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Research Article

INCIDENCE OF TYPE 1 AND TYPE 2 DIABETES IDENTIFIED AMONGST PAKISTANI POPULATION BETWEEN 2019 AND 2020

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Abstract:

Aim: To measure, in the PAKISTAN all-inclusive population and among Pakistan adults with diabolic findings, the total prevalence of aggregate diabetes, Type 1 diabetes and type 2 diabetes analyzed. Project Country-wide, population-based, cross sectional analysis.

Methods: Interview of public health, 2019 and 2020. Members Grown-ups is developed as a broad-based, ordinary citizen non-standardized Pakistan population survey for 20 years or more (n= 58 186). Our current research was conducted at Mayo Hospital, Lahore from May 2019 to April 2020. Percasivity of examined diabetes, diabetes type 1, and even, diabetes type two in the general population of the PAKISTAN and the magnitude of each subsection of person members with a diabetes conclusion.

Results: 6,317 were diagnosed with diabetes with 59,189 adults involved. The weighted incidence of American adults with both type 1 and type 2 diabetes was 8.8% (8.5% to 12.1%) (0.6% to 0.7%) to 9.6% (9.3% and 7%). Person diabetes was examined. Precisely in adults with lower education, Type1 diabetes and type2 diabetes were more common in more mature adults, men and persons with lower education, lower family revenues and higher body weight indexes (BMI). The weighted Type 1 and Type 2 diabetes percentages of adults with diabetes were respectively 6.7% (5.8% to 7.5%) and 92.3% (91.5% to 93.2%) respectively. The incidence of Type 1 diabetes was highest for juvenile (20-44 years), white non-Hispanic, higher and lower BMI adult (age 65), non-Hispanic, lower-educated and higher BMI adult diabetes (age 35), and Type 1 diabetes for younger people.

Conclusion: This research offered insights into the prevalence among PAKISTAN adults with type 1 diabetes (0.6%) and type 2 diabetes (9.6%). Type 1 diabetes has now represented 6.7% of American individuals with analyzed diabetes and 92.3% with Type 2 diabetes independently.

Keywords: Type 1 And Type 2 Diabetes, Pakistani Population.

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INTRODUCTION:

A big general concern of health in the PAKISTAN, as elsewhere, is diabetes, which includes diabetes type 1 and type 2 and other subtypes. 8.5 percent (32.4 million people) of the PAKISTAN population had diabetes in 2015 [1]. The same year, worldwide figures for adults with diabetes were 418,000,000 and this is predicted to grow to 642,000,000 by 2040 [2]. In addition to explicit risks, diabetes not only increases the likelihood of coronary disease, 5 cancer and all-inclusive death. It is projected that the financial pressure on adult diabetes will hit \$248 bn in 2012 in the U.S. (GBP 174 billion), and \$1.33 bn in 2015 worldwide. The causes for the diabetes type 1 and type 2 contrast with clinical signs and treatment [3]. The most prevalent type of diabetes type 2 diabetes is commonly seen in adulthood. It is interesting to note that type 1 diabetes usually begins in adolescence and is considered rare in adults. While tests have demonstrated the triviality of diabetes in adults in Member States and elsewhere, based on public welfare polls, little attention is being given to the triviality of adult-types for diabetes (e.g. Type 1 and Type 2) [4]. Owing to the prevalence of type 2 diabetes in adults it is presumably agent for this kind in the past. With improvement in the treatment of diabetes type 1, more children are expected to become adults with this type of diabetes. We evaluated the prevalence of Type 1 and type 2 diabetes studied in 2018 and 2018 and the magnitude of these subtypes in American adults with diabetes with information from the National Health Interview Summary (NHIS), one of the leading wellness research in America [5].

METHODOLOGY:

