

za klinično obravnavo sladkorne bolezni tipa 2 pri odraslih osebah, 2011).

Materials and methods: In May 2013 we sent 120 questionnaires to all registered laboratories in Slovenia at primary, secondary and tertiary level of health care. The questionnaires comprised of 38 questions regarding the type of tests, patients' familiarity with the test procedure, procedure of the OGTT test and methods of glucose determination.

Results: 80 solved questionnaires (67%) were returned. 64 (71%) laboratories confirmed, that they perform OGTT. Most of them perform between 1 and 20 OGTT per day. 60 (97%) laboratories do the 75g-OGTT. 54 (91%) of them also perform 75g-OGTT during pregnancy. The answers in the second part of the questionnaire showed some lack of familiarity with the test procedure. Only 33% of participants had written instructions for the patients. The results about a detailed procedure of OGTT showed that in majority procedures complied with national guidelines. 97% of laboratories determined the first level of glucose from venous blood. 76% of laboratories wouldn't continue the test if the level of glucose was 7 mmol/L for non pregnant patients. For pregnant women the level was 5,1 mmol/L in 92%. We also inquired about the methods of glucose determinations, the results showed that 53% used HK, 30% GOD-PAP and 12% some other amperometric methods. At the end, we tried to find out how many test are performed in our country per month. The conclusion was that we do around 1400 tests, 900 tests are done during pregnancy, which is half of all pregnant women. In UKC Maribor the number of pregnancy 75g-OGTT in 2012 was 405. 48 (11,6%) had glucose levels beyond 5,1 mmol/L and were diagnosed with gestational diabetes.

Conclusion: Slovenian laboratories in majority follow recommendations and national guidelines about OGTT.

Key words: OGTT; gestational diabetes; national guidelines

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Urinary protein analysis in diabetic patients

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Background: Diabetic nephropathy is a major late complication in type 2 diabetes mellitus and most frequent cause of end stage renal disease. Proteinuria, especially microalbuminuria is early sign of renal involvement in diabetic patients. The aim of this study was to investigate the relationship of total urinary proteins, microalbumin in urine and the type of proteinuria with diabetes duration.

Material and Methods: This study included 62 patients with diabetes mellitus type 2, average age of patients 45 ± 9 years, duration of disease from 4,6 years to 19,7 years. Microalbumin and total urinary proteins were measured by turbidimetric method in first morning urine sample. Urinary proteins were separated by horizontal thinlayer SDS-PAGE in two urinary samples: first morning urine and urine excreted after routine daily activity.

Results: We found strong positive correlation between duration of disease and microalbuminuria ($r= 0,811$; $p< 0,05$) and moderate positive correlation between duration of disease and total urinary proteins ($r= 0,734$; $p<0,05$). According to SDS-PAGE electrophoresis profiles the most common type of proteinuria in patients with shorter duration of diabetes was selective glomerular proteinuria, while in the patients with longer duration of diabetes was detected non-selective glomerular with incomplete tubular proteinuria.

Conclusion: There was positive correlation between microalbuminuria and total urinary proteins with duration of diabetes. Presence of microalbuminuria alerts the physician to prevent further renal damage by timely administration of adequate therapy.

Key words: total urinary proteins; microalbumin; diabetes mellitus; SDS-PAGE.