



Post Transplant Diabetes Mellitus (PTDM) in Kuwait



Mahmoud TSH*, Yagan J, Gheith O, Makeya Y, Fathi A, Halim MA, Nair P, Hasan R, Balaha M, Abdel-Tawab Kh, MRN Nampoory and Al-Otaibi T
Nephrology Department, Hamed Al-Essa Organ Transplant Center

Introduction:

Diabetes mellitus (DM) is considered the second leading cause for chronic kidney disease (CKD) in Kuwait (24%). Kidney transplantation is the treatment of choice for patients with CKD. PTDM is a known entity that can affect both graft and patient survival.

Patients and methods:

We conducted a survey on kidney transplant recipients (KTR) who are following up in our Center. A questionnaire was attached to all active patients' records in OPD and filled up by the attending physician. The data were collected in Excel sheet and analyzed by SPSS statistics software.

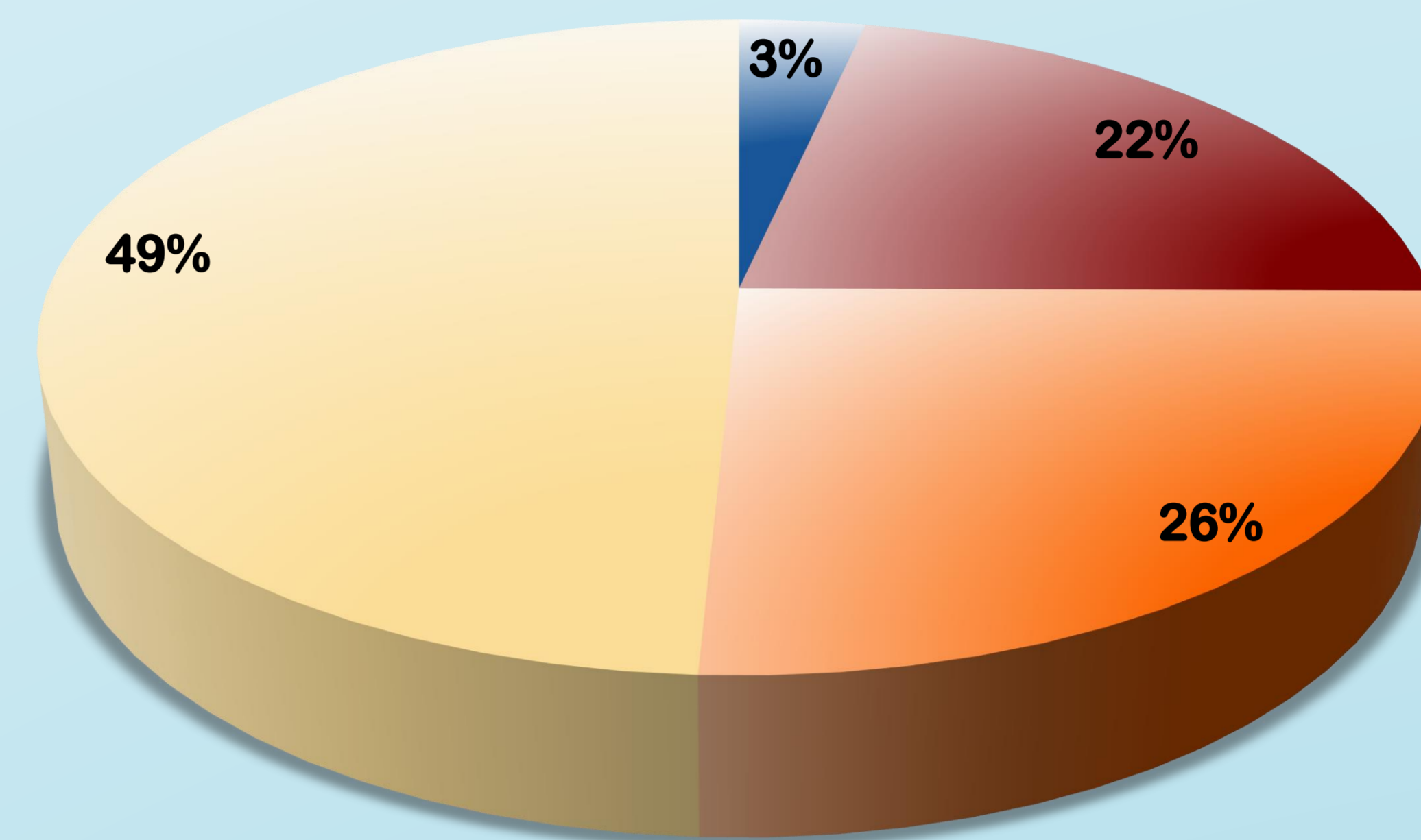
Results:

