

# Innate immunity and vascular complications in type II diabetic South-Asian immigrants

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<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Coronary artery disorders
<b>Study type</b>	Observational invasive

## Summary

### ID

NL-OMON30311

### Source

ToetsingOnline

### Brief title

Hindinef II

### Condition

- Coronary artery disorders
- Retina, choroid and vitreous haemorrhages and vascular disorders
- Nephropathies

### Synonym

cardiovascular disease, diabetes, nephropathy, retinopathy

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Academisch Medisch Centrum

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** complement, diabetes, innate immunity, vascular complications

## Outcome measures

### Primary outcome

- prevalence / progression nephropathy
- prevalence retinopathy
- prevalence ischemic heart disease
- prevalence peripheral vascular disease
- prevalence cerebral vascular accidents
- intima media thickness of the carotid artery
- pulse wave velocity analysis

### Secondary outcome

no

## Study description

### Background summary

South-Asian immigrants in a western society have an increased risk of developing diabetes and associated cardiovascular complications. Beside traditional risk factors like glycaemic control, hypertension, lipid disturbances and smoking, there is an increasing body of evidence that the complement system, belonging to innate immunity, is involved in the pathogenesis / progression of these vascular complications. Complement products have been detected in kidneys of diabetic patients and in atherosclerotic plaques. Complement activation products have been detected in the urine of patients with diabetic nephropathy. More recently, an association between serum levels of MBL (Mannan, Binding Lectin, the recognition molecule of the lectin pathway of complement activation) and diabetes was reported. MBL levels were increased in diabetic persons compared to healthy control persons. In

addition, the serum MBL level were positively correlated with the incidence of nephropathy and cardiovascular disease. In type 2 diabetics a positive correlation between MBL levels and (cardiovascular) mortality was also found. Mutations in the factor H gene, an inhibitor of the complementsystem, have recently been associated with an increased incidence of ischemic heart disease.

## **Study objective**

the study aims to answer the following question: are components of innate immunity in general, and the complementsystem in particular, correlated with and usefull as predictors for the occurrence of macro- and/or microvascular complications in a high-risk population of type II diabetic South Asian immigrants?

## **Study design**

It is a follow-up study of the previously conducted Hindinef study. This study included South-Asian immigrants (both diabetic and non-diabetic) and was performed between 1998 and 2000. Clinical information as well as blood- and urine samples have been collected from all these persons. We will study innate immunity in these "baseline" samples. Next we aim to recall all the diabetic subjects and score the progression of diabetic nephropathy and the incidence of vascular complications. We will investigate the association between immunological parameters (complement activation products, leucocyte activation, cytokine profiles) and the progression of complications (nephropathy, retinopathy, atherosclerosis).

## **Study burden and risks**

the testperson visits our outpatient clinic. During this visit we perform a questionnaire - which has been sent to the homeaddress-, a brief physical examination, venapuncture, sampling of urine, EKG and fundusphotography. In this visit, permission is asked for a second visit in which the carotid artery intima media thickness is measured and pulse wave velocity is analysed

## **Contacts**

### **Public**

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Nederland

### **Scientific**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

diabetes type II

### Exclusion criteria

geen

## Study design

### Design

**Study type:** Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

## Recruitment

NL  
Recruitment status: Pending  
Start date (anticipated): 01-03-2007  
Enrollment: 169  
Type: Anticipated

## Ethics review

Approved WMO  
Application type: First submission  
Review commission: METC Leids Universitair Medisch Centrum (Leiden)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
CCMO	NL15586.058.06