

Forum



Obesity and diabetes type 2 – the most common metabolic disorders in Hungarian primary care

The greatest part of daily workload in primary care offices everywhere in the developed and developing countries is dealing with patients suffering from any type of metabolic disorders [1]. In Hungary the prevalence of diabetes Type 2 is about 10% [2].

My intention is to inform the readers on the recent situation in Hungarian primary care with data of our own. In 2001/2002 we performed an evaluation in a primary care practice in Budapest, Hungary [3]. 250 elderly people (105 men over 65 years and 145 women over 60 years) were randomly involved from a population of patients visiting the family physician for any reason. A 7-page long questionnaire on eating habits and life style, a medical check-up, registration of some anthropological parameters and laboratory tests were evaluated.

The study population was divided into three groups by age decades: –69 years,

70–79 years and 80 years +. All the registered parameters and given answers were also analyzed in these groups. The incidence of hypertension was 67%, the one of diabetes type 2 was 17%.

Overweight people (BMI: 25–30 kg/m²) represented 42% of study population, with nearly the same prevalence of diabetes (18%). The ratio of obese people (BMI over 30 kg/m²) was 24% – with two times higher prevalence of diabetes (39%).

The younger patients had a higher BMI and waist circumference than people over 80 years. The daily meal frequency was lower in the younger decades. The older the persons were, the higher the numbers of daily meals were. Men ate more rarely than women and many of them had a substantial dinner. The most substantial meal in the daily meal pattern was lunch – by 80% of women and by 65% of men.

People who had lower BMI usually ate more frequently than persons with higher BMI. According to their own records, the body weight of patients increased continuously during their life. This meant about 3 kg in every 10 years. The increase was more distinct by women.

Our patients were asked about the occurrence of obesity in their family, of parents, brothers, sisters and of children. It seemed that bad eating habits were responsible for overweight, instead of genetic determination.

The analysis of the food frequency questionnaire reported a low consumption of fresh green food and fruit, and a dominance of fatty meals instead of healthy ones.

By 53 people, a 3-day dietary recall was performed. The daily energy intake was higher than recommended and fat represented nearly 40% of daily energy consumption.

The answers of diabetic type 2 patients were compared to non diabetics. It proved that the recommended diabetic diet was held only by a smaller proportion of patients. These two endemic diseases like diabetes and obesity should be considered under more careful (decades) life-long control by the primary care staff.

References:

- 1 Boelen Ch et al: Improving health systems. The contribution of family medicine. Guidebook. WONCA. Singapore. 2002.
- 2 Hungarian Central Statistical Office. Yearbook of Health Statistics. Budapest. 1999.
- 3 Rurik I-Antal M. Nutritional habits and lifestyle practices of elderly people in Hungary. Acta Alim 2003.31:in press

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Parameters	men		women	
	mean	±SD	mean	±SD
Anthropology				
Body height (cm)	170,02	7	158,24	6,1
Body weight (kg)	78,47	12,9	67,83	14,1
BMI (kg/m ²)	27,097	3,9	27,062	5,01
Waist circumference (cm)	103,46	11,6	100,6	15,3
Hip circumference (cm)	103,10	10,3	105,8	17,8
Waist: hip ratio	1,01	0,2	0,97	0,18