we reviewed 1392 KTR over 6 months. There were 48 (3.45%), 301 (21.6%) and 356 (25.6%) patients labeled as type I, type II and PTDM respectively and remaining 684 (49.1%) patients were non-diabetics (ND). The mean BMI was 27.8, 31, 29.8 and 28.3 for type I, type II, PTDM and ND respectively. Risk factors for DM in PTDM compared to ND group were significantly higher for physical inactivity (40.7 Vs 33.3%), first degree relative (63.4 Vs 46%), hypertension (88.7 Vs 73.8%), dyslipidemia (64.9 Vs 42.8%), peri-operative hyperglycemia (38.5 Vs 9.9%) and cardiovascular disease (12 Vs 4.2%) respectively. Type of immunosuppression was not significantly different between the two groups.

Conclusion:

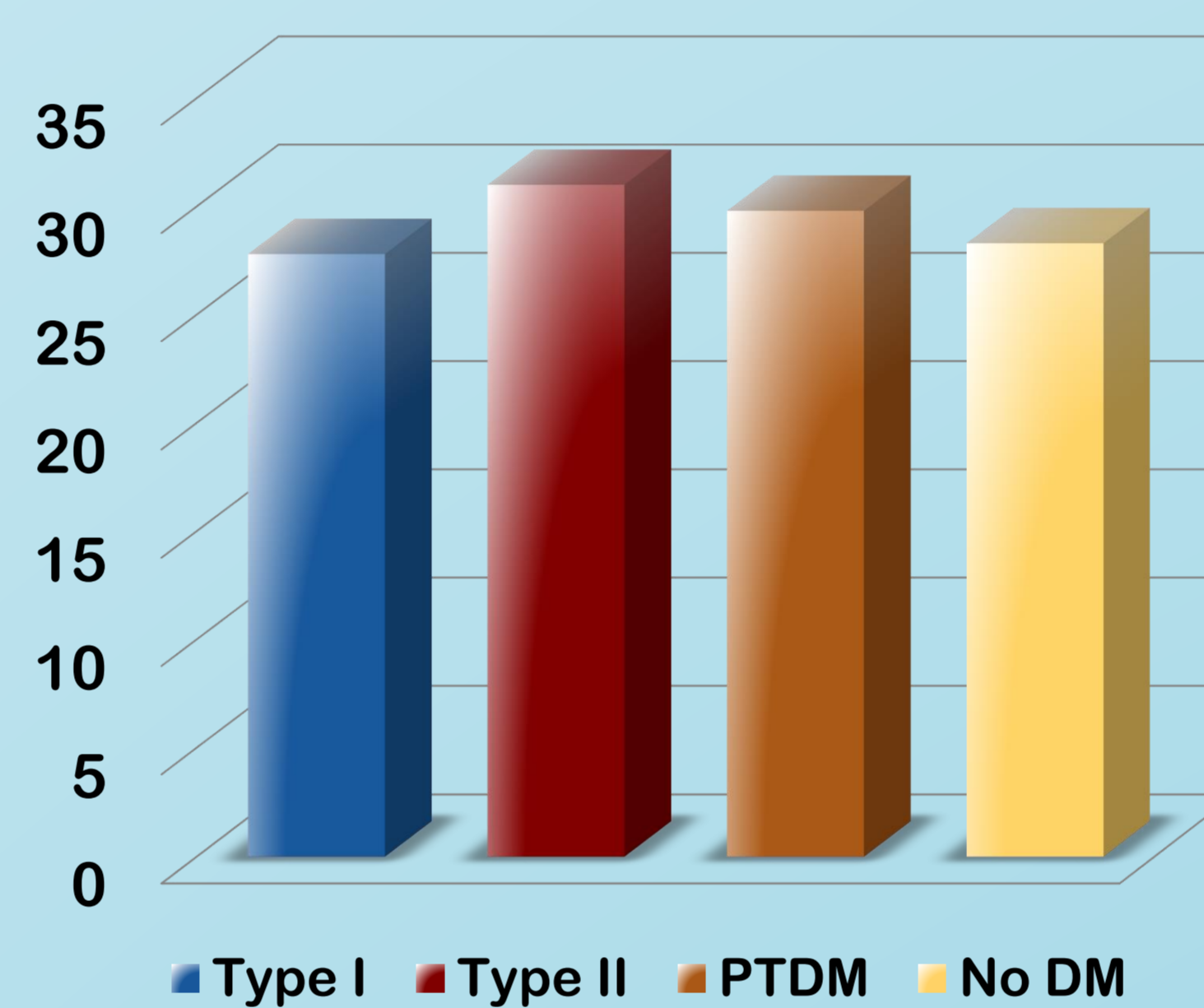
PTDM has a major contribution to the diabetic pool in our center. Risk factors for PTDM are similar to those in general population.

