Abstract
Background and aim: Diabetic nephropathy affects approximately 40% of type 2 diabetic patients and is the leading cause of kidney disease in patients starting renal replacement therapy in developed countries. The same seems to be true in Costa Rica. Knowing its prevalence and associated factors is fundamental to plan and to evaluate health services for the diabetic population. The main objective of this study was to determine the prevalence of diabetic nephropathy and its risk factors in type 2 diabetic patients from a poor marginal urban community of the central plateau of Costa Rica. Methodology: Five hundred and seventy two type 2 diabetics from the Health Area 3 of Desamparados, were identified in 2000, sociodemographic data, metabolic control, comorbidities and microvascular diabetic complications variables were studied. The prevalence of diabetic nephropathy and its associated factors were determined using a multivariate logistic regression analysis for the latter. Results: The cohort had an average age of 58.5 years low education and low income and consisted predominantly of women (63.8%). The group had a high prevalence of hypertension (53.2%), obesity (78.5%), and dyslipidemia (41.5%). Sixty-one percent had the diagnosis of diabetes before age 60 and an average of 8 years with the disease. The prevalence of microvascular complications was high: retinopathy (19.6%), neuropathy (30.6%), nephropathy (33.6%), microproteinuria (24.8%), macroproteinuria (7%), nephrotic syndrome (1.4%) and chronic renal insufficiency (7.1%) without sex differences. Associated risk factors and odds ratio found for diabetic nephropathy were: diabetic retinopathy (4.6 IC:2.5-8), years of evolution (1.8 IC:1.2- 2.6), HTA (2.3 IC: 1.4-3.8), high level of HbA1c > 8% (2.4 IC:1.3-4-6), low HDL-col (1.7 IC1.02-2.7) and the history of a myocardial infarction (6.1 (2.4-15.3). Conclusion: In Costa Rica there is no known prevalence data of diabetic nephropathy at the community level. This study is a first effort to find the prevalence and associated factors of this entity in a poor urban Health Area. Diagnostic methods to evaluate microalbuminuria should be made available at primary health care facilities in order to increase the sensitivity of this indicator in the context of surveillance of diabetes nationwide.

Keywords
Diabetes mellitus type 2, diabetic nephropathy, prevalence, risk factors.