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DİABETES MELLİTUS VE KARDİYOVASKÜLER SİSTEM

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Diabetes Mellitus (DM) , tüm dünyada hızla yayılan ve neden olduğu komplikasyonlar nedeniyle mortaliteyi ve morbiditeyi artıran kronik metabolik bir hastalıktır. Kötü glukoz kontrolü nedeniyle birçok vücut sistemini etkileyerek ciddi komplikasyonlara neden olabilmektedir. Diyabetik hastalarda kardiyovasküler hastalık (KVH) gelişim riski diyabeti olmayanlara göre erkeklerde 2-3 kat kadınlarda 3-5 kat fazla görülmektedir. Aterosklerotik kardiyovaskuler hastalıklar (koroner kalp hastalıkları, serebrovasküler hastalıklar ve periferal arter hastalıkları gibi) ve diyabete bağlı gelişen kardiovasküler hastalıkların Amerikan ekonomisine yıllık maliyeti 37.3 milyar dolara ulaşmıştır (1). Luric çalışmasında koroner arter hastalığı ile diabetes mellitus'un yakın ilişkide olduğu gösterilmiştir. Yine aynı çalışmada koroner arter hastalığı yeni tespit edilen hastaların erkeklerde %20, kadınlarda %15'inin bilinen diyabet tanısının olduğu görülmüş; kalan grupta ise erkeklerde %15 ve kadınlarda ise %10'unda yeni tanı diyabet tespit edilmiştir(2). Diyabeti olan bir hastada miyokard enfektüsü gelişimi riski daha önce miyokard enfaktüsü geçirmiş diyabeti olmayan bir hasta ile aynıdır (3). Bu nedenle Amerikan Ulusal Kolesterol Eğitim Programının 3. Erişkin Tedavi Panelinde (NCEP, ATP3) diyabet kardiyovasküler hastalık eşdeğeri olarak tanımlanmıştır (4).

DİABETES MELLİTUSUN TANIMI VE SINIFLANDIRMASI

Diabetes mellitus plazma glukoz değeri kriter alınarak açlık plazma glukozu, oral glukoz tolerans testinin 2. saat plazma glukoz değeri ve HgA1c değeri kullanılarak tanı koyulabilmektedir (5). (tablo 1) Hastaların büyük bir kısmı asemptomatik olmakla beraber ağız kuruluğu, polifaji veya iştahsızlık, polidipsi, poliüri, nokturi, kilo kaybı, bulanık görme, ayaklarda uyuşma ve karıncalanma en sık başvuru şikayetleri arasında sıralanmaktadır.

Tablo 1. (6)	
Açlık Plazma Glukozu	≥ 126 mg/dl
Rastlantısal Plazma Glukozu + diyabet semptomları	≥ 200 mg/dl
Oral Glukoz Tolerans Testi 2. Saat Plazma Glukozu	≥ 200 mg/dl
HbA1 c	≥ % 6.5

Plazma glukozu 8 saatlik açlık sonrası referans yöntem olarak venöz plazmadan glukoz oksidaz yöntemi kullanılarak ölçülmektedir. Rastlantısal plazma glukozu gıda alımından bağımsız günün herhangi bir saatinde ölçülebilir. HbA1c ancak uluslararası standardize edilmiş yöntemlerle ölçüm yapıldığında tanı testi olarak kullanılabilir. Ülkemizde henüz HbA1c ölçüm testleri standar-

[1]

%37 ve kardiyovasküler ölüm oranı %53 azalmıştır (115,116). Son yıllarda bir çok gastrik bypass ile ilgili araştırma yayınlanmış ve kilo verme, diyabet riski ve glisemik kontol üzerine olumlu sonuçları yayınlanmıştır. Morbid obez olan yetişkinler üzerinde yapılan bariatrik cerrahi çalışmaları incelenmiş ve yapılan meta-analizde 1-2 yıllık süreçte cerrahi dışı tedavi alan gruba göre kilo kaybı ve glisemik kontol açısından pozitik yönde ciddi anlamlı farklılıklar olduğu görülmüştür (117). SOS çalışmasında tip 2 DM subgrubu incelendiğinde 13 yıl içinde MI oranı %44 azalmıştır (118).

Roux-en –y gastrik bypass uygulanan hastaların insülin direnci ve dislipidemilerinde basit gastrik bant ve mide küçültme cerrahisine göre anlamlı düzelme olduğu görülmüştür (119). Bunun nedeni net olarak açıklanamamakla beraber inkretin sistem veya microbiota değişimi sayesinde olduğu düşünülmektedir. Bu konudaki klinik çalışmalar devam etmektedir. Fekal transplant yapılan metabolik sendromulu 18 erkek hastanın 6 haftalık takibinde insülin hassasiyeti ve kolesterol düzeylerinde önemli derecede düzelme görülmüştür (120).

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