Prevalence of Diabetes



■ Type I ■ Type II ■ PTDM ■ Non-DM

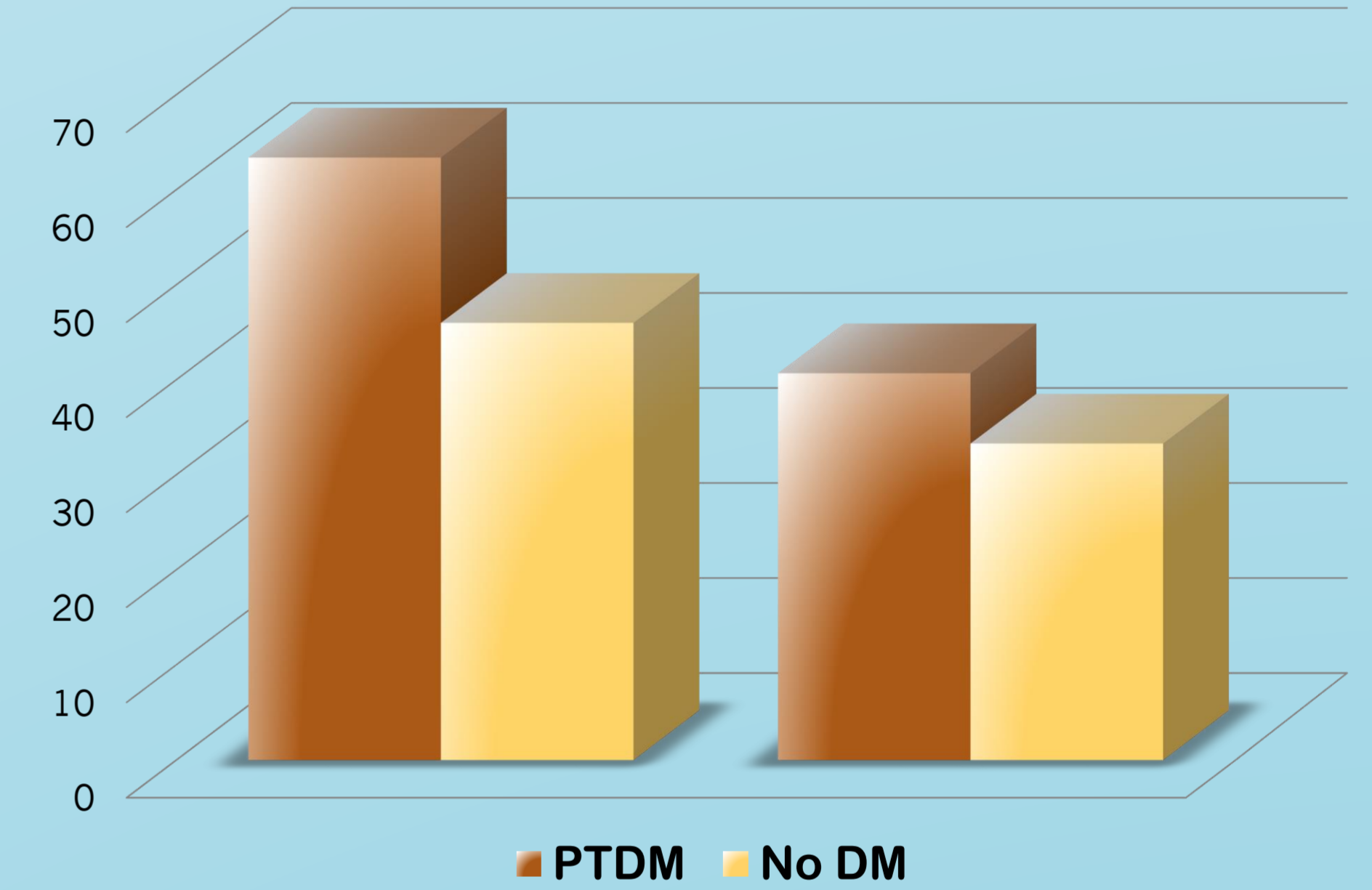
BMI



