

Epidemiology of Diabetic Neuritis

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Diabetic polyneuropathy is the most common neuropathy in developed countries. Prevalence is a function of disease duration, and a reasonable figure, based upon several large studies, is that approximately 50 percent of patients with diabetes will eventually develop neuropathy[1]. Epidemiologic studies of diabetic neuropathy have provided heterogeneous results, owing to different patient populations, definitions of neuropathy used, and methods of assessments. Prediabetes is also associated with neuropathy.11 In the San Luis Valley cohort,12 the prevalence of peripheral neuropathy in patients with diabetes was 25.8%, as compared to 11.2% in subjects with impaired glucose tolerance (IGT) and 3.9% in control subjects. The Monitoring trends and determinants in CARdiovascular/Cooperative Research in the Region of Augsburg (MONICA/KORA)13 investigators found the prevalence of neuropathic pain to be 13.3% in patients with diabetes versus 8.7%, 4.2%, and 1.2% in subjects with IGT, impaired fasting glucose, and controls, respectively.

The prevalence of DPN is considered to be low in patients with early type 1 diabetes; however, among participants in the Diabetes Control and Complications Trial (DCCT), the prevalences of abnormal neurologic exam results were almost 20% in those on conventional treatment and almost 10% in those on intensive treatment, after 5 years of follow-up.18 In the EURODIAB IDDM complications study, which evaluated over 3000 patients across 16 countries, there was a 28% baseline neuropathy prevalence, which rose by 23.5% after 7 years. The risk factors for the development of neuropathy included age, duration of diabetes, poor glycemic control, elevated low-density lipoprotein cholesterol and triglycerides, hypertension, obesity, and smoking.

More recently, the prevalence of DPN in youth with a shorter duration of diabetes has been reevaluated. In SEARCH (the Search for Diabetes

in Youth Study) a cohort of young people (aged <20 years) who had a duration of diabetes of over 5 years were evaluated using the Michigan Neuropathy Screening Instrument.21 Data from 1374 patients with type 1 diabetes and 258 with type 2 diabetes were studied, revealing prevalence rates of DPN of 7% and 22%, respectively,21 suggesting an excessive burden of DPN even in adolescents. Globally diabetic neuropathy affects approximately 132 million people as of 2010 (1.9% of the population).

Diabetic neuropathy is a kind of nerve harm that can happen on the off chance that you have diabetes. High (Glucose) can harm nerves all through your body. Diabetic neuropathy regularly harms nerves in your legs and feet[2]. Contingent upon the influenced nerves, diabetic neuropathy manifestations can extend from agony and deadness in your legs and feet to issues with your stomach related framework, urinary tract, veins, and heart. A few people have gentle manifestations. Be that as it may, for other people, diabetic neuropathy can be very excruciating and handicapping. Diabetic neuropathy is a genuine diabetes intricacy that may influence the same number of as half of individuals with diabetes. However, you can regularly forestall diabetic neuropathy or moderate its encouraging with predictable Glucose the executives and a solid way of life.

The main risk factor for diabetic neuropathy is hyperglycemia. In the DCCT (Diabetes Control and Complications Trial, 1995) study, the annual incidence of neuropathy was 2% per year but dropped to 0.56% with intensive treatment of Type 1 diabetics. The progression of neuropathy is dependent on the degree of glycemic control in both Type 1 and Type 2 diabetes. Duration of diabetes, age, cigarette smoking, hypertension, height, and hyperlipidemia are also risk factors for diabetic neuropathy. Diabetes is the leading known cause of neuropathy in developed countries, and neuropathy is the most common complication and greatest source of morbidity and mortality in diabetes[3]. It is estimated that neuropathy affects 25% of people with diabetes. Diabetic neuropathy is implicated in 50–75% of non-traumatic amputations.

References

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