Familial History and Psychological Problems: High Risk Factors for Type 2 Diabetes in Hamedan (Northwestern Iran)

Asgari Z*, and Ahmadi R

Abstract—Diabetes is among the common disorders in Iran. The aim of this study was to determine risk factors associated with type 2 diabetes in Hamedan – Northwestern Iran. This cross sectional retrospective study was conducted to investigate patients with type 2 diabetes referred to care centers in Hamedan and documentarily profiled. Individual questionnaire and face to face interview were used to collect the data. The data was analyzed using Chi-square test and ANOVA. The frequency of diabetes was higher in females than males (p<0.05). Family history of diabetes (first degree relatives) was observed in 48.5% of patients. 35.96% of patients reported a history of psychological problems and 74.17% of patients reported a history of negative life events. Our findings indicated that occurrence of diabetes was more common in females than males. Family history and history of psychological problems were among the important causes associated with diabetes occurrence.

Keywords— Type 2 Diabetes, Risk factors, Hamedan, Iran.

I. INTRODUCTION

IABETES is the most common metabolic disorder in the world [1]. The prevalence of diabetes is increasing worldwide [2], [3]. Research suggest that factors such as increasing urbanization, declining life expectancy, poor diet, lifestyle as well as factors such as employment, economic status and education level are associated with the prevalence of diabetes [4], [5]. Other factors such as age, gender, obesity, lack of exercise, overeating, underlying diseases, genetics, family history, pregnancy and smoking also affect on epidemiology of diabetes [6]-[11]. The studies show that prevalence of diabetes in Iran is increasing and this increasing is of extremely importance because influencing community health. Diabetes is the most important leading cause of death in women and men in world as well as Iran [12]-[15]. On the other hand, studies have shown that there is a significant association between gender and diabetes [16]. Also, several underlying diseases are associated with diabetes occurrence [17]-[18]. Several reports also suggest the significant effect of genetic inheritance on diabetes occurrence [19]-[22].

Asgari zahra (*corresponding author) is with Department of Medical Surgical of Nursing, Faculty of Nursing, Iran University of Medical Sciences, Tehran, Iran.(e-mail: zahra.asgari20012@gmail.com).

Rahim Ahmadi (PhD) is with the Department of Physiology, Faculty of Basic Sciences, Islamic Azad University, Hamedan Branch, Hamedan, Iran. (e-mail: Rahahmadi2012@yahoo.com).

II. MATERIAL AND METHODS

A. Subjects

449 patients with type 2 diabetes who were referred to care centers in Hamedan and documentarily profiled, were studied.

B. Protocol of Study

This was a retrospective cross-sectional study conducted on type II diabetic patients (from newly diagnosed to severe stage) who admitted to hospital or medical centers in Hamedan, during 2007-2009. Data were collected using questionnaire and interviewing which was designed by the project researchers. We used also personal information standard questionnaire including questions about personal or familial variables.

C. Statistical Analysis

All values are presented as mean \pm S.E.M. Statistical significance was evaluated by one-way analysis of variance (ANOVA) and Chi-square using SPSS 19. Differences with P<0.05 were considered significant

III. RESULTS

Table 1 indicates demographic information of patients with diabetes type II.

 $\label{eq:table I} \textbf{TABLE I}$ Demographic Information Of Patients With Diabetes Type II.

Variables	Type II diabetes (n=449)
Age	
men	74.51±16.94
women	58.55±10.94
Sex	
male	36.53 %
female	63.47%
Education	
literate	23.6%
primary school	38.5 %
secondary school	13.4%
diploma degree	18.8 %
associate degree	1.8 %
bachelor degree	3.9 %

Age is indicated as Mean±SD.

Our findings show that the number of female patients was significantly more than male (p<0.001). It is also shown that most diabetic patients are poorly educated. It is noticeable that most patient's parents educational levels were illiterate or in primary school level (59.14% of fathers and 62.58% of mothers). Family history of diabetes (first degree relatives) was observed in 48.5% of patients. 35.96% of patients reported a history of psychological problems and 74.17% of patients reported a history of negative life events.