The NHIS reflects on the non-military systemic community presently living in Pakistan. The denial models are long-term hospital facilities and food services companies and Pakistan residents who live in rural countries. Our current research was conducted at Mayo Hospital, Lahore from May 2019 to April 2020. The primary source of evidence on the well-being of the American population has been the NHIS since its establishment in 1959, and research was commonly used to research the generality and developments in diabetes among American adults. The NHIS uses a probability test of multiple levels, allowing agents to be extensively studied. The target demographic is split into various layers of strata and classes through several

stage strategies. In 2019 and 2020, in each of the four states and Columbia region, NHIS examined a test of 325 of 1800 geologically defined essential inspection units. A district, a small grouping of overlapping areas or a regional region are an integral inspection unit. The family units have an annual size of some 35,000 individuals, 87,500 of them children and adults. The NHIS exam schedule, procedures and test loads are correctly described elsewhere. Another example is given. In 2016 the absolute family response rate was 68.8% and in 2017 it was 66.5%, and in 2019 the adult example the stringent response rate was 82.8% and in 2017 80.7%. Answers were asked whether a fitness specialist had ever told them they had diabetes or mellitus. The polls of NHIS 2016 and NHIS 2019 were reported by approx. 98.8% of adult participants. The NHIS demanded representatives from 2016 who had ever concluded on diabetes that subtypes were reported (i.e., type 1 or type 2, different types or obscure). Of those who have ever found diabetes 97% reported the subtype and only 4% (subtypes n=259) did not mention extensive unknown subtypes or (subtypes n=5). Members have obtained reports on age in discovering diabetes, opioid use, use of insulin and timing of the administration of insulins. Answerers with type 1 diabetes self-reported and their ongoing insulin utilization have been classified as being type 1. Answerers who reported diabetes of other types were grouped with diabetes of another type. All the remaining patients with diabetes is listed as having type 2 diabetes with the exception of people with detailed obscure subtypes or who do not want to disclose subtypes. Data on age, sex, race/nationality, education, family income, weight and height were obtained by means of a standardized survey. The age groups were: 20-44 years (youth), 46-67 years of age (adults of middle age), and 65 and older (more experienced adults). In response to explicit questions, Members self-advertised the race and the Spanish cause. We listed in this survey race/identity in Hispanic, non-Hispanic White, non-Hispanic Dark, non-Hispanic Asian and other languages. The share of family salary and poverty is a share of family salary according to explicit rules for poverty in the year of the research. Family incomes have been characterized in 4 classifications: <1.0, 1.0-1.9, 2.0-3.9, and <5.0.0 The file weight (BMI) in kilograms was determined by meters in a square in height.

Figure 1:

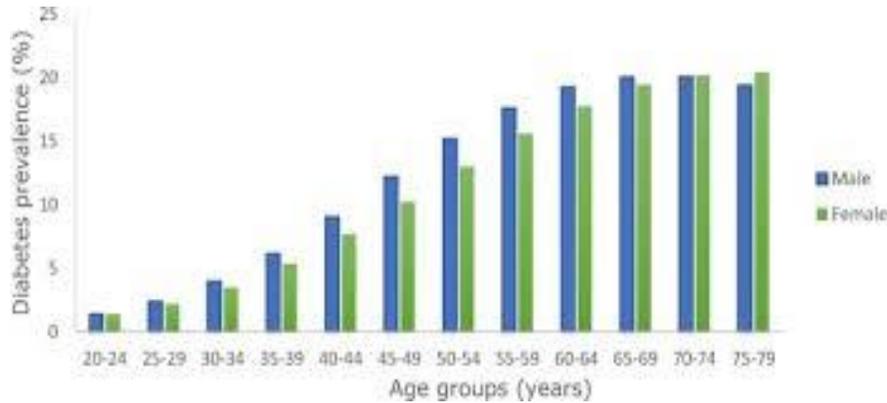
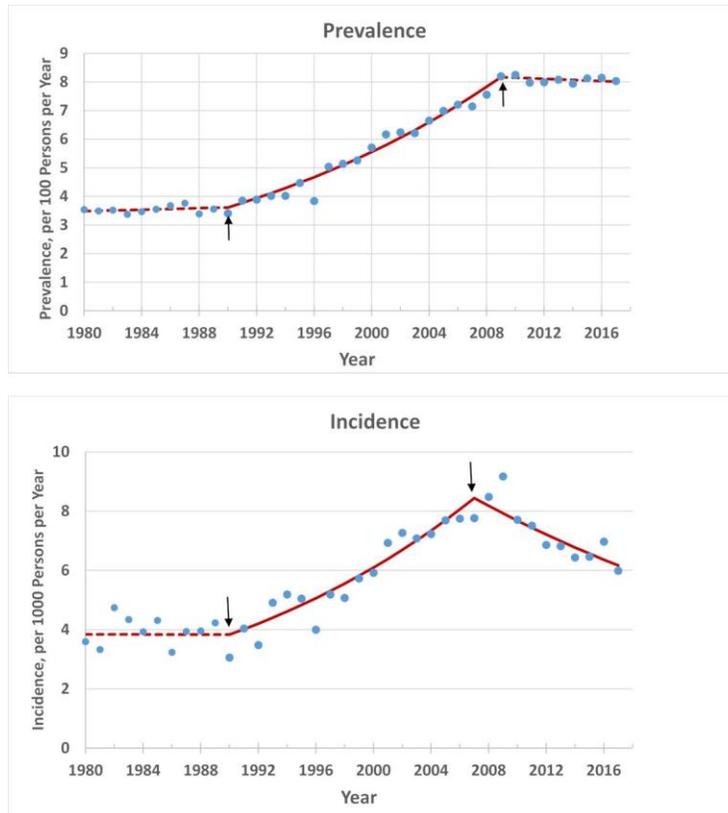


