



Oral Glucose Tolerance Test (OGTT) as a useful tool for early diagnosis of Type 2 Diabetes mellitus and prediction of metabolic risks in children and adolescents.

Eirini Kostopoulou¹, Maria Tikka¹, Andrea Paola Rojas Gil², Ioanna Partsalaki¹, Bessie Spiliotis¹

¹ Paediatric Endocrine Research Laboratory, Division of Paediatric Endocrinology and Diabetes, Department of Paediatrics, University of Patras School of Medicine, Patras, Greece

² University of Peloponnese, Department of Nursing, Sparta, Greece.

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INTRODUCTION/OBJECTIVES

Type 2 Diabetes Mellitus (T2DM) and obesity represent two major health hazards in children and adolescents, with rising prevalence^{1, 2}. Several markers have been developed in order to diagnose T2DM and detect potential metabolic abnormalities. The objective of the study was to examine glucose tolerance in Greek children and adolescents and the differences in the glucose, insulin and c-peptide response curves between male and female children and adolescents during an OGTT. Also, to examine the association between the OGTT measurements and parameters, such as the gender, obesity, prediabetes, a family history of T2DM or hyperlipidaemia, and pubertal staging.

METHODS

A 3-hour OGTT was conducted in 89 obese or overweight children and adolescents and glucose, insulin and c-peptide concentrations were measured at seven time points.

