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بسم الله الرحمن الرحيم

مركز الشبكات وتكنولوجيا المعلومات

قسم التوثيق الإلكتروني



Salwa Ak1



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

على هذه الأقراص المدمجة قد أعدت دون أية تغييرات



Salwa Akl



بعض الوثائق الأصلية تالفة
وبالرسالة صفحات لم ترد بالأصل



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**The role of patient education in
management and cost - effectiveness
of diabetes mellitus**

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

سُبْحَانَكَ

لَا إِلَهَ إِلَّا مَا عِلْمُكَ

أَنْتَ الْعَلِيمُ

الْحَكِيمُ

صدق الله العظيم

آية ٣٢ البقرة

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DEDICATION

For the spirit of my father

My kind mother

My lovely wife who did her best to
accomplish this work

My lovely children

MEHRA , MOUSTAFA ,& MOHAMMED

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Literature Review

Literature review

Definition

Diabetes mellitus is a syndrome with metabolic, vascular, neuropathic components that are interrelated. The metabolic syndrome is characterized by disturbances in carbohydrate, fat and protein metabolism secondary to absent or markedly diminished insulin secretion and / or ineffective insulin action resulting in chronic hyperglycaemia. The vascular syndrome consists of abnormalities in both large vessels (Macroangiopathy) and small vessels (microangiopathy). Peripheral and autonomic neuropathy are also part of this syndrome ^(1&2).

Diagnosis

The National Diabetes Data Group (NDDG) in 1979⁽³⁾ proposed the diagnostic criteria for diabetes listed in table (1-1). The criteria were based on prospective studies in which approximately 1500 individuals underwent an Oral glucose tolerance test (OGTT) and were evaluated for diabetic retinopathy 3-8 years later. Nearly 100 subjects developed retinopathy; 85 % of them had values with fasting plasma glucose FBG ≥ 140 mg / dl and / or a plasma glucose concentration ≥ 200 mg/dl 2 hours after a glucose challenge ⁽²⁾.

The World Health Organization (1980)⁽⁴⁾ adopted similar criteria for the diagnosis of diabetes mellitus and Impaired Glucose Tolerance except that a glucose concentration 2 hours before OGTT was not included (table1-2), they did not also define the normal glucose tolerance. Then the official (table1-3) for the diagnosis of diabetes mellitus have been adopted by the American Diabetes Association(ADA) in collaboration with WHO(1997) ⁽⁵⁾

Table (1-1) National Diabetes Data Group Criteria

	Diabetes Mellitus	Impaired Glucose Tolerance	Normal Glucose Tolerance
Fasting	≥ 140 (7.8)*	< 140 (7.8)*	< 115 (6.4)*
	<i>Or</i>	<i>And</i>	<i>And</i>
OGTT (2 hour)	≥ 200 (11.1)	140 – 199 (7.8 – 11.1)	< 140 – (7.8)
	<i>And</i>	<i>And</i>	
OGTT (0.5 l , or 1.5 hour)	> 200 (11.1)	> 200 (11.1)	Not part of criteria
Random	“ Gross and unequivocal Elevation “ of glucose levels with classic symptoms of uncontrolled diabetes	Not part of criteria	Not part of criteria

OGTT . oral glucose tolerance test .

*Venous plasma glucose concentrations in mg/dl (mmol /L) .

From National Diabetes Data Group : Classification and diagnosis of diagnosis of diabetes mellitus and other categories of glucose intolerance ⁽³⁾

Table (1-2) Previous Criteria of the World Health Organization .

	Diabetes Mellitus	Impaired Glucose Tolerance
Fasting	≥ 140 (7.8)*	< 140 (7.8)*
	or	
OGTT (2 hour)	> 200 (11.1)	140-199 (7.8 – 11.1)
	or	
Random	> 200 (11.1)	Not part of criteria

OGTT oral glucose tolerance test

*Venous plasma glucose concentrations in mg/dl (mmol /L)

From World Health Organization : Diabetes Mellitus : Report of a WHO study Group ⁽⁴⁾

Table 1-3 Official criteria for the Diagnosis of Diabetes Mellitus* .

1-	Symptoms of diabetes plus casual plasma glucose concentration ≥ 200 mg/dl (11.1 mmol/L). (Casual = any time of day without regard to time since last meal . The classic symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss) .
	Or
2-	Fasting plasma glucose (FPG) ≥ 126 mg/dl (7.0 mmol). Fasting is defined as no caloric intake for at least 8 hours .
	Or
3	Two-hour plasma glucose (2hPG) ≥ 200 mg/dl during an oral glucose tolerance test (OGTT) . The test should be performed using a load of 75 g anhydrous glucose .
	In the absence of unequivocal hyperglycemia with acute metabolic decompensation, these criteria should be confirmed by repeat testing on a different day . The third measure (OGTT) is not recommended for routine clinical use .
	*Adapted from Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus ⁽⁵⁾