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ABSTRACT BOOK

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EPIDEMIOLOGY

($p=0.018$); however, in year 2000 the incidence rate between the older (22-39 years) and younger age groups (0-21 years) was not different ($p=0.583$). In conclusion, our data suggests that there has been a shift in incidence in year 2000 to younger age-groups. Our registry provides unique information about type 1 diabetes in this population.

2219-PO

Early Prediabetes Diagnosis in Asymptomatic Patients before and after the "Clinical Practice Recommendations 2004" of the American Diabetes Association

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One of the biggest challenges to prevent the type 2 diabetes (DM2) is the early and the accurate prediabetes (preDM) (GB) diagnosis. The basal glucose (GB) disadvantages are already known by everyone, also the oral glucose tolerance test (OGTT) with this aim; there are not so many researches about the glycosylated hemoglobin (A1C) level that would belong to the preDM diagnosis even though there's some type 1 diabetes values that indicate the A1C=5.7% could belong to the GB=126 mg/dL.

So far the preDM early diagnosis in clinic has been done by IFG more than once, A1C<7.0% and by some cardiovascular risk factors (CVRF) in the suspect patients. Testing the homocysteine (Hcy) levels as a CVRF because of its relation with some pathology that are observed in the DM2 such as inflammation, pre-clotting, changes in fibrinolysis, blood pressure, and etc. We have proven that the levels fluctuate during the insulin action we have also proven that the Hcy>10 $\mu\text{mol/L}$ (Hcy>10) fasting values indicate with so much precision the preDM's early presence.

In a group of 53 asymptomatic patients of the both sexes (33,66% men) that were subjected to "screening" with Hcy>10, it has been obtained a percentage of risk's pathology very similar to the one we have obtained after doing the screening with an A1C=5,8-6,9%. The risk markers have been: insulin>14 $\mu\text{U/mL}$; RI HOMA>3,8; RI BETA>5,9%; QUICKI>0,36; BMI \geq 25 kg/m^2 ; waist circumference \geq 102 cm (men) and \geq 88 cm (women), LDL/HDL>3,3; triglycerides>150 mg/dL; cholesterol>200 mg/dL; globulins α_2 >0,8 g/dL and cholinesterase>16200 U/L.

Comparing in the mentioned group the ADA's 2004 recommendations (preDM: GB=100-125 mg/dL) with preDM if GB=110-125 mg/dL, OGTT=140-199 mg/dL, A1C=5,8-6,9%, A1C=6,0-6,9%, Hcy>10 or GB=100-125 (in Hcy>10), we have obtained the following values:

TEST	preDM DETECTION (%)
GB 100-125	52,82
GB 110-125	26,42
OGTT 140-199	36,17
Hcy>10	71,40
GB 100-125 (Hcy>10)	59,09
A1C 5,8-6,9	65,22
A1C 6,0-6,9	60,78

2220-PO

Baseline Fulfillment of the European Diabetes Policy Group Criteria in a Type 2 Diabetic Spanish Population from the ECLA Observational Study

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Our objective is to evaluate the fulfillment with the European Diabetes Policy Group (EDPG, 1999) guidelines regarding metabolic control in a population of patients with diabetes whose data were collected for an observational study carried out in Spain. The study was designed to evaluate the effectiveness of pioglitazone (PIO) in combination with sulphonylureas (SUs) or metformin (MET) and that of SU+MET with respect to hemoglobin A_{1c} (A1C), fasting plasma glucose (FPG), triglycerides (TG), total cholesterol (TC), LDL-cholesterol (LDL-c) and HDL-cholesterol (HDL-c). We conducted a one-year, Phase IV, multicenter, observational, prospective, non-interventional study according to Spanish regulations and the Ministry of Health Guidelines. Baseline data from 2456 patients were obtained. Nine hundred and ten patients (37%) started treatment with PIO+SU, 765 (31.2%) with PIO+MET and 781 (31.8%) with SU+MET. Patients with PIO usually received a once a day dose of 30 mg (85.75%). Mean A1C values were in excess of 6.5% in more than 85% of the patients, with almost 60% of the subjects over 7.5% (microvascular risk). Baseline FPG was over 125 mg/dL in up to 92% of subjects. According to TC values, 59% of the patients were in the microvascular risk area (>230 mg/dL), and 74% of the study population was at risk for macro or microvascular complications according to LDL-c values (>115 mg/dL). Approximately 61% of the subjects had inadequate baseline values for TG, with up to 38.3% of them over

the microvascular complication cut-off value. According to the EDPG criteria, HDL-c values were below the cut-off point for macrovascular disease (54 mg/dL) in up to 26% of the subjects, and only 4.2% would have an increased risk for microvascular complications (<39 mg/dL). According to the EDPG guidelines, the majority of the subjects in this study had uncontrolled diabetes at baseline, and a high proportion were also at risk for either macrovascular or microvascular complications.

