COMMENTS AND RESPONSES

Progression From Newly Acquired Impaired Fasting Glucose to Type 2 Diabetes

Response to Dinneen and Rizza

n response to our report on progression from impaired fasting glucose to diabetes (1), Dinneen and Rizza (2) note that they had previously demonstrated a clear gradation of risk of progression to diabetes among nondiabetic individuals with baseline fasting plasma

glucose (FPG) <100 mg/dl (3). They express interest in knowing whether this observation can be replicated in our data. Unfortunately, the study in question did not include individuals with normal fasting glucose. However, in a related study previously reported in Diabetes Care (4), we identified over 28,000 health plan members with baseline FPG under 100 mg/dl on whom such analyses are possible. We are currently preparing a manuscript that will fully address this important issue and are therefore precluded from reporting that data here. Nevertheless, we concur with Dinneen and Rizza (2) that the relative risk of diabetes likely increases with rising fasting glucose even at apparently normal FPG

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DOI: 10.2337/dc07-0638

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