



## 4<sup>th</sup> GLOBAL MEETING ON DIABETES AND ENDOCRINOLOGY

November 18-19, 2024 | Bangkok, Thailand

### **TITLE: Prevalence of chronic kidney disease and related factors among diabetic patients in primary care, Bangkok, Thailand**

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**ABSTRACT** The purpose of this study was to define the prevalence and related factors of chronic kidney disease (CKD) among diabetes patients who received service from 1 October, 2017 to 30 September, 2018, at the 67<sup>th</sup> Public Health Center, Bangkok, Thailand, in order to understand the current situation in primary care, and to lead the development of service policy to slow CKD progression in the future. The data were collected by questionnaires and by reviewing medical records, including the urine albumin-creatinine ratio (UACR) and estimated glomerular filtration rate (eGFR) to evaluate renal function. The diagnosis of CKD followed the 2012 KDIGO Clinical Practice Guideline. The data were analyzed using number, percentage, mean  $\pm$  S.D., chi-square test and multiple logistic regression. The results indicated that out of 442 diabetic patients, 418 were enrolled. The mean age was 62.7+10.1 years. The prevalence of stage 1, 2, 3a, 3b, 4 and 5 (non-dialysis) CKD were 14.8%, 11.2%, 9.3%, 6.7%, 0.5% and 0.2%, respectively. About 32.3% of cases had UACR > 30 mg/g creatinine (26.1% microalbuminuria and 6.2% microalbumin-uria). Factors related with CKD significantly ( $p < 0.05$ ) included age > 70 years, duration with diabetes > 5 years, smoking, hemoglobin < 13 g/dl, serum triglyceride > 150 mg/dl, HDL < 40 mg/dl in male or < 50 mg/dl in female), and receiving antihypertensive drugs. However, diabetes patients who received ACEI or ARBs decreased their risk of CKD. This study showed high prevalence of CKD among diabetes patients. Early identification and proper management in primary care are mandatory to delay kidney disease progression.

### **BIOGRAPHY**

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