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Introduction

- pre-diabetes.
- tolerance test, or HbA1c.
- years prior to type 2 diabetes (T2D) diagnosis.²
- potential marker for T2D risk, especially normal or in the low pre-diabetic range.^{2,3,4}

assess predictive value of fasting insulin with fasting glucose in T2D conversion risk after 5 years.

fasting insulin quartile data was analyzed on year 25 and 30 from the Young Adults (CARDIA) cohort



Fasting Insulin as an Early Predictor for Type 2 Diabetes: CARDIA Cohort Analysis

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Methods/Results

	Early Pre- diabetic					95% CI	
tiles	Raw Data Q4	Raw Data Q1	Proportions (% Q4	Proportions (%) Q1	P-Value	Lower (%)	Upper (%)
1	36/51	1/51	70.6	2	<0.0001	52.64	79.43
2	36/51	5/51	70.6	9.8	<0.0001	43.21	72.85
3	36/51	8/51	70.6	15.7	<0.0001	36.55	67.98
1+Q2	44/51	2/17	86.3	11.8	<0.0001	57.8	83.83

Discussion

 There was a 10% 5-year T2D risk for early pre-diabetics when using fasting glucose alone vs. 16% 5-year T2D risk for Q4 when using fasting insulin alone. • Along with a 17% 5-year T2D risk for early pre-diabetics + Q4 fasting insulin

• For patients in early prediabetes group that developed T2D after year 5, 71% of them were in Q4 and 86% from Q3+Q4. This study is limited by sample size and inability to exclude participants pregnant in the study.

Conclusion

 Early prediabetic patients who converted to T2D were more likely to have elevated insulin levels 5 years prior to diagnosis.

 Using fasting insulin increased 5-year risk predictability for early pre-diabetics (10% vs. 17%).

 It is conceivable utilizing fasting serum insulin can enhance screening of prediabetic to T2D conversion rather than using glucose alone.

 Suggestions for future studies on using fasting serum insulin to assess patient risk of conversion from pre-diabetes to T2D versus using glucose alone.

References

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