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Is it time to redefine diabetes? The Prediabetes controversy

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Type 2 Diabetes mellitus (T2DM) is one of the major known health hazards that causes increasing morbidity, mortality, and poor quality of life as well as increasing healthcare expenditure. Emirates hospital group, UAE. Diagnostic thresholds to define T2DM was laid by different international, regional, and local organizations utilizing the fasting plasma glucose (FPG), two hours plasma glucose (2-H PG) during a 75 G oral glucose tolerance test (OGTT), or glycated hemoglobin (HbA1c). Variations among different defining bodies remain minimal and there is a clear link to the threshold levels utilized to an adverse clinical outcome. Among the recognized risk factors for developing T2DM is a state of dysglycemia that does not yet meet the defining thresholds for T2DM. This is known as prediabetes. Prediabetes state does not only increase the risk of transformation into a full blown T2DM but also thought to be associated with different T2DM microvascular and macrovascular complications. We hereby suggest redefining T2DM diagnostic threshold values to include what is currently defined as prediabetes, especially when it is associated with other known risk factors for developing T2DM: visceral obesity, diabetic pattern dyslipidemia, metabolic syndrome, or polycystic ovary syndrome (PCOS). We believe that prediabetes, in such conditions, is indeed T2DM, and not a precursor of which, yet in a subclinical/ latent stage as per our current defining thresholds. With the recent advancement in treating T2DM aiming at preventing its complications as opposed to the previous glucocentric management, we believe that redefining T2DM at a lower threshold is clinically warranted as a priority.

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