

Documents

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Early screening of prediabetes: Is there a role for a 1-hour plasma glucose level during the oral glucose tolerance test? [Dépistage précoce du prédiabète: y a-t-il une place pour une mesure de la glycémie à la 60e minute d'un test de surcharge orale en glucose ?]

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Abstract

Prediabetes is a highly prevalent metabolic disorder. Screening is mandatory, since this condition is associated, in the absence of treatment, with an increased risk of developing diabetes and related complications, in particular cardiovascular. Diagnosis of prediabetes is currently based on glycemic criteria (fasting plasma glucose and/or glycemia at 120 min of a 75-gram oral glucose tolerance tests [OGTT] and/or the glycated hemoglobin [HbA1c]). Substantial recently published data suggests that diagnosis of prediabetes based on current criteria is already "delayed" in the natural evolution of dysglycemia. In contrast, a glucose level greater than 155 mg/dL (8.6 mmol/L) at 60 minute of the OGTT could be an earlier marker for risk of hyperglycemia than the 120 minute value, in individuals with normal glucose tolerance, before "prediabetes" is detected as conventionally defined. This parameter is also associated with better performance in terms of prediction of diabetes, macroangiopathy and mortality, when compared with conventional tests. The 1-hour postload OGTT could therefore replace current criteria for diagnosis of early metabolic abnormalities, in particular in the presence of discordant results from traditional first line tests (fasting glucose and HbA1c), leading to a more rapid therapeutic intervention. © 2020 Elsevier Masson SAS

Index Keywords

hemoglobin A1c; dysglycemia, human, hyperglycemia, impaired glucose tolerance, mortality, Note, oral glucose tolerance test, screening, vascular disease

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