ABSTRACT:

INTRODUCTION

Diabetes mellitus is a metabolic disorder, characterized by hyperglycemia caused by absolute or relative deficiency of insulin. The worldwide prevalence of diabetes for all age groups was 2.8% in 2000 and will be 4.4% in 2030. Diabetes can affect more than 62 million Indians, which is more than 7% of adult population. Diabetic ketoacidosis is the most common and serious acute complication of diabetes. DKA usually occurs patients with type 1 DM, it can also occur in patients with type 2 DM. Type 2 DM patients with prolonged duration are more prone to DKA.

AIM OF STUDY

To assess risk factors and prognosis of DKA patients in intensive medical care unit.

MATERIALS AND METHODS

This study was an observational cross sectional study conducted in Tirunelveli Medical College, Department of Medicine, during the period from of August 2014 to August 2015. The aim was to study the symptomatology, risk factors and
prognosis of Diabetic ketoacidosis. Patients admitted to the Intensive medical Care Unit in whom a diagnosis of DKA was made based on clinical features, with diabetes and elevated random blood sugar, urine acetone positive were considered for the study.

RESULT

In this study DKA had multiple precipitating factors like noncompliance, infections, sepsis, MI, stroke, alcoholism. In this study the predominant precipitating factors were related to insulin therapy (dose or regimen), noncompliance and infections. In this study among 100 patients most of patients had more than one complication like death, prolonged hospital stay>2week, sepsis, electrolyte abnormalities, respiratory failure, severe acidosis and altered sensorium with encephalopathy. Mortality increased with high blood sugar value. In this study patients with oral anti diabetic drugs had high mortality and prolonged hospital stay and more complications. Diabetic patients with prolonged duration had significant mortality and morbidity, they were prone for complications.

CONCLUSION

Diabetic ketoacidosis is an important acute complication of diabetes. Treatment mainly includes adequate fluid management, insulin administration, and correction of
electrolyte abnormality. Identification and treatment of precipitating factors are more important. Patient education plays a crucial role in prevention of DKA.