

Bölüm 10

DİYABETTE HİPERTANSİYON

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1. EPİDEMİYOLOJİ

Dünya sağlık örgütü verilerine göre dünya genelinde 1980'lerde %4,7 olan diyabetes mellitus (DM) prevalansı 2014 yılı itibariyle iki katına çıkarak %8,5'e yükselmiştir (1). 2030 yılı itibariyle dünya genelinde 366 milyon insanın bu hastalıktan etkileneceği tahmin edilmektedir (2). DM, prevalansının yüksek olmasının yanı sıra ateroskleroz, akut koroner sendrom ve inme dahil major komplikasyonlar açısından önemli bir risk faktörüdür.

DM hastalarının yarısından fazlasında hipertansiyon (HT) vardır (3). Türkiye Endokrin ve Metabolizma Derneği çalışması verilerine göre ülkemizde tip 1 diyabetlilerde HT sıklığı %26, tip 2 diyabetlilerde ise %68 bulunmuştur (4). Ayrıca kontrol edilmemiş kan basıncı yüksekliği DM gelişimi için bir risk faktörüdür ve esansiyel HT hastalarında DM görülme oranı genel topluma göre 2 kat daha fazladır (5). DM hastalarında HT varlığında ani kardiyak ölüm, koroner kalp hastalığı, konjestif kalp yetersizliği, serebrovasküler hastalık ve periferik damar hastalığı gibi önemli komplikasyonların görülme oranı tek başına DM ile görülme oranlarına göre 2 ile 3 kat artmaktadır (6). Kan basıncı yüksekliği, DM hastalarında hem mikrovasküler hem de makrovasküler komplikasyonların daha erken gelişmesine yol açmaktadır.

Diyabetik olmayan bireylerde HT insidansı 64 yaşına kadar erkeklerde daha yüksek iken bu yaştan sonra kadın ve erkeklerde eşitlenmektedir (7). Fakat bozulmuş glukoz toleransı ve DM varlığında ise kadınlarda erkeklere oranla daha yüksek HT olduğu bildirilmektedir (8). Bu durumun kesin nedeni bilinmemekle birlikte diyabetik erkeklere göre diyabetik kadınlarda HT ve kardiyovasküler komplikasyonların gelişimi açısından daha da dikkatli olunması gerekir.

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Bu hastalarda, hem antihipertansif hemde antidiyabetik tedavi seçiminde hastaların bireysel özellikleri göz önünde bulundurulmalı, ilaç etkileşimlerine dikkat edilmelidir.

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