieved in 126 (34.1%) patients in 2014 compared to 137 (13.7%) patients in 2005 (P-value <0.0001). Low Density Lipoproteins <2.6 mmol/l was achieved in 301 (81.4%) patients in 2014 compared to 120 (12%) patients in 2005 (P-value <0.0001).

Conclusion: Significant improvements have been observed in control of the studied CV risk factors in 2014. However, control of hyperglycemia remains a challenge and needs to be improved.

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**METHOD**

Medical records of diabetic patients attending diabetes clinic in health center were reviewed from 1 September 2014 to 31 December 2014. The following were excluded: patients with type 1 diabetes, less than three visits in the last 12 months, had no glycated hemoglobin (A1C), no blood pressure (BP) and lipids profile (total cholesterol, Low-Density Lipoproteins (LDL), Triglycerides) in the last 12 months. American Diabetes Association (ADA) guidelines were used to define control.

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