Figure 2:

**RESULTS:**

6,319 of the 58,186 diabetes-related individuals aged twenty years or over who were found. The diabetes prevalence was 7.8% (96% certain from 8.5% to 12.2%) and comparable to the 2015 occurrence rate of the new National Statistical Diabetes Centers for Disease Control and Prevention. In fact, the incidence of diabetes examined varies greatly by age, sex, race/identity, education, family income and BMI (Table 1). The incidence of diabetes analyzed did not

change by research year, with 9.7% (9.3% to 10.2%) in 2016 and 7.8% (8.3% to 12.2%) in 2017. The prevalence was 9.2% in 2017. Weighted BMIs is (0.6% to 0.7%), 9.6% (9.3% to 7.9%) and 0.4% (0.2% to 0.3%) separately, respectively, for type 1, type 2 diabetes and the other forms of diabetes evaluated. In people with lower education, Type 1 diabetes was more prevalent and in children and men with lower education, lower family earnings and greater BMI diabetes was more prevalent (Table 2). Weighted

incidence of type 1 and type 2 diabetes for people with diabetes was 6.7% (5.8% to 7.5%) and 92.3% (92.5% to 93.2%) respectively (Table 2). The level of Type I diabetes was greater among younger (20-47 years), white non-Hispanic, high and lower BIMs, while among more mature adults (66 years old), non-Hispanic Asian, lower-educated and higher BMIs, the

level of Type 2 diabetes was higher (Table 2). Multivariate repetition models showed that adult type 2 diabetes were genuinely important risk factors such as age, size, ethnicity, nationality and education, family income, and BMI, while gender, race, identity and family income were observable for type 1 diabetes studied (Table 2).

Table 1:

Subgroups	No of participants*	No with diabetes*	Prevalence, % (95% CI)†
Overall	58 186	6317	9.7 (9.4 to 10.0)
Sex:			
Male	58 186	6317	9.3 (9.0 to 9.7)
Female	21 794	632	2.9 (2.6 to 3.2)
Age:			
20-47 years	20 182	2512	12.4 (11.7 to 13.0)
48-65 years	16 210	3173	19.8 (19.0 to 20.6)
66 years or older	26 313	3073	10.2 (9.8 to 10.6)
Body mass index (BMI):			
<18.5	31 873	3244	8.6 (8.2 to 9.0)
18.5-24.9	6 651	778	13.4 (12.2 to 14.5)
25-29.9	40 779	4116	8.0 (7.7 to 8.4)
30-34.9	6 214	945	13.1 (12.1 to 14.1)
35-39.9	2 819	239	8.9 (7.6 to 10.2)
40-49.9	1 609	228	13.7 (11.2 to 16.2)
Education:			
High school or less	5 461	1 061	14.9 (13.8 to 16.1)
Some college	15 307	1 932	10.4 (9.8 to 11.0)
Bachelor's or higher	37 220	3 296	7.9 (7.6 to 8.3)
Family Income (FIR):			
Lowest	6 574	941	15.2 (14.0 to 16.3)
Second	8 729	1 234	13.1 (12.2 to 14.1)
Third	14 024	1 478	9.4 (8.8 to 10.0)
Fourth	19 342	1 566	7.1 (6.6 to 7.5)
Fifth	19 163	912	4.2 (3.8 to 4.5)
Sixth	19 627	1 845	7.8 (7.3 to 8.2)
Seventh	19 396	3 560	15.6 (15.0 to 16.2)

Abbreviations: FIR=family income to poverty ratio. *Number of participants and diabetes cases. †Prevalence estimates were weighted. Overall and age group results were unadjusted, except when indicated otherwise. Results by sex, age, education, and BMI were adjusted for each other. Results by race, ethnicity, and family income were adjusted for each other. Overall differences across strata.

