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EFFICACY AND SAFETY OF FENOFIBRATE IN THE TREATMENT OF DIABETES MELLITUS TYPE 2

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Introduction: Diabetes mellitus type 2 is a chronic metabolic disorder that affects millions of people worldwide. It is associated with various complications, including cardiovascular disease, neuropathy, and retinopathy. Dyslipidemia is a common feature of diabetes mellitus type 2 and is a major contributor to the development of atherosclerosis. Diabetic retinopathy is a serious complication of diabetes mellitus type 2 that can lead to decreased visual acuity. Fenofibrate is a medication that has been shown to have potential benefits in the treatment of diabetes mellitus type 2 and its complications. This study aimed to investigate the effect of fenofibrate on patients with type 2 diabetes mellitus and diabetic retinopathy.

Methods: This study was a randomized controlled trial that included 52 patients with type 2 diabetes mellitus and diabetic retinopathy. The patients were divided into three groups: the main group (27 patients) received fenofibrate and the control group (25 patients) did not receive any medication. The duration of diabetes mellitus type 2 in the patients ranged from 8 to 15 years. The primary outcome measures were changes in the glycemic profile, lipid profile, and progression of diabetic retinopathy.

Results: The study found that fenofibrate had a positive effect on the glycemic profile of the patients. After 6 months of treatment, the levels of glycated hemoglobin and fasting glucose were significantly reduced in the main group compared to the control group ($p < 0.05$). Fenofibrate was also found to be effective in reducing the levels of triglycerides and increasing the levels of high-density lipoprotein (HDL) cholesterol. The levels of triglycerides were significantly lower in the main group compared to the control group ($p < 0.05$), while the levels of HDL cholesterol were significantly higher in the main group compared to the control group ($p < 0.05$). The study also found that fenofibrate had a positive effect on the progression of diabetic retinopathy. The need for laser therapy was significantly lower in the main group compared to the control group ($p < 0.05$).

Discussion: The results of this study suggest that fenofibrate could be an effective treatment option for patients with type 2 diabetes mellitus and diabetic retinopathy. Fenofibrate improves the glycemic profile and reduces the risk of diabetic complications, including dyslipidemia and diabetic retinopathy. The safety profile of fenofibrate was generally favorable, with no serious adverse events reported. These findings are consistent with previous studies that have shown the potential benefits of fenofibrate in the treatment of diabetes mellitus type 2 and its complications. However, further studies are needed to determine the optimal dosing and duration of treatment with fenofibrate.

Conclusion:

Fenofibrate is a medication that has potential benefits in the treatment of diabetes mellitus type 2 and its complications. This study found that fenofibrate improves the glycemic profile, lipid profile, and progression of diabetic retinopathy in patients with type 2 diabetes mellitus and diabetic retinopathy. Fenofibrate is a safe medication with a favorable safety profile. These findings suggest that fenofibrate could be an effective treatment option for patients with type 2 diabetes mellitus and diabetic retinopathy. Further studies are needed to determine the optimal dosing and duration of treatment with fenofibrate.