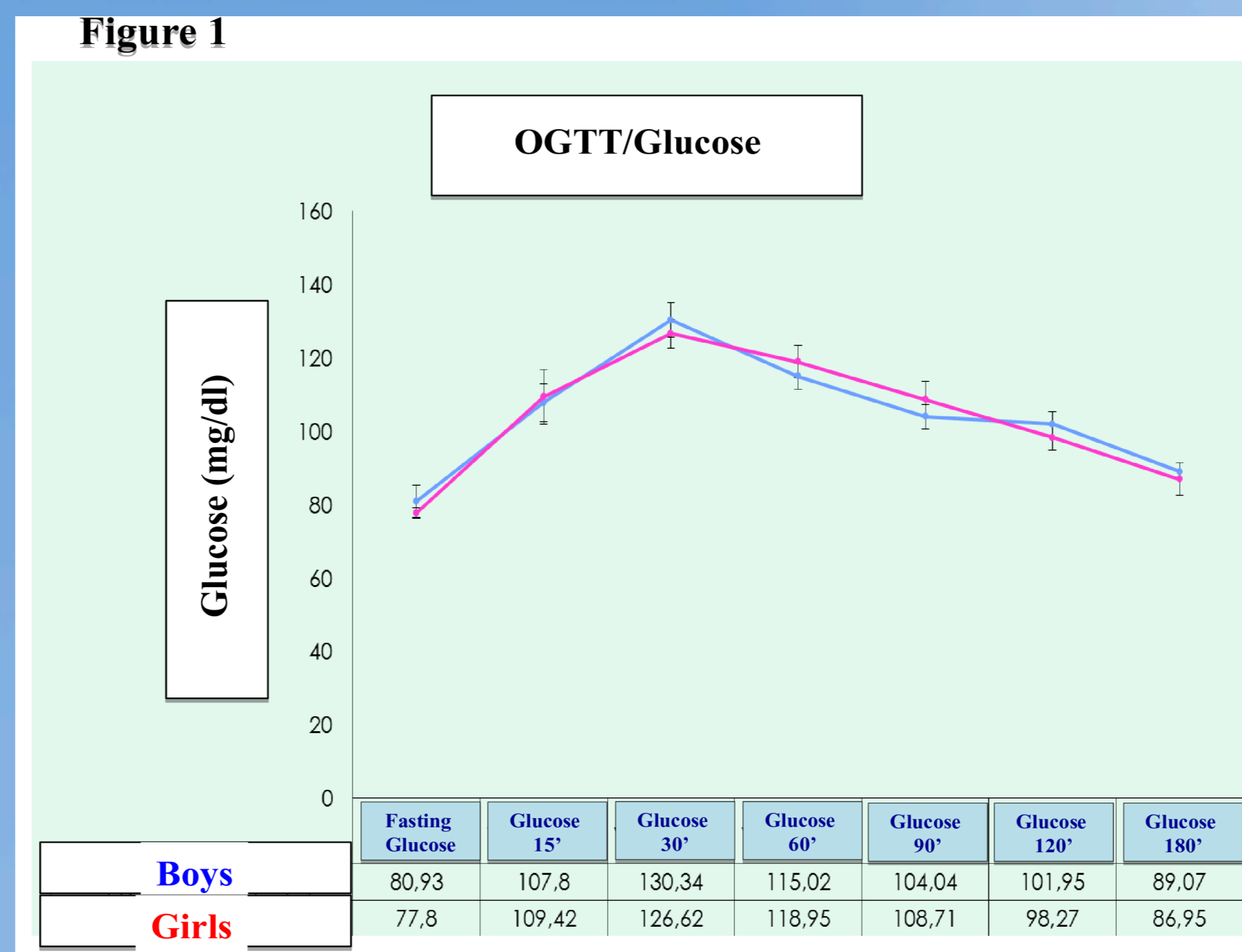
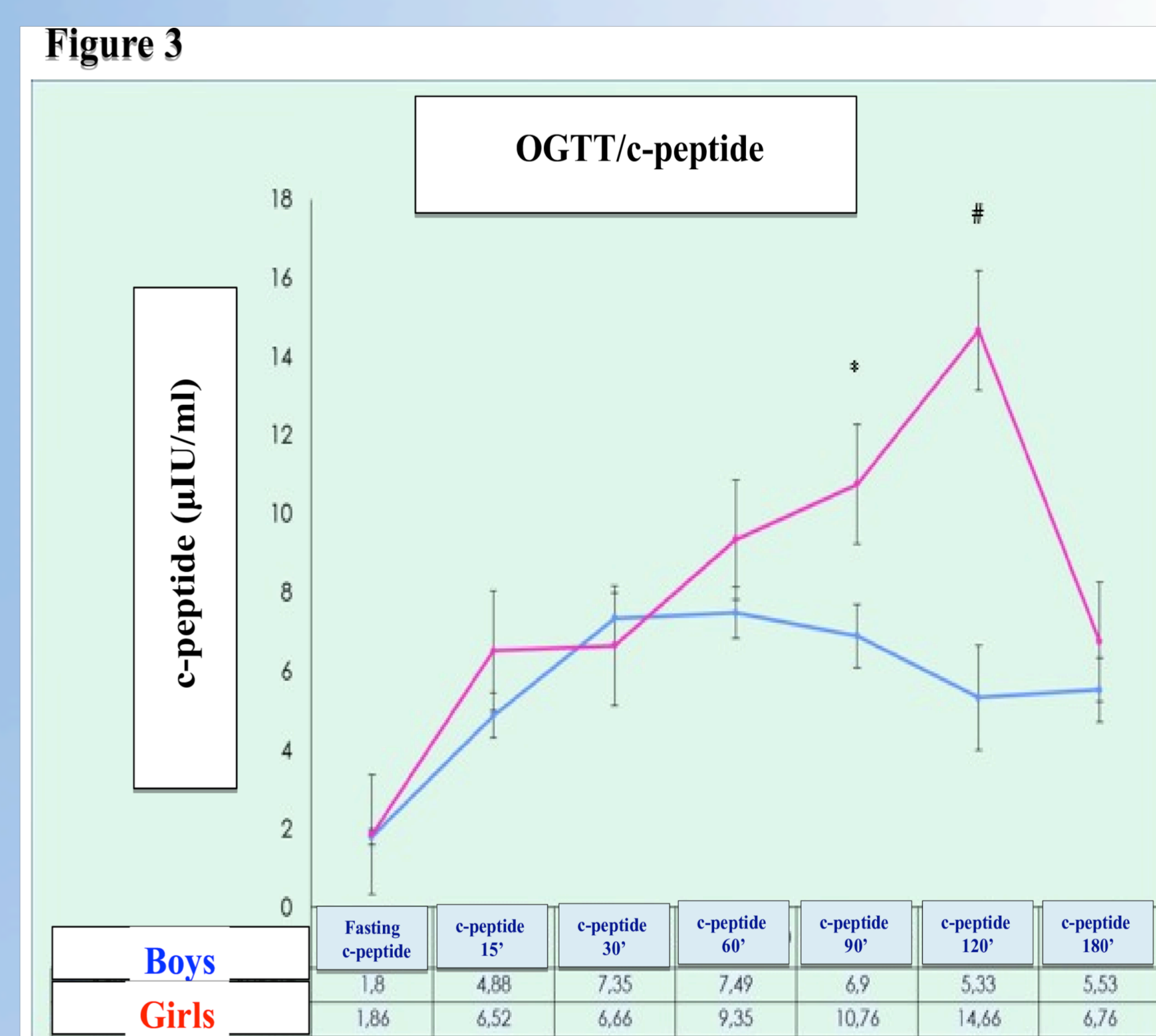
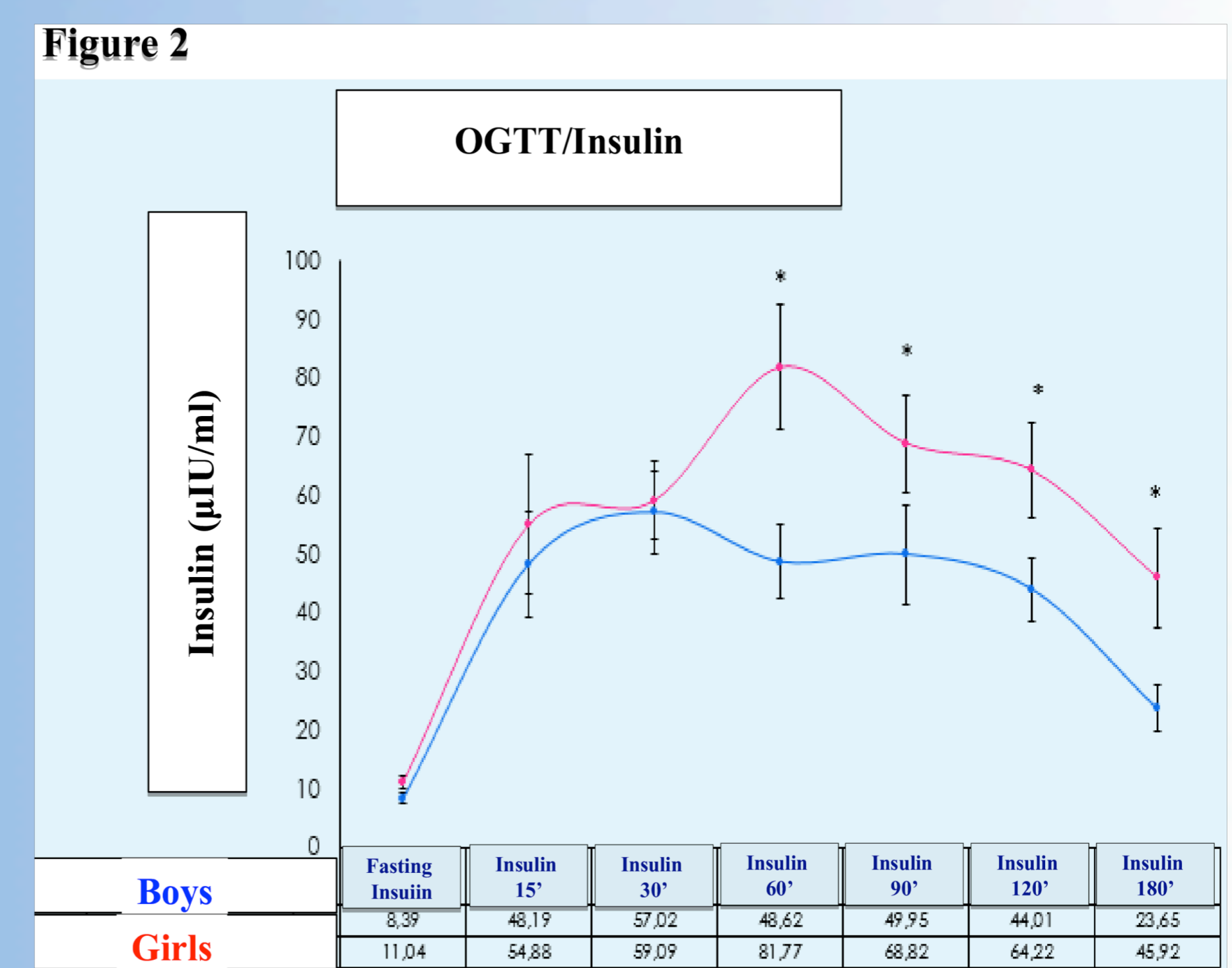