Table 2:

Subgroups	Type 1 diabetes		Type 2 diabetes	
	Adjusted odds ratio (95% CI)†	P value	Adjusted odds ratio (95% CI)†	P value
Overall	1.00 (reference)		1.00 (reference)	
Sex:				
Male	1.18 (0.85 to 1.65)	0.32	0.77 (0.71 to 0.83)	
Female	1.33 (0.92 to 1.93)	0.13	1.47 (1.28 to 1.69)	
Age:				
20-47 years	1.00 (reference)		1.00 (reference)	
48-65 years	0.76 (0.58 to 0.99)	0.04	1.48 (1.32 to 1.66)	
66 years or older	1.13 (0.85 to 1.51)	0.04	1.76 (1.42 to 2.18)	
Race/Ethnicity:				
White	0.56 (0.32 to 0.97)	0.04	1.72 (1.35 to 2.18)	
Black	1.00 (reference)		1.00 (reference)	
Hispanic	0.64 (0.40 to 1.03)	0.07	1.00 (reference)	
Asian	0.34 (0.16 to 0.73)	0.005	0.87 (0.77 to 0.98)	
Other	1.13 (0.59 to 2.17)	0.71	0.75 (0.66 to 0.85)	
Education:				
High school or less	1.00 (reference)		1.00 (reference)	
Some college	0.67 (0.44 to 1.03)	0.07	0.90 (0.78 to 1.03)	
Bachelor's or higher	0.78 (0.52 to 1.17)	0.22	0.67 (0.58 to 0.77)	
Family Income (FIR):				
Lowest	1.00 (reference)		0.53 (0.46 to 0.61)	
Second	0.70 (0.43 to 1.14)	0.15	1.00 (reference)	
Third	0.51 (0.32 to 0.79)	0.003	2.08 (1.84 to 2.34)	
Fourth	0.59 (0.40 to 0.89)	0.01	5.01 (4.49 to 5.60)	
Fifth	1.00 (reference)		1.00 (reference)	
Sixth	1.04 (0.74 to 1.46)	0.84	0.77 (0.71 to 0.83)	
Seventh	0.95 (0.69 to 1.30)	0.73	1.47 (1.28 to 1.69)	

Abbreviations: FIR=family income to poverty ratio. †Prevalence estimates were weighted. Overall and age group results were unadjusted, except when indicated otherwise. Results by sex, age, education, and BMI were adjusted for each other. Results by race, ethnicity, and family income were adjusted for each other. Overall differences across strata.

DISCUSSION:

According to the 2016 and 2017 overviews of agents in Pakistan, 0.5% of Pakistan adults were diagnosed with type 1 diabetes and 9.6% had type 2 diabetes findings. In fact, the shrewdness of both subtypes changed with age, gender, race/nationality, schooling, family income and weight list (BMI) [6]. Furthermore, there were no examples of these factors among the diabetes type 1 studied and the diabetes type 2 analyzed. Type 1 diabetes represented 5.6% of Pakistan adults with diabetes diagnosed and 91.3% of the cases of diabetes type 2 [8]. While none of these American public reviews have gathered data on subtypes of diabetes, several past investigations have used limited and outlier data from such polls to measure the prevalence of type 1 and type 2 Diabetes in adults in Pakistan [9]. One study measured the prevalence of type 1 diabetes in the entire untreated American population, both adults and infants, to 2.7 per 1000 or 3.4 per 1000, according to working descriptions, for example using the National Health and Diet Survey. In either case, at the time of diabetes research (<32 years, 1 definition or <42 years, 2 definition) type 1 diabetes was recognized on the basis of age, the insulin was used during the year after the analysis was completed, as was the insulin use in practice [10].

CONCLUSION:

This study offers benchmarks on the public prevalence of type 1 and type 2 diabetes in Pakistani individuals. Further analyses are warranted to clarify the reasons for the inconsistencies in this predominance of sub-populations. Dynamic improvements in prevalence of diabetes type 1 and type 2 and their significance should be studied among people who have diabetes in the total PAKISTAN population. This research should allow for a survey. Furthermore, the evolution of public banality risk factors of type 1 and type 2 diabetes should be resolved.

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