2221-PO

Baseline Estimation of the Prevalence of Metabolic Syndrome in a Population with Type 2 Diabetes Mellitus. An Observational Study in Spain

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Our objective was to estimate the baseline prevalence of Metabolic Syndrome (MS) according to the National Cholesterol Education Program-Adult Treatment Panel III (NCEP-ATPIII) Criteria (2001) in a population with Type 2 Diabetes Mellitus (T2DM) whose data were collected for an observational study carried out in Spain. The study was designed to evaluate the effectiveness of pioglitazone in combination with sulphonylureas (SUs) or metformin (MET) and that of SU+MET with regard to lipid and glycemic parameters. We conducted a one-year, phase IV, multicenter, prospective, non-interventional study according to Spanish Regulations. Baseline data from 2456 patients were obtained. Even though the waist circumference measurement was not available for the study, up to 30.3% of these patients could be diagnosed with MS. If we consider treatment for hypertension as one of the criteria, as some authors have done, then the overall prevalence of MS goes up to 42%. More than 52% of the patients diagnosed with MS in this study had a BMI value \geq 30 kg/m^2 . No significant differences were found in overall prevalence depending on age, but women appeared to have MS more frequently than men (51% and 32.6% respectively). According to the Clinical Guidelines on Obesity (NIH-1998), Body Mass Index (BMI) values \geq 35 kg/m^2 would be over the cut-off points for abdominal obesity (102 cm for men and 88 cm for women); in such case, prevalence for the conditions described above (hypertension vs hypertension+treatment) would be 35.8% and 46.3%, respectively. In the WOSCOPS Study, a BMI value of 28.8 kg/m^2 would correspond to an abdominal circumference of 102 cm in men; thus, the prevalence among men would be 52%. The odds ratio for MS in subjects with BMI \geq 25 kg/m^2 was 2.65 vs those below that value, 1.8 for a cut-off value of 30 kg/m^2 and 2.13 for a cut-value of 35 kg/m^2 . Due to the lack of waist circumference data, our present outcome of MS in a Spanish population with T2DM may be underestimated. However, these data are consistent with previously reported high prevalence of MS in T2DM.

2222-PO

Baseline Lipid Profile and Prevalence of Obesity in a Population of Patients with Type 2 Diabetes Mellitus. An Observational Study in Spain

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Our objective was to describe the baseline prevalence of obesity and lipid profiles of the patients whose data were collected for an observational study carried out in Spain. The study was designed to evaluate the effectiveness of pioglitazone (PIO) in combination with sulphonylureas (PIO+SU) or metformin (PIO+MET) and that of SU+MET with regard to HbA_{1c}, fasting plasma glucose (FPG), triglycerides (TG), total cholesterol (TC), LDL-cholesterol (LDL-c), HDL-cholesterol (HDL-c), atherogenic index of plasma (AIP) and blood pressure. We conducted a one-year, Phase IV, multicenter, observational, prospective, non-interventional study according to Spanish Regulations. Baseline data from 2456 patients were obtained. Nine hundred and ten patients (37%) started treatment with PIO+SU, 765 (31.2%) with PIO+MET and 781 (31.8%) with SU+MET. The majority of PIO-treated patients (85.8%) received a dose of 30 mg. Mean Body Mass Index (BMI) was within the range of obesity (30.3 kg/m^2), with 44.3% of the patients having a baseline BMI over 30 kg/m^2 . Up to 88.2% of the patients could have been diagnosed as overweight (BMI \geq 25 kg/m^2) and 15.8% of the study population had a baseline BMI in excess of 35 kg/m^2 . Approximately 40% of the overall study population received at least one lipid-lowering drug. Regarding TG, TC, LDL-c and HDL-c values, only 38.9%, 15.9%, 26% and 74% of the patients, respectively, were well-controlled according to the European Diabetes Policy Group. TC/HDL-c ratio mean value was 4.8, and 43.1% of the study population were above the risk value (5.3 for men and 4.6 for women). The mean value for AIP was 0.044, and 95.5% of the subjects were below the cut-off value of 0.06 (which represents augmented LDL-c atherogenic profile). Consistent with other studies, at baseline in this observational study we found a high proportion of patients with type 2 diabetes that could be clas-

For author duality of interest information, see page A709.