

Abstract Type: Poster exhibition Abstract Submission No.: A-0141

Abstract Topic: Diabetic Kidney Disease + Metabolic Abnormality-related

Kidney Disease

Significance of HbA1c and Dyslipidemia Test in Prognosis of Diabetic and Diabetic kidney disease Patients

Enkhjin Sukhbaatar, Gerelmaa Baljinnyam

Department of Internal Medicine-Nephrology, The Third State Central hospital, Ulaanbaatar, Mongolia, Mongolia

Objectives: Diabetic kidney disease (DKD) is a major long-term complication of type 2 diabetes and is the leading cause of chronic kidney disease (CKD). We aimed to evaluate the prevalence, characteristics, and risk factors of DKD in patients with type 2 DM and their correlation.

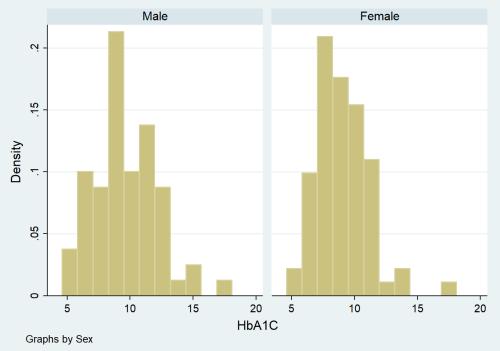
Methods: We conducted a cross sectional study at the Third Central hospital of Mongolia. The data of patients from January 2024 to December 2024 were collected. We selected by random sampling method for study of 141 patients T2DM and complicated by kidney failure. We collected patients data, including their gender, age, body mass index, and blood analysis (lipids profile - TGs, HDL, LDL, cholestrol and hemoglobin A1c [HbA1c] levels). The statistical analysis of the study data calculated using in SPSS 25.0 and Stata 14.2.

Results : This study included 141 patients with T2DM and DKD. Patient's age ranged from 20 to 85 years, whith a mean age 58.957 years. Of these, 65 (46.1%) were male and 76 (53.9%) were female. In terms of age, 6 (4.3%) were under 39 years old, 21 (14.9%) were 40-49 years old, 33 (23.4%) were 50-59 years old, and 81 (54.4%) were over 60 years old. HbA1C and LDL were weakly correlated (r=0.267**(p=0.001)). HbA1C was also weakly correlated with TC (r=0.181*(p=0.031)). Poor HbA1C control was associated with increased eGFR .r=0.299**(p=0.000)). Higher LDL was associated with greater eGFR (p=0.007) and renal dysfunction. The duration of diagnosis of the study participants was weakly inversely correlated with eGFR (r=-.386 p=0.000) and LDL (r=-.284 p=0.001), which were statistically significant.

Conclusions: In the current study, we assessed the association between HbA1c levels, glomerular filtraion and lipid profiles in patients with T2D at the Third Central Hospital. We suggest focusing on glycemic control, TG and LDL levels in T2D health management in future studies.

HbA1C-correct.png





HbA1C-correct.png

	eGFR	LDL	HbA1c	TC	TG
LDL	7.22211	1.15123			
HbA1c	23.6294	.707157	5.41004		
TC	2.07897	.795969	.659609	2.35127	
TG	4.08643	.113627	.416482	.760735	2.89078