# SUMMARY

Diabetes is the single most common cause of end-stage renal disease and therefore the most common cause of renal anemia. Anemia is more common in patients with diabetes than without diabetes.

Diabetic patients with anemia may be at increased risk of adverse outcomes from diabetic retinopathy, nephropathy, neuropathy, and cardiovascular disease.

The etiology of anemia in diabetes is multifactorial and includes inflammation, nutritional deficiencies, concomitant autoimmune diseases and drugs it has recently become clear that the failure to increase circulating erythropoietin concentrations in response to falling hemoglobin levels is the dominant factor in the genesis of anemia associated with diabetic nephropathy.

In early diabetic nephropathy, damage to the peritubular fibroblasts can occur and lead to erythropoietin deficiency and anemia prior to the loss of filtration.

Correction of the anemia not only leads to less fatigue, greater exercise tolerance, and an improved quality of life but also to a reduction in mortality and hospitalizations.

So diagnosing and treating anemia in patients with diabetes may result in an improved quality of life and decreased morbidity and mortality.