■ Type I ■ Type II ■ PTDM ■ No DM

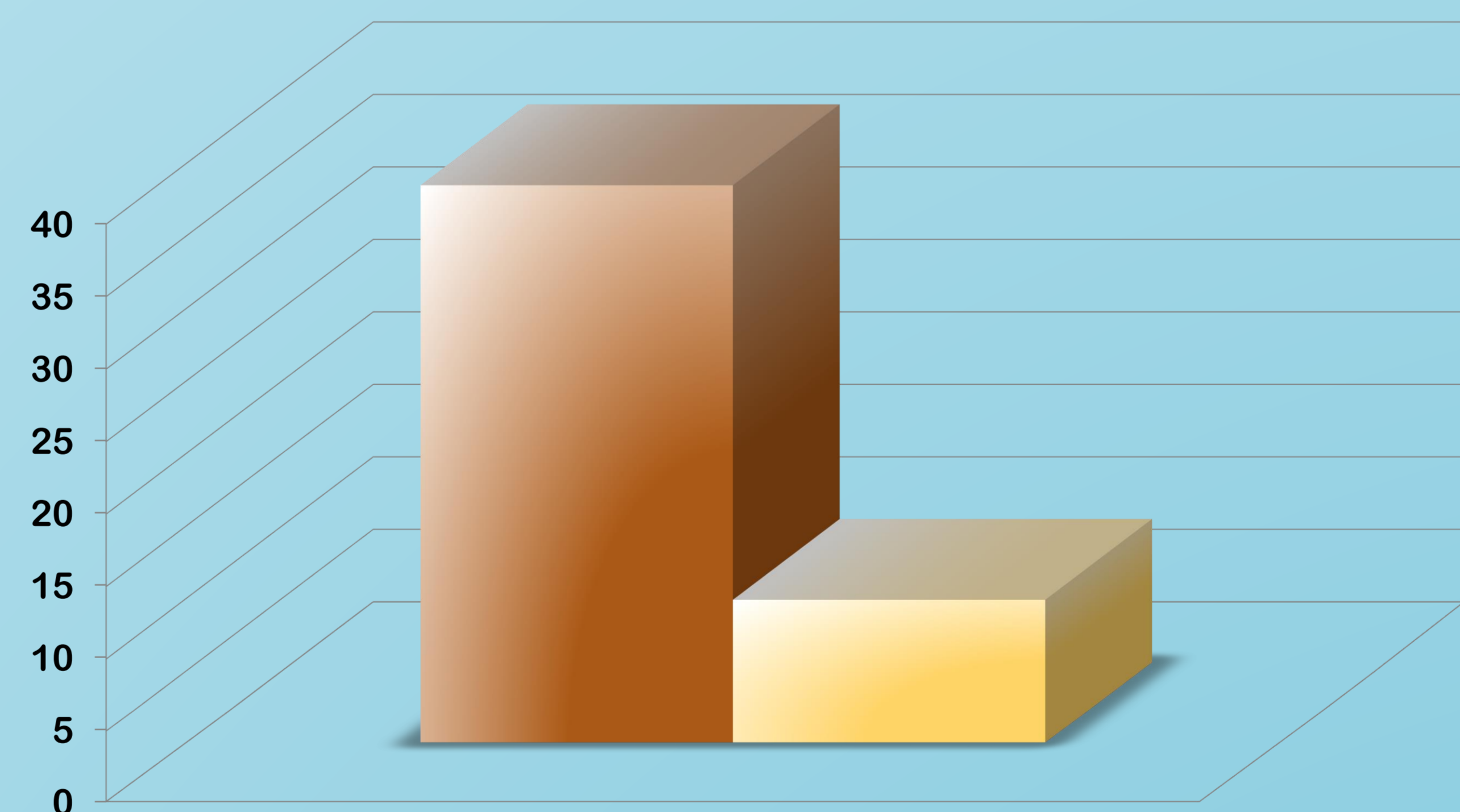
1st Degree Relative

Physical Inactivity



