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## DIABETIC AND NON-DIABETIC PATIENTS IN THE INTENSIVE CARE UNIT: MORBIDITY AND MORTALITY

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### Abstract

We conducted a prospective observational study in an intensive care unit to evaluate morbidity and mortality in diabetic patients compared to non-diabetics.

**Key words:** Diabetes, sepsis, intensive.

### Introduction

Studies made in intensive care wards have associated stress induces hyperglycemia and mortality. Diabetes is a strong predictor of death in patients with Heart Failure. The relation between diabetes, renal disease and mortality has been related to cardiovascular disease (CVD) and hemodynamic instability during Hemodialysis. The aim of this study were to evaluate morbidity and mortality in diabetic patients compared to non-diabetics in intensive care unit.

### Methods

Gender, age, total hospitalization days, number of exams (echocardiography, x-ray, computed tomography, magnetic resonance imaging), number of prescribed antibiotics, invasive procedures (dialyses catheter, nasogastric tube, hemodialysis, surgery intervention) and outcome (death, discharged to the ward or home) were analyzed.

### Results

Between January and June 2017, 53 patients were studied (diabetics and non-diabetics) from an intensive unit care in a tertiary hospital.

| Characteristic             | Frequency      |
|----------------------------|----------------|
| <b>Total</b>               | 53 patients    |
| <b>Gender</b>              | 31 men (58,4%) |
| <b>DM</b>                  | 19 (35,8%)     |
| <b>Mean Age</b>            | 57,5 years     |
| <b>Mean Length of stay</b> | 11,3 days      |

| Characteristic             | In all group (53)                      | DM (19)                                | Non DM (34)                            |
|----------------------------|--|--|--|
| <b>Diagnostic Sepsis</b>   | 24 (45,2%)                             | 12 (63,1%)                             | 12 (35,2%)                             |
| <b>Diagnostic CVD</b>      | 8 (15%)                                | 2 (10,5%)                              | 6 (17,6%)                              |
| <b>Diagnostic Others</b>   | 21 (39,6%)                             | 5 (26,3%)                              | 16 (47%)                               |
| <b>Outcome home</b>        | 26 (49%)                               | 8 (42,1%)                              | 18 (52,9%)                             |
| <b>Outcome transfered</b>  | 13 (24,5%)                             | 3 (15,7%)                              | 10 (29,4%)                             |
| <b>Outcome death</b>       | 14 (26,4%)                             | 8 (42,1%)                              | 6 (17,6%)                              |
| <b>Invasive procedures</b> | 43 (81,1%)                             | 17 (89,4%)                             | 26 (76,4%)                             |
| <b>Hemodialysis</b>        | 13 (24,5%)                             | 7 (36,8%)                              | 6 (17,6%)                              |
| <b>Numbers of ATB used</b> | ●0: 11,3%<br>●1-2: 45,2%<br>●≥3: 43,3% | ●0: 10,5%<br>●1-2: 47,3%<br>●≥3: 42,1% | ●0: 11,7%<br>●1-2: 44,1%<br>●≥3: 44,1% |

### Conclusions

Mortality was associated with number of antibiotics used and age. Therefore, are important points of medical attention. In addition, diabetics are presented in a more serious situation in general, need more invasive procedures and hemodialysis. We infer that the series needs to be extended, however the data point to a more fragile and more likely to unfavorable outcomes in diabetic patients.

### References

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