IV. DISCUSSION

The results of this study indicated that the prevalence of diabetes in Hamedan is considerable. In this regard, studies show an increasing trend in the prevalence and incidence of diabetes in the world [22]-[24]. Studies that have been conducted in various parts of Iran also show that the prevalence of the disease is very significant [25]-[26]. On the one hand, in line with our findings, there are other studies in Iran reporting that in many regions of Iran there is higher prevalence of type 2 diabetes than type 1 diabetes [25].

Our finding also indicated that mean age of patients with diabetes type 2 was 74 and 58 in males and females, respectively. This finding is also consistent with the prevalence of diabetes by age in other populations [27]-[28] as well as other regions of Iran [29]-[30]. The results of this study show that the number of patients with diabetes type 2 was higher in females than males. This finding is also consistent with the findings of other researchers in this regard. Several studies have reported that the prevalence of diabetes is higher in women than men [31]-[33]. Our findings also show that family history of diabetes (first degree relatives) was observed in 48.5% of patients. In line with this finding, other studies show significant association between genetic background and diabetes occurrence [34]-[36]. In our study, a considerable proportion of patients also reported a history of psychological problems and a history of negative life events. The results of other studies also show that stressful situations can greatly influence insulin secretion [37]. There are also associations between psychological problems and diabetes occurrence in patients suffering mental disorders [38]-[39].

V. CONCLUSION

Our findings indicated that occurrence of diabetes was more common in females than males. Family history and history of psychological problems were among the important causes associated with diabetes occurrence.

ACKNOWLEDGMENT

This research has been done with the support of Islamic Azad University-Hamedan Branch. We appreciate all who helped us to exert the present study.

REFERENCES

- [1] Defronzo RA . Pathogeaesis of diabetes .Diabetes Rev 1997;5:177
- [2] Zimmet P, Alberti K.G, Shaw J. Global and societal implications of the diabetes epidemic. Nature, 2001; 414: 782-787. http://dx.doi.org/10.1038/414782a

