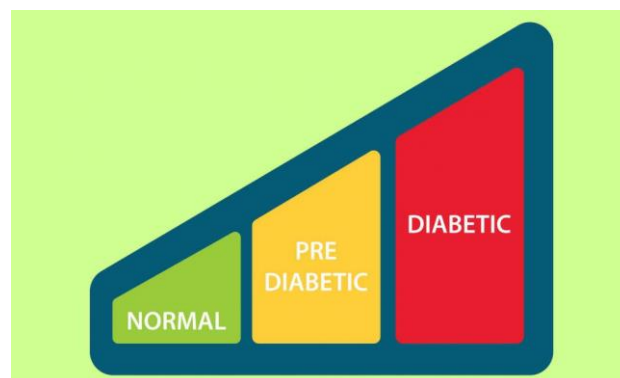


Editorial Note

Saptak Sammader, Vellore Institute of Technology, Applied Sciences, West Bengal, India

email: saptak69@gmail.com

The problem of 'prediabetes'. This edition of AJDM contains a very interesting article by Dr. T Jaja and colleagues from Nigeria, concerning the problem of 'prediabetes' in secondary school students. They found that impaired fasting glycaemia (IFG) occurred in 17%. Of these, a subgroup underwent oral glucose tolerance testing, and 15% had impaired glucose tolerance (IGT). These prediabetic states were, as perhaps expected, associated with obesity and a family history of diabetes. What is prediabetes and what is its significance? It is generally thought that the term includes patients with IFG and/ or IGT, and that it carries a high risk of progression to type 2 diabetes, and may also be an independent vascular risk factor. An immediate difficulty is that definitions of IFG vary. In particular, the American Diabetes Association (ADA) recommends a fasting glucose range of 5.6 to 6.9 mmol/l rather than the World Health Organization (WHO) levels of 6.0 to 6.9 mmol/l for the diagnosis of IFG. More recently, glycated haemoglobin (HbA1c) has been used for the definition of prediabetic states, and again there is discrepancy between ADA (5.7 to 6.4%) and WHO (6.0 to 6.4%) definitions. The lower ADA definitions have significant implications for the numbers diagnosed with states of intermediate glycaemia, and there has been recent debate as to whether these low criteria are realistic or adequately evidence-based.¹



The article from Nigeria in this issue of the AJDM is a good example of the problems these varying definitions may cause. These workers used American criteria, and showed an IFG prevalence of 17%, but using WHO criteria it was only 4%. Prediabetes is a useful term for identifying those at risk from type 2 diabetes, and they are a good group to target healthy living education. However, we urgently need a globally agreed definition.

