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Diabetes complications severity index and glycemic control assessment in recently diagnosed type 2 diabetes for a period of 5 years.

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Objectives: The study was conducted to assess the diabetes related complications and the effect of glycemic control on the Diabetes Complications Severity Index (DCSI) score in recently diagnosed type 2 diabetes.

Methods: A (DCSI) score was developed from clinical data baseline data of a large health care system. Patients were categorized into HbA1c categories. (<7%, <8%, ≥8%) for baseline assessment .The HbA1c assessment was then done for 5 years.
The DCSI scores were determined from 2010 to 2015 retrospectively, and the diabetes-related complications were assessed. A Cox proportional hazard model was used to evaluate the effect of baseline HbA1c, then at 1,2,3,4 and 5 years for worsening glycemic (HbA1c) control.

Results: The study population was 35,000 with baseline HbA1c <7%, <8%, and ≥8% were; 15 750(45%), 12250(35%) and the remaining 7000 (20%). The diabetic complications ophthalmic, nephology, cardiac and neuropathy were 18%, 34%, 28% and 31% respectively.
The patients who maintained a good glycemic control from base year to year 5 had decreased DCSI score while poor maintainers had higher DSCI score with accumulations of all major organ diabetic complications .

Conclusions: Baseline glycemic control had no effect on the DCSI score. The maintenance of glycemic control in the following years were more pivotal in determining the DCSI score and henceforth the complications