Postprandial Glucose Levels Tied To CVD Risk in Type 2 Diabetes

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SEATTLE — Postprandial glucose levels seem to play an important and often overlooked role in cardiovascular disease in type 2 diabetes patients, Dr. Richard Hellman said at the annual meeting of the American Association of Clinical Endocrinologists.

“If you don’t look at the postprandial events, you probably are not going to be successful in bringing the [HbA1c] levels into the target range that any of us would consider appropriate,” said Dr. Hellman, who is an endocrinologist at the University of Missouri–Kansas City and the president of the AACE.

Both the contribution of postprandial hyperglycemia and the cardiovascular risk decrease along a continuum, so the lower the HbA1c level, the lower that patient’s cardiovascular risk will be.

However, as patients come under better glucose control, postprandial glucose accounts for a greater contribution.

For example, the study findings showed that when the HbA1c level is 8.5%–9.2%, postprandial hyperglycemia accounts for a little less than 50% of the HbA1c level, but when the HbA1c is lower than 7.3%, postprandial hyperglycemia accounts for about 70% (Diabetes Care 2003;26:881-5).

“I think this was a profound observation,” Dr. Hellman said. Current data from a number of different surveys suggest that, overall, the lipid and glucose levels of patients with type 2 diabetes are not well managed, and that in recent management has been getting worse, according to Dr. Hellman.

One of those studies recently reported that glycemic control (defined as an HbA1c level below 7%) was being achieved in only 36% of type 2 diabetes patients, compared with 45% of patients in the early 1990s (Diabetes Care 2004;27:17-20).

The optimal way for type 2 diabetes patients to achieve glycemic control—and thereby reduce their cardiovascular risk—is to adopt a multifactorial approach to management, according to the study, which is well controlled, the largest contribution to the HbA1c level is from fasting glucose.

Annual Screen for Kidney Disease Is Essential in Diabetic Patients

ORLANDO — Every patient with type 1 or type 2 diabetes should be screened annually for the presence of diabetic kidney disease, according to comprehensive guidelines developed by the National Kidney Foundation as part of its Kidney Disease Outcomes Quality Initiative.

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The clinical practice guidelines offer ‘simple, clear messages about managing risk factors not only for kidney disease but also for cardiovascular disease,’ Dr. Katherine R. Tuttle said at a meeting that was sponsored by the National Kidney Foundation.

The working group that draft- ed the guidelines included representatives of the American Diabetes Association, the American Heart Association, and the American College of Physicians, as well as the NKF.

An estimated 21 million people in the United States have diabetes and over half of them have kidney disease damage. The incidence of diabetic kidney disease is expected to double by the year 2030.

The guidelines recommend measurements of urinary albumin-to-creatinine ratio in a spot urine sample, and measurement of serum creatinine to estimate the glomerular filtration rate.

“We recommended a spot urine sample rather than 24-hour urine collection so that this [measurement] can actually be done in an internist’s or other primary care provider’s office. Plus, it’s cheap,” said Dr. Tuttle, who is the medical and scientific director of research at Prov- idence Medical Research Center, Spokane, Wash.

Screening is essential because strategies that slow or prevent chronic kidney disease and its complications are available. “Sim- ple, clear messages are very powerful. And that’s what we’re after,” she said.


—Fran Lowy