PRESENTATION AND DIAGNOSIS: PREGNANCY INDUCE DIABETES AND HYPERTENSION IN MEDICAL DOCTORS AT HOSPITAL AND CLINICS

Sana Adil[1], Irsa Hidayat [2], Ammad Ali[3], Saad Ali[4], Hina Ayaz[5], Muhammad Ayub[6], Faiza Ayub[7]

ABSTRACT

OBJECTIVES

The aim of this study was to assess pregnancy induce diabetes and hypertension in medical doctors.

METHODOLOGY

This case-control study was conducted after approval by the ethics committee. A total of 72 physicians who were pregnant and diagnosed with pregnancies causing hypertension or diabetes participated in the study. Daily details of hourly blood glucose levels were recorded at the beginning and end of the day. Use SPSS version 24.0 to analyze the results.

RESULTS

Out of the 33 patients, 23 remained hypertensive at the end of the day, while 10 had normal hypertension at the beginning of the day. Hypotension appeared from the 39th day of which 24 of her ended high, 15 were normal and 10 were diet controlled. The maximum number of pregnancies was 40 in high-care controls and 32 in low-care controls. Out of 30(16) had high FBS at the beginning of the day and 17 of the 42 who had the highest at the end of the day had low FBS. The highest score of 17(42) was presented at the beginning of the day with low FBS and 17 at end of the day with a high ratio and high count of 42.

CONCLUSION

Health care is important for all patients, whether they are health workers or not. Daily Record helps patients and providers understand patient disease management and take appropriate action.

KEYWORDS: *Hypertension, Diabetes Mellitus, Presentation, Pregnancy*

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Correspondence
[1]Sana Adil, Medical Officer, DHQ Mardan
✆: +92-333-9604410
✉: sanaadil107@gmail.com
[2]Registrar, BMTC, CMH Rawalpindi
[3]District Medical Officer, Khyber Hospital, Mardan
[4]Medical Officer, ICU, MMC
[5]Junior Registrar, MMC Gynae A Ward
[6]CMO, Khyber Teaching Hospital, Emergency
[7]Registrar, CMH Peshawar

INTRODUCTION

Individuals with diabetes mellitus will be more diagnosed with hypertension than non-daibeticpatients.[1] Hypertension raises the risk of maternal, fetal, and neonatal complications with consensus on treatment value more than 160/100mmhg.[2] Guidelines by the American heart association recently published research statements on diagnosis, goals and pharm therapy in hypertension-induced pregnancy.[3] Hypertension in pregnancy is defined as blood pressure >140/90 mmHg by different societies and the international.[4,5] society for the study of hypertension in pregnancy. In diabetic patients, the aortic arteriosclerosis would accelerate remarkably.[6] Arterial compliance and decreased elasticity would directly cause systolic pressure increase.[7] In diabetes, damage to the peripheral nerve induces microvascular dysfunction, leading to an increase in systolic pressure.[8] In Gestational diabetes mellitus (GDM), any degree of glucose intolerance is recognized during pregnancy and characterized by recent hyperglycemia because of an association between insulin resistance and adequate insulin secretion.[9,10]

METHODOLOGY

This case-control study was conducted in accordance with MMC/MTI Ethics Committee approval. The physicians who were pregnant and engaged in routine work were included in this study. Their daily fasting and randomized tests measuring hypertension were recorded before and after reading work timings. Care was defined as a person with adequate dietary changes, fewer than four antenatal visits and poor medication adherence, and a high workload in form of stress, diet, blood pressure, episodic and hunger. High-level care is defined as a person with adequate antenatal screening, good dietary management, and adequate compliance with medications with appropriate lifestyle changes and better working conditions, whereas low care is defined as that person. Conversely, a predesigned form was used to record the data. Results were analyzed using SPSS version 24.0.

RESULTS

A total of 72 white coat doctors were examined with a complete record of their blood sugar levels and two-time records of blood pressure of working days 6 hours apart. Dietary records were also taken along with their level of care during pregnancy. (Blood pressure greater than >140/90mmhg on two occasions>6 hours apart).