Figure 1. Mean glucose values during OGTT in boys and girls. No statistically significant differences were noticed.

Figure 2. Mean insulin values during OGTT in boys and girls. Statistical significance is depicted with * (p<0.05).

Figure 3. Mean c-peptide values during the first OGTT in boys and girls. Statistical significance is depicted with # (p<0.05).



OGTT	Boys (mean±SD)	Girls (mean±SD)
Number (N)	44	45
Age (years)	12,15±3,097	12,24±2,96
BMI	25,94±4,74	26,98±4,86
BMISDS	2,3±0,98	2,263±0,923
IGF-1	393,82±218,92	641,64±306,65
TSH	1,8±0,93	1,45±0,814
HbA1c (%)	5,18±0,5	5,08±0,39
Total Cholesterol	161,6±35,5	162,06±29,15
LDL	95,67±31,54	102,31±25,35
HDL	49,2±13	46,75±10,75
Triglycerides	78±48,04	77,91±34,21
SGOT	30,43±26	22,77±7,28
SGPT	20,8±5,98	17,75±5,06
Uric acid	4,43±1,14	4,5±1,11
Urea	29,36±6,09	26,04±4,7
Creatinine	0,67±0,15	0,63±0,11
HMW adiponectin	1,986±1,646	3,122±2,277
HOMA-IR	1,59±1,01	2,085±1,22
IGI30	2,6±10,72	1,11±1,42
WBISI	8,58±5,33	7,99±9,18