- [3] Wild S, Roglic G, Green A, Sicree R, and King H. Global prevalence of diabetes: estimates for the year 2000 and projections for 2030. Diabetes Care, 2004; 27(5): 1047-1053 http://dx.doi.org/10.2337/diacare.27.5.1047
- [4] McNeely MJ, Boyko EJ, Shofer JB, Newell-Morris L, Leonetti DL, Fujimoto WY. Standard definitions of overweight and central adiposity for determining diabetes risk in Japanese – americans. Am J Clin Nutr. 2001;74:101–7.
- [5] Koh-Banerjee P, Wang Y, Hu FB, Spiegelman D, Illett WC, Rimm EB. Changes in body weight and body fat distribution as risk factors for clinical diabetes in US men. Am J Epidemiol. 2004;159:1150–9. http://dx.doi.org/10.1093/aje/kwh167
- [6] Olefsky JM, Kruszynska YT. Type 2 diabetes mellitus: etiology, pathogenesis and natural history. In: De Groot LJ, Jameson JL. Endocrinology. Philadelphia: W.B. Saunders, 2001, P. 776-97.
- [7] Kumari K, Augusti KT. Antidiabetic effects of Smethylcysteine sulphoxide on alloxan diabetes. Planta Med, 1995; 61:72-4 http://dx.doi.org/10.1055/s-2006-958004
- [8] Harris MI. Definition and classification of diabetes mellitus and the new criteria for diagnosis, In: LeRoith D, Taylor SI, Olefsky JM (eds). Diabetes Mellitus: a fundamental and Clinical Text. Philadelphia: Lippincott Williams & Wilkins, 2000; P. 326-34
- [9] Bergenstal RM, Kendall DM, Franz MJ, et al. Management of type 2 diabetes: a systematic approach to meeting the standards of care. In: DeGroot LJ, Jameson JL(eds). Endocrinology. Philadelphia: W.B. Saunders, 2001; P. 810-20.
- [10] American Diabetes Association. Diagnosis and classification of diabetes mellitus. Diabetes Care. Jan 2007;30 Suppl 1:S42-7. http://dx.doi.org/10.2337/dc07-S042
- [11] Meneilly GS, and Tessier D. Diabetes in Elderly Adults. Journal of Gerontology: Medical Sciences 2001; 56A (1): M5–M13.
- [12] Ghavami H, Ahmadi F, Entezami H, Meamarian R. Survey of effect with diabetes mellitus type II, in Orumieh in the years 2003-2004. J Semnan Univ of Med Sic. 2004; 6(3): 179-55.]Persian
- [13] Delavari A, Mahdavi-hazaveh A, Nowrozinejad A. Planning of diabetes control in Iran. Ministry of Health & Medical Education, undersecretary for health disease management center. Tehran. 2004.]Persian
- [14] Booya F, Bandarian F, Larijani B, Pajouhi M, Nooraei M, Lotfi J. Potential risk factors for diabetic neuropathy: a case control study. BMC Neurol. 2005 Dec; 5: 24-90 http://dx.doi.org/10.1186/1471-2377-5-24
- [15] Alavi NM, Ghofranipour F, Ahmadi F, Emami A. Developing a culturally valid and reliable quality of life questionnaire for diabetes mellitus. East Mediter Health J. 2007 Jan-Feb; 13(1): 177-85.
- [16] Sinclair A, Finucane p, eds. Diabetes in old age. First Ed. Chichester John Willey. 1995; pp. 437-454, 80-83.
- [17] Victor RG, and Kaplan NM. Systemic hypertension: mechanisms and diagnosis. In: Libby P, Bonow R, Mann DL, Zipes DP (editors). Braunwald's heart disease.8th edition, pp 1028, Philadelphia: Saunders Co; 2008
- [18] Bots M, Grobbee DE, and Hofman A. High blood pressure in the elderly. Epidemiol Rev1991; 13: 294–314.
- [19] Ramachandran A, Snehalatha C, Latha E, et al. Rising Prevalence of "NIDDM" in an urban population in India. Diabetologia 1997 Feb; 40(2): 232-7.
 - http://dx.doi.org/10.1007/s001250050668
- [20] Sheu WH, Song YM, Lee WJ, Family aggregation and maternal inheritance of Chinese type 2 diabetes mellitus in Taiwan. Chung - Hua- I – Hsueh – Tsa - Chin Taipei. 1999 Mar; 62 (3): 146-151.
- [21] MaXJ, Jia WP, Hu C, Zhou J, Lu HJ, Zhang R, et al. Genetic characteristics of familial type 2 diabetes pedigrees: a preliminary analysis of 4468 persons from 715 pedigrees. Zhonghua Yi Xue Za Zhi. 2008 Sep; 88(36): 2541-3.
- [22] Mc Keown NM, Meigs JB, Liu S, Wilson PW, Jacques PF. Whole-grain intake is favorably associated with metabolic risk factors for type 2 diabetes and cardiovascular disease in the Framingham Offspring Study. Am J Clin Nutr2002; 76: 390-8.
- [23] Wilke T, Ahrendt P, Schwartz D, Linder R, Ahrens S, Verheyen F. Incidence and prevalence of type 2 diabetes mellitus in Germany: an analysis based on 5.43 million patients. Dtsch Med Wochenschr. 2013 Jan;138(3):69-75.
- [24] Wild S, Roglic G, Green A, Sicree R, and King H. Global prevalence of diabetes: estimates for the year 2000 and projections for 2030. Diabetes Care 2004; 27(5): 1047-1053 http://dx.doi.org/10.2337/diacare.27.5.1047

