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Prevalence of hypertension and related factors in children with Type-1 diabetes mellitus

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Aim: Diabetic nephropathy is leading cause of end stage renal disease. Appropriate Control of blood pressure could prevent and delayed renal failure in diabetic patients. Hypertension also is associated with cardiovascular events in diabetes. Here we aimed to evaluate blood pressure status in children with Type-1 diabetes and related factors.

Method: 67 patients with stable T1D aged 2–18 years with no history of recent infection were included. Written informed Consents were taken from the parents before enrollment. Variables were age, gender, weight and height percentile, body mass index, thyroid status, blood pressure, HbA1C, serum creatinine, 24 hours urine albumin and GFR, compared against systolic and diastolic blood pressure status, using appropriate statistical approach.

Results: Mean (standard deviation) of systolic blood pressure was 110.5(12.6). Two patients (3%) had systolic blood pressure of higher than 99th percentile+ 5 mmHg, five patients (7.5%) had systolic blood pressure of between 95th percentile and 99th percentile+ 5 and eighteen (26.9%) had systolic blood pressures between 90 and 95th percentiles or less than 120 mmHg. Mean (standard deviation) of diastolic blood pressure was 68.8 (11.6). One patients (1.5%) had diastolic blood pressure of higher than 99th percentile+ 5 mmHg, tree patients (4.5%) had diastolic blood pressure of between 95th percentile and 99th percentile+ 5 and sixteen (23.9%) had blood diastolic pressures between 90 and 95th percentiles or less than 120 mmHg. Normal systolic and diastolic blood pressure was observed in62.7% and 70.1% of the patients, respectively. Age, height percentile, weight percentile, body mass index, tanner stage and HbA1C had significant association with systolic blood pressures. Diastolic blood pressure was associated with body mass index, tanner stage and weight percentile. Urine albumin, glomerular filtration rate and serum creatinine were not associated with blood pressure.

Conclusion: it seems that blood pressure is becoming prevalent, not to progression of renal failure in diabetic children.

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