

ABSTRACT

Over 50% of all adult hospital admissions and 55% of hospital deaths in Kenya are non-communicable, of which diabetes is among the leading. We aimed to describe the impact of type II diabetes at a rural community in Kenya. 200 healthy adult patients underwent random blood glucose (RBS) testing after ethical approval by the Isiolo County Hospital. Diabetes was defined as $RBS \geq 11.1$ mmol/l. A thorough history, physical examination and dipstick urinalysis for urine protein was done to identify risk factors and/or evidence of end organ damage. 32 patients (16%) had $RBS \geq 11.1$ mmol/l. 12 patients (37.5%) never knew they were diabetic and those who knew 63% were not taking any medication. The most common risk factors were high fat diet (59.4%), sedentary lifestyle (46.8%) and family history of diabetes in first degree relative (37.5%). 43.7% of patients (n=14) had abdominal obesity while 21.9% (n=7) had various foot abnormalities. 8 patients (25%) had proteinuria of $\geq +1$ on dipstick urinalysis. The 16% diabetes prevalence is among the highest recorded for a community living on ≤ 1 dollar/day. Further, evidence of end organ damage as depicted by massive proteinuria warrants urgent attention to this underprivileged group. It is hoped the results will form basis for future screening of diabetic nephropathy and other diabetes-related end organs involvement in this part of the world.