

## **INVISIBLE SIDE OF DIABETES MELLITUS (DM): GASTROINTESTINAL SYMPTOMS AND COMPLICATIONS**

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**The aim** of the study was to evaluate the rate, manifestation and management of gastrointestinal (GI) disorders of DM. **Methods:** 104 adult primary care patients (PCP) were evaluated for GI symptoms (GIS) by general practitioner, and 57 outpatient diabetic patients were evaluated by endocrinologist (ODPE). All patients had to fill in subjective GIS and management questionnaire, evaluate the fear of GI cancer. For comparison of groups chi-square test was applied. **Results:** 68.4% ODPE had established GI disease (gastroesophageal reflux disease, gastritis, ulcer, gallstones, exocrine pancreatic insufficiency, lactose intolerance, etc.), comparing to 48.1% in PCP ( $p=.019$ ). 62.5% PCP and 49.1% ODPE reported several GI complaints ( $p.001$ ). Comparing to PCP, ODPE had statistically more frequent defecation (22.8% vs. 5.8%,  $p=.003$ ), experienced diarrhea (67.7% vs. 33.7%,  $p.001$ ), soft stool (38.9% vs. 11.8%,  $p.001$ ). ODPE have more work in ensuring cleanness of water closet (61.4% vs. 24%,  $p.001$ ) and use lot of toilet paper after defecation (50% vs. 18.4%,  $p=.003$ ) comparing to PCP. GIS and complications in ODPE are accompanied by fear of GI cancer (59.6% vs. 27.9%,  $p.001$ ), and often enough GIS are self-managed by usage of drugs, and food digestion supplements (54.4% vs. 28.8%,  $p=.001$ ). **Conclusions:** GIS and GI complications are common in both, PCP and ODPE, with more reported symptoms in the second group. Since it is known that DM changes digestive tract function, also that normal GI functioning positively affects diabetes, monitoring of changes in GI system may become strategy for early recognition of GIS and prevention of DM progression.

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