

COMMENTARY ON THE FIRST HUNDRED CASES SEEN AT THE MOSTA DIABETES CLINIC

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This modern clinic, situated in the Civic Centre of Mosta, is an offshot of the six year old one at the Out Patient Department of St. Luke's Hospital; the Medical and Health Department and the Order of St. John have been jointly responsible for staffing and equipping it.

The patients attending mainly come from the northwesterly part of Malta but the clinic is open to all. Attendance and laboratory tests are free to all but free drugs are given only to non-paying patients as assessed by the Social Welfare Office. Patients are referred to the clinic by the family doctor and, after the severity of their condition is ascertained, advice is given and the necessary treatment prescribed. A total of 55 were new cases while 45 were transfers from the St. Luke's clinic.

The median age of patients attending is 62 with ages ranging from 78 to 2½ years. Female patients outnumber males in the ratio of 3 : 1.

Diabetes has been confirmed in 97 cases using as criterion the W.H.O. standard of a two hour blood sugar above 140mgs%. It may be helpful to mention that the blood sugar test reagents being used at the clinic are specific for glucose only (Boehringer Biochemia TCM I).

Only 12 patients were normal in

weight; of the rest, there were 32 with 30% overweight, 26 with 20%, and 30 with 10%. Thus the type of diabetes commonly met with is the maturity onset type and this fact coupled along with the careless attitude many old patients assumed in treating the illness explains the high incidence of arterial complications encountered.

How did the majority of our patients discover their illness? A total of 72 presented their doctor with the diagnosis for they already had had their urine tested and reducing substances had been found therein. A total of 24 visited their doctor for such trivialities as headache, listlessness or a cellulitic phalanx that resisted hot bath treatment and, during the physical examination, glycosuria was discovered. There were 3 patients who were pregnant at the time the doctor found a reducing substance in the urine. Only one, the 2½ year old, suffered from ketotic coma.

Heredity is important in determining the incidence of diabetes. Only 22 patients said they had no relative suffering from glycosuria, but again in this rural area the parents of our old patients may have suffered from undetected glycosuria prior to dying from such common causes as apoplexy or heart failure. The other 88 admitted they had a diabetic relative (39 a dia-

betic mother, 17 a diabetic father, 3 both parents and 29 an uncle or an aunt or a sibling).

Pre-diabetics are very fertile and 35 of our patients were grand multiparae, those with a parity of 12 being the commonest. A high percentage admitted that the size of their babies increased from one pregnancy to the next but no exact figures are available as the deliveries took place at home and the neonates had not been weighed.

Complications encountered were mainly arterial in origin. Partial loss of vision was detected by the consultant ophthalmologists at St. Luke's Hospital in 25 cases, 16 having Stage II retinopathy, while 9 had unilateral cataract. Evidence of vascular insufficiency was confirmed in 5 patients whose main complaint was intermittent claudication, by the use of a spring oscillometer. Another 5 patients complained of a sensation of walking "as if on cottonwool" and their neuropathy was confirmed by an absent vibration sensation and absent or diminished tendon reflexes. Diabetic neuropathy nearly always affects the lower limbs in a symmetrical fashion. Dupuytren's contracture of the palmar fascia was found in 2 female and 3 male patients. Albuminuria was detected in 7 patients but only 1 had a raised blood urea. An open cellulitic wound was seen in 2 patients only and, after starting proper diabetic treatment, quick healing followed.

I think it will not be out of place if in this commentary one jots down the impression one has gained about diabetic treatment. Of these 100 cases 29 were on diet only, the rest were on diet and Insulin injection or on diet and tablets, in a proportion of 4 : 6. The mainstay in treatment is the diet and only once the patient has been fully convinced of the importance of keeping to a proper diet can any real progress be achieved in controlling the disease. Exercise is also very important but unfortunately rarely carried out. Many patients have wrong ideas

about the diet they should follow and at the clinic classes are held wherein the senior nurse explains the diabetic diet to the patients, distributes diet sheets to those who can read and answers the questions of the others.

Insulin lente is the type of insulin used in 30 cases while the other 3 patients were better controlled on rapitard insulin (bovine and porcine type). A single daily injection is advised. The aim of the diabetician is to treat the patient and not to ensure a persistently aglycosuric urine, leaving the patient in a very weak state. In resistant cases the sage recommendation of Tolstoi (1950) is carried out and a small constant daily dose of insulin is recommended irrespective of the amount of glycosuria.

There are 33 patients on diet and tablet treatment at the clinic. Not much difference has been found between the sulphonyl ureas, the biguanides or the glimidine derivatives. A once daily dose is recommended for two reasons: so that the patient will not forget to take his tablets and to give enough time for the islet cells of the pancreas to refill with insulin granules.

It has been stated elsewhere that diabetes mellitus is a national disease and that 20% of the Maltese and Gozitan people are liable to suffer from diabetes. Two clinics have been set up by a thoughtful government to help these thousands. Diabetes can be controlled and also rendered less dangerous if treated with skill guided by laboratory tests. Haphazard treatment with an occasional blood glucose level test will not succeed except in the very mild cases who after all can be managed by strict dietary control.

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Reference

TOLSTOI, E. (1950). *Med. Clin. N. Am.*, 34, 545.