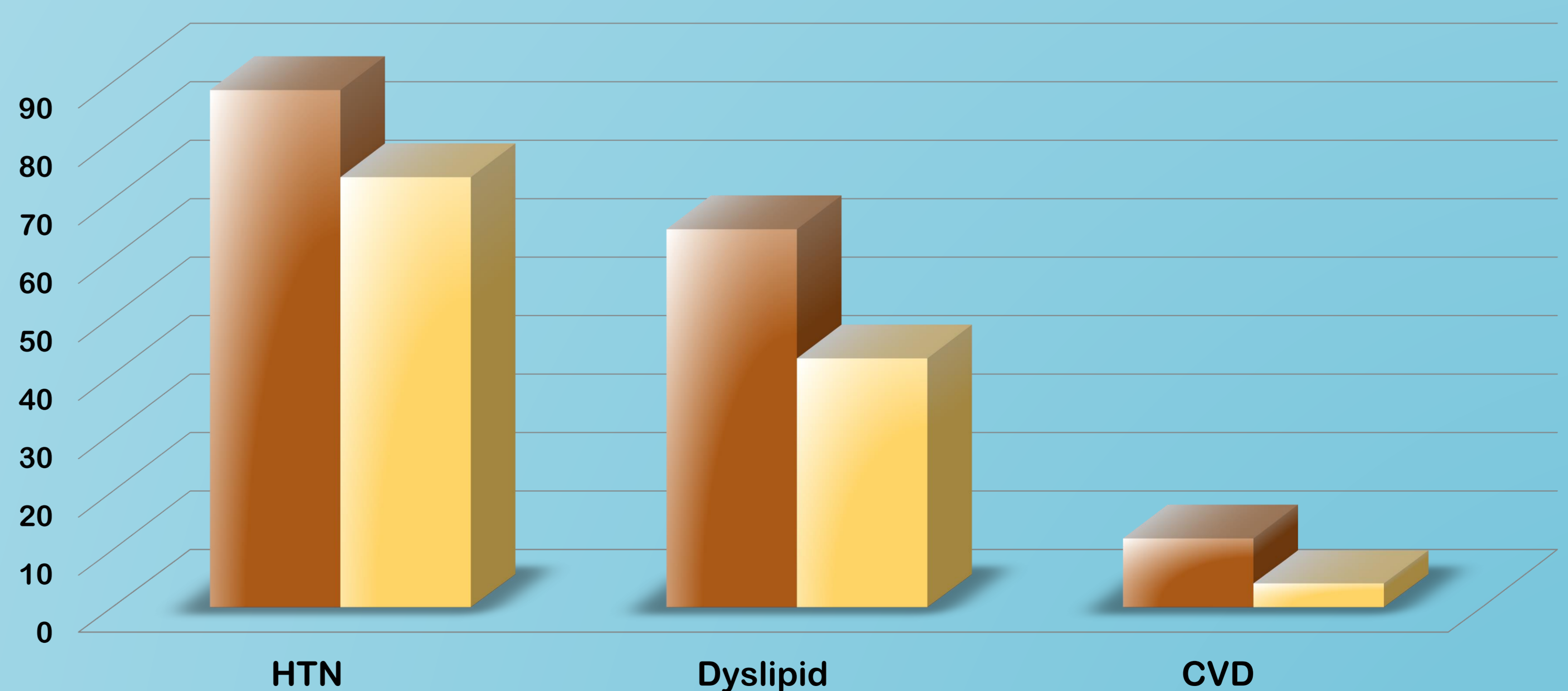
■ PTDM ■ No DM

PTDM No DM



Peri-Operative Hyperglycemia

PTDM No DM



HTN

Dyslipid

CVD