- [25] Tohidi M, Harati H, Hadaegh F, Mehrabi Y, Azizi F. Association of liver enzymes with incident type 2 diabetes: A nested case control study in an Iranian population. BMC Endocr Disord. 2008 Jun 5;8:5. http://dx.doi.org/10.1186/1472-6823-8-5
- [26] Amini M, Afshin-Nia F, Bashardoost N, Aminorroaya A, Shahparian M, Kazemi M. Prevalence and risk factors of diabetes mellitus in the Isfahan city population (aged 40 or over) in 1993. Diabetes Res Clin Pract. 1997 Dec;38(3):185-90 http://dx.doi.org/10.1016/S0168-8227(97)00099-5
- [27] Song SH. Emerging type 2 diabetes in young adults. Adv Exp Med Biol. 2012;771:51-61.
- [28] Tajima N, Morimoto A.Epidemiology of childhood diabetes mellitus in Japan. Pediatr Endocrinol Rev. 2012 Oct;10 Suppl 1:44-50
- [29] Pishdad GR. Age at diagnosis of non-insulin-dependent diabetes mellitus in southern Iran. J Int Med Res. 1995 Sep-Oct;23(5):381-5.
- [30] Esteghamati A, Gouya MM, Abbasi M, Delavari A, Alikhani S, Alaedini F, Safaie A, Forouzanfar M, Gregg EW. Prevalence of diabetes and impaired fasting glucose in the adult population of Iran: National Survey of Risk Factors for Non-Communicable Diseases of Iran. Diabetes Care. 2008 Jan;31(1):96-8. Epub 2007 Oct 5. http://dx.doi.org/10.2337/dc07-0959
- [31] Finucane, P., Sinclair. Diabetes in old age. First Ed. Chichester .John Willey. 1995; pp: 437-454, 80-83
- [32] Fajan Stefan S, Diabetes mellitus: definition clasification Degroot Leslie J, Besser Michael, Burger Henry G., etal. (eds). Endocrinology, 3 rd edition, Philadelphia. Saunders. 1995; P:1411
- [33] Oliveira JE, Milech A, Franco LJ, The prevalence of diabetes in Rio De Janeiro, Brazil. Diabetes care 196 Jun; 19(6): 663-66.
- [34] Janghorbani M, Amini M. Normalization of glucose intolerance in first-degree relatives of patients with type 2 diabetes. Diabetes Res Clin Pract. 2010 Jun;88(3):295-301. http://dx.doi.org/10.1016/j.diabres.2010.01.025
- [35] Ramachandran A, Snehalatha C, Latha E, et al. Rinsing Prevalence of "NIDDM" in an urban population in India. Diabetologia 1997 Feb; 40(2): hamedan232-7.
- [36] Sheu WH, Song YM, Lee WJ, Family aggregation and maternal inheritance of Chinese type 2 diabetes mellitus in Taiwan. Chung - Hua- I – Hsueh – Tsa - Chin Taipei.1999 Mar; 62 (3): 146-151.
- [37] Stanton AL, Revenson TA, Tennen H. Health psychology: psychological adjustment to chronic disease. Annu Rev Psychol 2007; 58: 565-92 http://dx.doi.org/10.1146/annurev.psych.58.110405.085615
- [38] Lange LJ, Piette JD. Perceived health status and perceived diabetes control: psychological indicators and accuracy. J Psychosom Res 2005; 58: 129-37. http://dx.doi.org/10.1016/j.jpsychores.2004.08.004
- [39] Khamseh ME, Baradaran HR, Rajabali H. Depression and diabetes in Iranian patients: a comparative study. Int J Psychiatry Med. 2007;37(1):81-6

http://dx.doi.org/10.2190/FP64-82V3-1741-842V



Zahra Asgari (Corresponding author) is MSc student in nursing in Faculty of Nursing, Iran University of Medical Sciences, Tehran, Iran.