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Coexisting hypertension, its control, and associated factors among patients with diabetes mellitus attending medical clinics at Colombo South Teaching Hospital

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Background: Co-existence of hypertension carries an increased risk in morbidity and mortality among patients with diabetes mellitus (DM).

Objective: To determine the proportion of hypertension, its control and associated factors among patients with diabetes mellitus attending medical clinics at Colombo South Teaching Hospital.

Method: A descriptive cross-sectional study was carried out among a convenient sample of 100 type 2 diabetic patients aged more than 35 years. Data were collected via a phone survey using a pre-tested structured interviewer-administered questionnaire. Clinic records were referred where necessary. Quantitative data were analyzed using mean and standard deviations. Chi squared test was performed to assess significance and p value <0.05 was taken as significant.

Results: The majority of patients were aged between 51-60 years (45%) with a mean age of 59±8.0 years with 53% female DM patients. The proportion coexisting with hypertension was 59%; among them the majority (71.2%) had good blood pressure control (>139/89 mmHg). Statistically significant associations were observed between DM patients coexisting with hypertension, and age >60 years (p=0.003), married patients (p=0.044), poor glycemic control (FBS<140 mg/dl) (p=0.038), BMI>23 kg/m² (p=0.003), lack of physical exercise (p=0.030), alcohol consumption (p=0.019) and non-adherence to diabetic diet (p=0.029). Furthermore, BMI (>23 kgm²) and poor blood pressure control (>140/90 mmHg) also showed a statistically significant association (p=0.003). There was no statistically significant association between coexisting hypertension and gender (p=0.082), high salt consumption (p=0.103), duration of diabetes mellitus (p=0.134), and family history of hypertension (p=0.038).

Conclusion: The majority of the study population had co-existing hypertension which was associated with many modifiable lifestyle factors and socio demographic factors. It is recommended to screen DM patients on blood pressure control regularly.

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