Introduction and Aim of the work

Clinical evidence of autonomic neuropathy in patients with diabetes is associated with increased mortality (Ewing et al., 1976). Many of these deaths are sudden and may be due to myocardial ischaemia (Ewing et al., 1980).

Heart disease is a major cause of mortality and morbidity in diabetic patients, also coronary artery disease is more common in diabetic patients (Jarret, 1984).Silent myocardial infarctions are common and myocardial ischaemic episodes often tend to be asymptomatic in diabetic patients (Chairiolla et al., 1985).

Niakan et al., 1986 reported that asymptomatis (silent) myocardial infarction is more common in diabetic patients with autonomic neuropathy than in those without neuropathy.

Silent ischaemia may be the only manifestation of coronary artery disease in diabetic patients with autonomic neuropathy (O'sullivan et al., 1991), so non invasive tests have been recommended to detect asymptomatic coronary artery disease. Koistinen et al., 1990 have evaluated the usefulness of thallium tomographic imaging and exercise electrocardiography for detecting coronary artery disease in a population of diabetic patients without symptoms of heart disease. Also, Eriksson,

1987 drew attention to the prognostic significance of asymptomatic ischaemic changes detected by exercise testing.

Aim of the work :

The aim of this work is to study the effect of diabetic neuropathy on the exercies E.C.G., parameters and echocardiographic parameters in diabetic patients.