form of dylipidema in diabetic male was low HDL-c while in females was High LDL-c and High TG. The

pattern of dyslipidemia differs from typical diabetic dylipidemias.

# Current Socio-Clinical Trend of Sexually Transmitted Diseases and Relevance of STD Clinic: A Comparative Study from Referral Tertiary Care Center of Gwalior, India

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#### Background

Sexually transmitted infections (STIs) are the major public health concern in both developed and developing countries regulated by the cultural pattern of gender expression in their society.

#### Aims & Objectives

To look into the changing pattern of sexually transmitted infections from the Gwalior, Central India where health condition is not in a good fashion with poor socio-economic status and awareness.

# Material & Methods

This is a hospital based cross sectional, questionnaire based study with a sample size of 222 respondents attending STD clinic at JAH Gwalior from December 2011-March 2012. Random sampling technique was used.

#### Results

152 (84.44%) cases among females were in the age

Insulin Resistance in Type 2 Diabetes Mellitus: Prospect of an Untouched Area

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# Background

HOMA estimated insulin resistance is an independent predictor of cardiovascular disease in type-2 diabetic subjects. Lack of exact cutoff value in Indians and the absence of local reference data from Gwalior region of central India for HOMA-IR create a challenging issue for early detection of complications and selecting the treatment option.

#### Aims & Objectives

To define a local reference cutoff and its association

with various risk variables.

#### Material & Methods

We randomly selected 50 cases and 50 controls, matched for age and sex, from the teaching hospital of G.R. Medical College Gwalior, India.

### Results

Mean HOMA IR for cases was  $4.16\pm3.57$  (range 0.22-18.71) while for control subjects was  $2.03\pm0.64$  (range 1.08- 4.4). The normal cutoff value was found to be 3.31.

group of 20-40 years while 35(83.33%)males were in the age group of 18-40 years. Statistically significant differences were found as compared to a previous study done in the same STD clinic for discharge, lower abdominal pain, painful micturition, nodules in genitals as 106 (58.88%; p=0.001), 59(32.77%; p=0.0007), 25 (13.88% p=0.001), 1 (0.5%; p=0.005) respectively and in males with absence of abdominal pain and nodules in genitals as p= 0.016 and p =0.03 respectively. Preferred place for treatment of STIs was government facility among both males and females with statistically significant 15.76% (p=0.0001) difference from the population seeking no treatment.

# Conclusions

Study shows the very judgmental and much needed role of counseling centers like STD clinics in changing the due course and trend of STIs epidemiology. The problems of low and infrequent condom use, non adherence to treatment, having multiple non regular sex partners were seen in a fairly good proportion.

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