

ANAEMIA IN PATIENTS WITH DIABETES

The prevalence of type 2 diabetes is rising rapidly. According to World Health Organization (WHO) statistics, there were an estimated 177 million people with diabetes worldwide in 2000 and projections suggest that this number will increase to some 370 million by 2030 (WHO 2003).

In countries with a western lifestyle, the number of patients admitted for renal replacement therapy with diabetes as a co-morbid condition has increased significantly up to three to four fold over a period of 10 years (Chantrel et al., 1999).

Consequently, diabetes is the single most common cause of end-stage renal disease (ESRD) and is associated with an increased prevalence of anaemia, particularly in patients with nephropathy.

In addition, patients with ESRD with concomitant diabetes have a significantly higher risk of cardiovascular mortality than patients without diabetes (Foley, 2002).

Greater attention should be paid to the occurrence of anaemia in many patients suffering from diabetes with apparently normal or only slightly abnormal renal function. Declining haemoglobin levels may be observed before changes in renal function. Anaemia often develops early in the course of chronic kidney disease in patients with diabetes.

Current data on anaemia management in diabetic patients are reviewed, including intravenous iron therapy.



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