Table 1: Hypertension without Gestational Diabetic Mellitus

Age Group	High Value Before The Start of Job Day	After Finishing of Job Day		Low Value Before Start Of Job Day	After Finishing of Job Day		Control Diet
		High Value	Low Value		Low Value	High Value	
20-25	08	05	03	13	12	01	06
26-30	11	08	03	09	04	05	03
30-35	14	10	04	17	08	09	01
Total	33	23	10	39	24	15	10

Table 2: Care Chart During Pregnancy

Age Group	High Care	Low Care	Stress At Work
20-25	15	06	Present
26-30	09	11	Present
30-35	16	15	Present
Total	40	32	

Table 3: Blood Sugar Value Record for Gestational Diabetes Mellitus

Age Group	High FBS Before the Start of Job Day	High RBS After Job Day Finish	Low FBS Before the Start of Job Day	Low RBS After Finishing Job Day
20-25	04	04	17	17
26-30	10	09	10	11
31-35	16	15	15	16
Total	30/72	28/72	42/72	44/72

Note: FBS= Fasting blood sugar, RBS= Random blood sugar

DISCUSSION

After the COVID-19 pandemic, doctors face the burden of patients every day. Stress in the form of workload plays an important role in health. Antihypertensive therapy is not common, but some people are forced to switch to aggressive treatment. In our study, 33 physicians of all ages presented with hypertension, the highest proportion was 14 in the 31-35-year-old group and the lowest proportion was 8 in the 20-25-year-old group. Of these, 23 remained elevated at the end of her day and 10 showed low blood pressure. 39 had low blood pressure at the start of the day, 17 were the highest in the 30-35-year-old group, 24 remained high at the end of the day, and 15 had low blood pressure at the end of the day. Across Pakistan, 9% of the pregnant population suffers from hypertension.[11] The United States has the highest maternal mortality rate from hypertension.[12] The practice of one medicine for all is a personalized approach to patient preferences, age, race, and blood pressure values measured at home or in a clinic to effectively prevent complications in women. is executed with the settings of the degree of care during pregnancy was higher in her two groups, the 20-25-year-old group and her 30-35-year-old group, with the 26-30-year-old group nine times higher than her. Low attendance during pregnancy was high: 15 in the 30–35-year group, 15 in the 26–30-year group, 11 in the 20–25-year group, and 6 in the 20–25-year group. Lifestyle interventions are important to prevent her GDM, a combination of diet and exercise up to 15 weeks of gestation.[13,14] Some studies suggest that women with GDM are 10

times more likely to develop type II diabetes and cardiovascular disease after conception than she is.[15,16,17,18] Our results show that 30 of her 72 in the 31-35-year-old group found her FBS high at the start of the day, and at the end of the day, she was 5 out of 5 in the 31-35-year-old group. It was a percentage. Low FBS at the beginning of the day was found in 42 subjects, with 17 subjects in the 20–25-year-old group having the highest percentage and 10 subjects in the 26-30-year-old group the proportion of FBS was high. Health professionals are as important as other professionals in diagnosing and caring for gestational hypertension and gestational diabetes.

LIMITATIONS

There was the small sample size and the data was collected from the single hospital.

CONCLUSION

The co-occurrence of hypertension and diabetes mellitus should be alarming, especially later in pregnancy. Early diagnosis of this condition makes it easier to treat. Future research and guidelines should emphasize long-term disease risk assessment to improve women's health before and after pregnancy. Stressors are fieldwork-related and have a direct impact on physician burden. Appropriate dietary changes, regular monitoring, adherence to medications and doctor's visits, and a better work environment can help improve pregnancy outcomes in patients with gestational diabetes and hypertension, as do all nonmedical professionals. It is also important for doctors.

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CONTRIBUTORS
1. Sana Adil - Concept & Design; Data Analysis/Interpretation; Critical Revision; Final Approval
2. Irsa Hidayat - Data Acquisition; Data Analysis/Interpretation; Drafting Manuscript; Supervision
3. Ammad Ali - Concept & Design; Data Acquisition
4. Saad Ali - Final Approval
5. Hina Ayaz - Data Acquisition
6. Muhammad Ayub - Data Acquisition
7. Faiza Ayub - Data Analysis/Interpretation

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