RESPONSE TO COMMENT ON ANJANA ET AL.

Incidence of Diabetes and Prediabetes and Predictors of Progression Among Asian Indians: 10-Year Follow-up of the Chennai Urban Rural Epidemiology Study (CURES). Diabetes Care 2015;38:1441–1448

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We thank Dutta and Mukhopadhyay (1) for their comments on our recent article (2). We agree that prediabetes in Asian Indians is increasing dramatically. The Indian Council of Medical Research–India Diabetes (ICMR-INDIAB) national study reported that 77.2 million people in India had prediabetes in 2011 (3).

In the 10-year follow-up of the Chennai Urban Rural Epidemiology Study (CURES), we found that while 58.9% of individuals with prediabetes progressed to diabetes, 17.4% reversed back to normal glucose tolerance and 23.7% remained in the prediabetes stage (2). Thus, unless effective prevention strategies are put into place, the numbers of people with diabetes will continue to rise rapidly, thus adding to the burden of the disease in India. Luckily, there is also strong evidence supporting the effectiveness of lifestyle interventions, including healthy diet and physical activity, in preventing the progression to diabetes (3). Recently, our group in collaboration with Venkat Narayan's group at Emory University in Atlanta, GA, evaluated the effectiveness, cost-effectiveness, and sustainability of a culturally appropriate, low-cost, and sustainable lifestyle intervention for the prevention of diabetes in India, called the Diabetes Community Lifestyle Improvement Program (D-CLIP), among individuals with prediabetes (4). Admittedly, carrying out such prevention programs is particularly challenging in rural areas of developing countries. However, the Chunampet Rural Diabetes Prevention Project (CRDPP) demonstrated that a comprehensive diabetes screening, prevention, and treatment program can be developed using a combination of telemedicine and personalized care (5).

Undoubtedly, introducing aggressive lifestyle intervention along with metformin when indicated in people with prediabetes is the need of the hour if the epidemic of diabetes is to be slowed down.

Duality of Interest. No potential conflicts of interest relevant to this article were reported.

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