

INTERNATIONAL JOURNAL OF SCIENCE AND NATURE

© 2004 - 2014 Society for Science and Nature (SFSN). All rights reserved www.scienceandnature.org

# STUDY OF ASSOCIATION BETWEEN ABO BLOOD GROUPS AND DIABETES MELLITUS

<sup>1</sup>Ashmeet Kaur, <sup>1</sup>Pooja Jadeja, <sup>2</sup>Ketan K Mangukiya & <sup>1</sup>Himanshu Shekhar <sup>1</sup>Department of Pathology, Geetanjali Medical College and Hospital, Udaipur, Rajasthan, India <sup>2</sup>Department of Biochemistry, Geetanjali Medical College and Hospital, Udaipur, Rajasthan, India

## ABSTRACT

Diabetes Mellitus (DM) describes a metabolic disorder of multiple etiologies characterized by chronic hyperglycemia with disturbances of carbohydrate, protein and fat metabolism resulting from defects in insulin secretion or insulin action or both. The major human blood group system is ABO. Since their discovery by Landsteiner in 1900 many researchers have made attempts to determine the significance of particular ABO Phenotype for susceptibility to disease. The objective of the study was to determine the relationship between ABO blood group among 400 subjects of every age taken randomly from the local population of Udaipur city in the duration of June to August 2014. Out of 400 subjects, 200 were normal healthy (104 male and 96 female) students of Geetanjali Medical College, Udaipur and remaining 200 were DM patients attending the OPD of Geetanjali hospital, Udaipur. ABO blood groups of all subjects were determined by slide agglutination method. Data were analyzed by 'one sample chi square test'. There was no significant difference in the frequency of ABO blood groups in Controls and Diabetic Patients in all studied subjects [males, females and subjects irrespective of gender]. In our study, frequency of ABO blood groups observed was in an order of B > O > A > AB. There was no association exists between any of the blood group and DM. Extensive study is required to establish the correlation.

KEYWORDS: ABO blood groups, Diabetes mellitus, Udaipur

### **INTRODUCTION**

DM is generally divided as insulin-dependent diabetes mellitus (IDDM or type I), characterized by the body's failure to produce insulin and requires the person to inject insulin and non-insulin-dependent diabetes malitus(NIDDM or type 2) characterized by high blood glucose in context of insulin resistance and relative insulin deficiency<sup>[1]</sup>. It was long suggested that the ABO blood group system had evolved under a positive selection pressure in both humans and other primates<sup>[2]</sup>. This implies that certain ABO groups provide a selected vulnerability to individuals possessing a particular ABO blood group. Researchers have made considerable attempts to determine the significance of particular ABO phenotypes to disease susceptibility. The relationship between ABO blood groups and disease susceptibility has generated a lot of interest. Individuals with blood group O have been found to be at a higher risk of contracting cholera than those with other blood groups. The ratio of this risk of group O to group A individuals has been reported as 1.35:1<sup>[3]</sup>. Oral candidiasis shows a higher incidence of group O over other ABO groups<sup>[4]</sup>. The number of people with diabetes in India currently around 40.9 million is expected to rise to 69.9 million by 2025<sup>[5]</sup>. Many reports have appeared in recent years suggesting an association between blood groups and DM. McConnell et al. studied 1333 diabetic patients and concluded increase frequency of A blood group among these diabetic patients<sup>[6]</sup>. Tedeschi and cavazzuti from Italy showed an increased frequency of blood group B among diabetics<sup>[7]</sup>. Sidhu et al. and Shyamal koley suggested that there is no association between the distributions of the ABO blood types and diabetes mellitus<sup>[8,9]</sup>. Investigations in different countries showed varying findings regarding the susceptible of blood group as risk factor for DM in different population. Since DM is a serious complication of various organs such as kidney, neuron, eye, heart *etc.*, the current study was carried out to find the association between different ABO blood groups and DM in local population of Udaipur city.

## **MATERIALS & METHODS**

This cross sectional study was carried out on total 200 diabetic patients attending at Geetanjali hospital (both indoor plus outpatient department) Udaipur, India. To determine the distribution of ABO blood groups in the population of Udaipur City. 200 apparently healthy blood donors and medical students [104 males and 96 females] were selected to act as a control group. The risk and benefit of the study was explained to all subjects and informed written consent was obtained. After a thorough clinical examination of each subject, the information was recorded in a data schedule. Standard Slide Agglutination Test for the determination of ABO blood groups was used. Data thus obtained were analyzed statistically to determine any association between DM and different ABO blood groups. Data were expressed as percent and absolute number of frequency. 'Chi-Square test' was further applied to determine whether any significant association exists between the frequency of a blood group in DM patients (observed) and in control (expected). It has been hypothesized that frequency of blood groups should be same (1:1) in both DM patients and in controls. Chi-Square statistic and probability were determined by using online Chi Square test calculator. P-Value was calculated

by using online student T –test calculator (P value <0.01 was consider as a significant)

## RESULTS

The result of this study showed that the most frequent blood group in Udaipur city was found to be group B followed by O, A and AB in both males, females and in general population (Table I). Highest prevalence of DM was found in blood groups B then followed by O, A and AB in both males, females and in general population. Table 1 also shows no comparison occur between diabetic & control in males, females and total subjects irrespective of gender belonging to different blood groups. (Table 2) shows the results of Chi-Square test. No significant association was found between types of blood groups and DM. In our study frequency of ABO blood groups was in the order of B > O > A > AB. We observed the order in Diabetic patients of both type I & II.

