



RESPONSE TO COMMENT ON NORHAMMAR ET AL.

# Undetected Dysglycemia Is an Important Risk Factor for Two Common Diseases, Myocardial Infarction and Periodontitis: A Report From the PAROKRANK Study. *Diabetes Care* 2019;42:1504–1511

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We are grateful for the interest in our article (1) and the well-taken question raised by Li et al. (2). In previous reports from our group (3,4) we underlined that classification as impaired fasting glucose (IFG) will miss a large proportion of patients with dysglycemia (impaired glucose tolerance [IGT] and newly detected diabetes) disclosed by 2-h glucose levels after an oral glucose tolerance test. Moreover, we noted that, in the presence of a postload glucose level, fasting glucose and IFG did not contain any independent prognostic information regarding future cardiovascular mortality or morbidity (5,6). Based on these findings, we categorized the patients as having IGT or new diabetes according to the 2-h glucose level after an oral glucose tolerance test. A further reason was that IFG and prediabetes have no ICD codes in the Swedish medical reporting system. Thus, we did not focus on reporting or excluding IFG.

In the near future we will obtain additional long-term cardiovascular outcome data on the PAROKRANK cohort and will then include IFG as a prognostic marker for cardiovascular disease and also analyze how IFG interacts with periodontitis in patients and control subjects.

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

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