



RESPONSE TO COMMENT ON JAISWAL ET AL.

# Prevalence of and Risk Factors for Diabetic Peripheral Neuropathy in Youth With Type 1 and Type 2 Diabetes: SEARCH for Diabetes in Youth Study. *Diabetes Care* 2017;40:1226–1232

*Diabetes Care* 2018;41:e37 | <https://doi.org/10.2337/dci17-0058>

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We thank Simoneau et al. (1) for their comment on our article (2). In the SEARCH for Diabetes in Youth study, our primary aim was to evaluate the prevalence and risk factors for diabetic peripheral neuropathy (DPN) in youth and adolescents with type 1 and type 2 diabetes. We used the validated Michigan Neuropathy Screening Instrument (MNSI) to assess the burden of DPN in this large cohort because it is a simple measure to assess peripheral neuropathy. As vibration perception is an integral component of the MNSI examination for each subject, we also analyzed the frequency of reduced vibration perception (vibration perception score of  $\geq 0.5$ ) in our cohort. We found that 34% of the 258 subjects with type 2 diabetes and 24% of the 1,734 subjects with type 1 diabetes had evidence of subclinical DPN based on abnormal vibration perception. Furthermore, a higher vibration perception score was associated with risk factors such as increased age,

longer duration of diabetes, smoking, and female gender in subjects with type 1 diabetes and type 2 diabetes.

Regarding the prevalence of DPN, the comparison of our estimates with those reported by the authors (1) in their small cohort is not appropriate because of the difference in age, diabetes duration, and profile of other risk factors between the two cohorts. We agree that evidence of the effect of multifactorial interventions on DPN cited by the authors is weak, which could be due to several reasons, including the advanced stage of neuropathy in older adults with long-standing diabetes. We maintain, however, that interventions targeting modifiable risk factors in youth and adolescents could potentially reverse the early nerve damage in this young cohort. Our contention is supported by the recent American Diabetes Association guidelines on the treatment of diabetic neuropathy that propose correction of modifiable risk

factors in the treatment of diabetic neuropathy (3).

**Funding.** The SEARCH for Diabetes in Youth Cohort Study is funded by the National Institutes of Health National Institute of Diabetes and Digestive and Kidney Diseases (1UC4DK108173-01) and supported by the Centers for Disease Control and Prevention.

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

## References

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