



The Medical **Bulletin**

Investigation Corner

1. Type 2 diabetes ,the most common form, often develops slowly and may be present for years before blood glucose attains concentrations that cause the characteristic symptoms of polyuria ,polydipsia.
2. The current testing strategies the FPG and 2-hour OGTT and hemoglobin A1c(HbA1c) have limitations. Both FPG and the OGTT require fasting ,reducing theirs for “opportunistic screening” The OGTT also requires substantial pre-test preparation ,and is unpleasant for many people. HbA1c is highly dependent on normal RBC turnover, meaning that the test is in valid with hemolytic conditions.
3. There is growing interest in a glycatedprote in as say that might minimize the limitations of glucose testing butals obe independent of RBCs . Glycated albumin, a measure of glycemia over the prior 2 to 3 weeks ,would seem to be a good candidate.
4. A can be used for patients with an emia or hemoglobinopathies for whom the clinically measure the myoglobin A1c level maybe inaccurate.
5. Sensitivity was low to moderate ,depending on the comparatortest ,but specificity was 0.98 or above ,suggesting the test would be excellent for ruling indiabetes – Fanget
6. The lack of dependence of glycated albumin on normal RBC turn over is potentially a great advantage .However ,the analyte also depend on serum concentrations of albumin ,which may be low in some populations in whom HbA1c is not valid.
7. The glycated albumin has great potential for use in diagnosing diabetes and in following glycemic control in those with diabetes .It remain snow for researchers to determinerational diagnosticto under take translational studies to demonstrate whether this assay truly overcomes the limitations of current strategies and will improve care for people with diabetes.

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