TABLE 1: Percent Distribution of ABO Blood Gre	oups in DM patients (Total N= 400)
--	------------------------------------

Blood	Male (N=204)		Female (N=196)		Total (N=400)	
Group	Diabetes	Control	Diabetes Control Diabetes		Control	
	Mellitus(N=100)	(N=104)	Mellitus(N=100)	(N=96)	Mellitus(N=200)	(N=200)
A	23	21	20	18	43	39
В	37	40	38	40	75	80
AB	12	12	10	8	22	20
0	28	31	32	30	60	61

TABLE 2: One Sam	ple Chi-Sc	uare table for association of blo	ood grou	ip freque	ency with DM

		Bloo	Blood Group		
		AB	AB	0	P- value
Males	Expected Frequency of DM Patients	2140	12	31	0.907
	Observed Frequency of DM Patients	2337	12	28	
Females	Expected Frequency of DM Patients	1840	8	30	0.918
	Observed Frequency of DM Patients	2038	10	32	

#### DISCUSSION

The purpose of this study was to find out the association between different ABO blood groups and DM. Results of this study showed no significant association between Blood Groups and DM. These findings are consistent with the findings of several investigators [10-12]. Zeytinoghlu I and Maher showed no significant difference between controls and patients with diabetes mellitus [12,13]. 190 patients with diabetes mellitus were tested for several genetic erythrocyte and serum protein markers, and compared with healthy controls by Dr. K Berg et al. and did not find an association between diabetes mellitus and the ABO system, as reported in earlier literature<sup>[14]</sup>. But Bibawi and Khatwa from Egypt found increased incidence of Group A and AB and a correspondingly lower incidence of B and O blood group in diabetes <sup>[15]</sup>. On the other hand, several investigators observed varying results. Anderson J and Lauritzen E found significant excess of group O among male diabetics. In diabetics female too, there was excess of group O but not significant <sup>[16]</sup>. Jolly JG and Sarup BM et al. Found significant preponderance of group O among diabetic patient [17]. Again W. E. Jassim found significantly higher occurrence of blood group O than other groups in male and female patients in Baghdad,  $Iraq^{[18]}$ . In Tokyo Naoto Egawa *et al.* found that compared with the non-DM group, the DM group had a higher frequency of blood group  $B^{[19]}$ . It is similar to the observation of Joseph A. Buckwalter and Henry et al. who analyzed high incidence of Group B among diabetic patients which were in contrast with other studies done in Iowa city & Basrah city <sup>[20, 21]</sup>. Yet another group of scientists found no difference between the different blood group frequencies in DM patients. In western Algerian population, 280 patients with type 2 diabetes mellitus and 271 healthy controls studied by Dali Sahi M et al. [22] and they confirmed that there was no association between ABO/Rh blood group and diabetes mellitus <sup>[22]</sup>. Rahman M tested 3212 diabetics for ABO blood groups and compared

their frequency with normal (8936) subjects. The data were analysed statistically to detect any possibility of an association between ABO blood groups and diabetes mellitus. No such association was apparent in the subjects studied <sup>[23]</sup>. Kapoor C *et al.* Showed no statistically significant correlation in distribution of blood groups (ABO) and secretor status among diabetics as compared to controls<sup>[24]</sup>. Lamey PJ studied 55 patients with type I diabetics and 50 with type II diabetes & found no significant difference in distribution of ABO blood groups between those with type I and these with type II disease <sup>[25]</sup>.

The association between ABO blood groups and DM is still unclear despite many studies referring to this topic. A burning question still remains -? do the ABO antigens have any association with DM. No study has convincingly explained the mechanisms by which either A or B antigens could modify the risk of DM. More research is needed to resolve this problem.

#### CONCLUSION

Considering all these previous varying results from different part of globe, this study attempted to evaluate the association of ABO blood groups with DM in Udaipur city of Rajasthan. Data on the association between ABO blood type distribution and Diabetes Mellitus from all over the world are conflicting and most of them show no concrete association. From our study we conclude that no association exists between any of the blood group and any type of DM.