OGTT	Boys	Girls	p-value
N	44	45	NS
OGTT/Glucose	Mean±SD		
0'	80,93±9,06	77,8±10,05	0,057
15'	107,8±23,25	109,42±34,54	NS
30'	130,34±33,81	126,62±25,35	NS
60'	115,02±30,65	118,95±28,98	NS
90'	104,04±22,4	108,71±31,78	NS
120'	101,95±21,66	98,27±22,76	NS
180'	89,07±22,83	86,95±28,18	NS
OGTT/Insulin	Mean±SD		
0'	8,39±6,14	11,04±6,68	0,024
15'	48,19±45,02	54,88±54,37	NS
30'	57,02±44,25	59,09±42,75	NS
60'	48,62±41,72	81,77±71,33	0,004
90'	49,95±56,44	68,82±54,46	0,06
120'	44,01±35,77	64,22±54,19	0,021
180'	23,65±26,51	45,92±55,46	0,01
OGTT/c-peptide	Mean±SD		
0'	1,8±0,79	1,86±0,7	NS
15'	4,88±2,30	6,52±4,03	NS
30'	7,35±2,63	6,66±2,22	NS
60'	7,49±2,65	9,35±2,76	0,0034
90'	6,9±3,23	10,76±4,11	0,017
120'	5,33±2,3	14,66±5,68	0,017
180'	5,53±3,24	6,76±2,66	NS

Independent Sample test	Weight status		Overweight		Obese		
	p-value	Mean	SD	Mean	SD		
C-peptide (180')	0,015	8,4	2,67	5,28	2,76		
HDL	0,007	55,47	12,68	45,79	10,66		
BMISDS	0,000	1,06	0,585	2,62	0,65		
Prediabetes	p-value	Yes	Mean	SD	No	Mean	SD
		Glucose (60') (mg/dl)	0,039	151,66	13,05	115,75	29,39
Glucose (90') (mg/dl)	0,000	156,25	24,28	103,88	25,22		
Glucose (120') (mg/dl)	0,000	144,66	13,05	98,42	20,7		
Glucose (180') (mg/dl)	0,001	124,25	33,51	84,98	22,75		
FH T2DM	p-value	Yes	Mean	SD	No	Mean	SD
		C-peptide (0')	0,039	1,581	0,689	2,158	0,698
C-peptide (30')	0,000	5,743	1,677	9,25	0,608		
C-peptide (60')	0,009	7,211	2,467	10,02	2,528		
FH Hypercholesterolaemia	p-value	LDL	0,022	119,11	25,525	95,811	28,196
		Tanner stages		Mean±SD		Stages comparison	p-value
HOMA-IR	I	1,21±0,612		Tanner I vs III	0,037		
	III	2,35±1,24		Tanner I vs IV	0,003		
	IV	2,42±1,31					
Insulin (0')	I	6,24±4,11		Tanner I vs IV	0,000		
	II	7,89±4,28		Tanner II vs IV	0,019		
	IV	14,18±7,8					
Glucose (120')	II	112,25±24,28		Tanner II vs IV	0,046		
	IV	91,31±17,59					

Table 1. Epidemiological, biochemical and insulin-sensitivity markers in boys and girls who underwent an OGTT. (SD: standard deviation)

Table 2. Mean glucose, insulin and c-peptide values in boys and girls during OGTT. (SD: standard deviation, NS: no statistical significance)

Table 3. Parameters that differed with statistical significance in children and adolescents who underwent an OGTT, with or without obesity, prediabetes, a family history of T2DM, a family history of dyslipidaemia and at different pubertal stages. The independent sample test was used. (SD: standard deviation)

RESULTS

No significant differences were observed during the OGTT in mean glucose values between boys and girls. However, insulin and c-peptide concentrations were higher in the girls from T=60 min to T=180 min. HOMA-IR was also higher in the girls, whereas IGI₃₀, a marker of beta-cell function, was lower. In patients with prediabetes, glucose concentrations were higher from T=60min to T=180min of the OGTT.

CONCLUSIONS

Our results show that overweight or obese girls may be at higher risk for future insulin resistance or beta-cell dysfunction. Also, not only the baseline and 2-hour measurements, but also the T=60, 90 and 180 min measurements during the OGTT may be useful for diagnosing T2DM and predicting future metabolic risks in children and adolescents who are overweight or obese.

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