The patient characteristics were evaluated with relation to macrovascular and microvascular complications. Use of hormone replace treatment was evaluated with relation to macrovascular complications.

Results: Initial therapy was almost sulfonylurea, then metformin or α-glucosidase inhibitors were added as combination therapy (initial monotherapy 92.3% vs. monotherapy in 2nd line 66.4%).

The major complications and risk factors were neuropathy (39.9%), hypertension (34.6%), gastropathy (25.0%) and coronary artery disease (23.1%). The complications and risk factors related medications were antiplatelet agents (34.6%), calcium channel blockers (30.3%) and ACE inhibitors/angiotensin II receptor blockers (16.8%). Mean HbA1c was 7.82±1.92%, and over 7% during follow-up period. Mean systolic pressure was 133.6±14.83mmHg and mean diastolic pressure was 80.28±8.24 mmHg. Most of patients achieved the goal blood lipid levels but was slightly high in total cholesterol and LDL (204.37mg/dL and 116.86mg/dL).

Patients with (vs. without) macrovascular complications showed significant differences in systolic blood pressure (137.70±12.05mmHg vs. 131.34±10.87mmHg, p=0.0002), fasting blood glucose (173.91±50.22mg/dL vs. 153.79±34.50mg/dL, p=0.0066), postprandial 2-hour blood glucose (241.72±58.66mg/dL vs. 212.82±42.06mg/dL, p=0.0012) and duration of diabetes (9.48±6.88years vs. 6.16±5.55years, p=0.0017). Patients with (vs. without) microvascular complications showed significant differences in duration of diabetes (8.83±6.60years vs. 4.33±3.92years, p<0.0001) and mean SCr (1.45±1.96mg/dL vs. 0.86±0.18mg/dL, p=0.0016). Hormone replace treatment was not related to macrovascular complications.

Conclusion: Diabetic patients in a primary care hospital did not achieved a target level of HbA1c less than 7%. Blood pressure and blood cholesterol were maintained their level as SBP<130mmHg, DBP<85mmHg, LDL<100mg/dL and total cholesterol<200mg/dL. For prevention of complications, antiplatelet agents and estrogen therapy should be more utilized in addition to antihypertensive agents and antihyperlipidemic agents.