#### REFRENCES

- Kumar, V., Fausto, N., Abbas, A.K., Cotran, R.S., Robbins, S.L. (2005) Robbins and Cotran Pathologic Basis of Disease. 7<sup>th</sup> edition, Philadelphia, Pa.: Saunders.: 1194–1195.
- [2]. O'huigen, C. Sato, A. and Klein, J. (1997) Evidence

for convergent evaluation of A and B blood group antigens in primates. *Hum. Genet.*, 101:141-148.

- [3]. Issitt, P. D. and Anstee, D. J. (1999) Applied Blood Group Serology. Fourth Edition Montgomercy. Scientific Publications, 218-246.
- [4]. Buford-Mason, A. P., Weber, J. C., Willoughby, I. M. (1988) Oral Carriage of Candida albicans, ABO blood group and secretor status in healthy subjects. J. Med. Mycol., 26(1):49-56.
- [5]. Mohan, V., Sandeep, S., Deepa, R., Shah, B. Varghese, C (2007) Epidemiology of type 2 diabetes Indian scenario. Indian J Med Res., 125:217-230.
- [6]. McConnell, R.B., Pyke, D.A., Fraser Roberts, J.A. (1956) Blood Groups in diabetes mellitus. Br Med. J., 1956; 1(4970): 772–776.
- [7]. Tedeschi, G., Cavazzuti, F., (1959) Casuistic contribution on the study of the relations between DM and the ABO blood group. Prog Med (Napoli), 15(3):76-82.
- [8]. Sidhu, L.S., Malhotra, P., Singh, S.P. (1988) ABO and Rh blood groups in diabetes mellitus. 46 (3): 269-275.
- [9]. Koley, S. (2008) The Distribution of the ABO Blood Types in Patients with Diabetes Mellitus. Anthropologist, 10(2):129-132.
- [10]. Sidhu, L.S., Malhotra, P., Singh, S.P. (1998) ABO and Rh blood groups in diabetes mellitus. 1988; 46(3): 269-275
- [11]. Koley, S. (2008) The Distribution of the ABO Blood Types in Patients with DM. Anthropologist: 10(2):129-132
- [12]. Zeytinoglu, I. (1956-57) Research on the relation of blood groups (ABO) and Rhesus factor (standard) in diabetes; predominance of group A in certain complications of diabetes; preliminary report. Acta Genet Stat Med., 6(4): 564-566.
- [13]. Maehr, G. (1967) Distribution of ABO blood groups in diabetes mellitus. Wien Klin Wochenschr.,71: 536-538.

- [14]. Berg, K., Aarseth, S., Lundevall, J., Reinskou, T. (1967) Blood groups and genetic serum types in diabetes mellitus. Diabetologia, 3(1): 30-34.
- [15]. Bibawi, E., Khatwa, H.A. (1961) The blood groups in relation to diabetes. J Egypt Med Assoc., 44: 655-659.
- [16]. Andresen J, Lauritzen, E. (1960) Blood groups and diabetes mellitus. Diabetes,9: 20-24.
- [17]. Jolly, J.G., Sarup, B.M., Aikat, B.K. (1969) Diabetes mellitus and blood groups. J Indian Med Assoc., 52(3): 104-107.
- [18]. Jassim, W.E. (2012) Association of ABO blood group in Iraqis with hypercholesterolaemia, hypertension and diabetes mellitus. East Mediterr Health J., 18(8): 18(8):888-891
- [19]. Egawa, N., Lin, Y., Tabata, T., Kuruma, S., Hara, S., Kubota, K. (2013) ABO blood type, long-standing diabetes, and the risk of pancreatic cancer. World J Gastroenterol., 19(16): 2537-2542.
- [20]. Buckwalter, J.A. (1964) diabetes mellitus and the blood groups. Diabetes, 13:164-168
- [21]. Henry, Mervyn U., King, P., Theodosius, M.W. (1961) Blood groups in diabetes: a preliminary survey in south Trinidad. West Indian Med J; 10(3):156-160.
- [22]. Dali Sahi, M., Aour Metri, A. (2011) Belmokhtar relationship between ABO/rhesus blood groups and type 2 diabetes mellitus in Maghnia, western Algeria. S Afr Fam Pract., 2011; 53(6): 568-572.
- [23]. Rahman, M. (1976) Non-association of ABO blood groups with diabetes mellitus in bangladesh. Bangladesh Med Res. Counc. Bull., 2(2):144-146.
- [24]. Karpoor, C., Shettar, S.S. (2012) Distribution of Blood Groups among Patients with Diabetes Mellitus and their Secretor Status. Ind J of Pub Health Res & Dev.,3(1): 66-69.
- [25]. Lamey, P.J., Samaranayake, L.P., MacFarlane, T.W. (1987) Secretor state of patients with insulin dependent andnon insulin dependent diabetes mellitus. Br Med J (Clin Res Ed), 1987; 295(6612):1563.