SUMMARY

Background
Diabetic Mellitus (DM) is the commonest endocrine disorder in Nigeria and the prevalence has been rising at an alarming rate in the last two decades. This carries with it a concomitant rise in the prevalence of diabetic complications; and hypertension, an association that results in increased morbidity and mortality. Both often co-exist. This study was designed to determine the prevalence of hypertension in diabetics attending the Outpatient Clinic of the Federal Medical Centre (FMC), Owerri, to relate certain risk factors to the occurrence of hypertension among the study subjects and recommend measures towards reducing morbidity and mortality in diabetic patients who are hypertensive.

Patients and Methodology
A cross-sectional study of 300 patients attending Outpatient Clinic of FMC, Owerri was conducted. Demographic data, anthropometric indices, family history of DM and hypertension, duration of DM or symptoms and hypertension, blood glucose, blood pressure (BP) and history of certain risk factors were documented.

Results
Mean ages for males (M) and females (F) were 57.15 ± 12.08 years and 55.12 ± 11.62 years respectively. M: F was 1:12. The mean durations of DM and hypertension for known diabetics and hypertensives were 5.42 ± 4.25 years and 2.92 ± 2.89 years respectively. The mean body mass indices (BMI) were 24.71 ± 3.87kg/m² and 27.07 ± 5.96kg/m² for males and females respectively with 18% of the study subjects having obesity (BMI ≥30.00kg/m²). Family history of DM and hypertension were present in 44% and 25.33% of the subjects respectively with 97% being first degree relations in both cases. Most of the known diabetics and hypertensives had poor glycaemic and blood pressure (84.67% and 78.70% respectively) control.

Conclusion
The prevalence of hypertension in the study was 44%. The study recommends early routine screening for DM, regular blood pressure check, BMI monitoring, and aggressive health promoting lifestyle modifications for all diabetics especially prehypertensive diabetics with the aim of maintaining blood pressure and
BMI at optimal levels. A review of management protocol to integrate home based care, patient’s input and family participation with hospital based care is recommended. Further studies are needed to determine factors responsible for poor treatment outcome in diabetic and hypertensive patients with a view to stemming the tide.