Effectiveness of Aβ classification of diabetes prone to ketosis in real clinical practice

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OBJECTIVES
Prevalence of so-called diabetes prone to ketosis (DPK), has been increasing. The necessity of lifelong insulinotherapy is determined by Aβ classification of DPK.

METHODS
- 7 patients with atypical course of T2DM were studied.
- All patients had gradual development of hyperglycemia, obesity 1-2 stage, and acetonuria
- No one had acute weight loss.
- 3 had positive GAD-AB, 4 – negative.
- Initially all patients were treated by insulin during 2-3 weeks. Thereafter, C-peptide was determined and type of diabetes, prone to ketosis, was established. If C-peptide was more than 1.2ng/ml, oral hypoglycemic drugs were prescribed.
- Patients were followed up during 1 year with studying BMI, C-peptide, HbA1c, acetonuria.

RESULTS

3 patients with diagnosis of A+β+ DPK with oral hypoglycemic drugs initially and then switched to insulin (after

4 patients with diagnosis of A-β+ DPK with oral hypoglycemic drugs during 6 months

2 patients continued oral hypoglycemic drugs

2 patients switched to insulin

CONCLUSIONS
Current Aβ classification of DPK is thought to allow to determine necessity of year-long insulinotherapy, which were not proved in our pilot study. The more clinical experience is needed to make strict follow up and treatment recommendations for patients with atypical diabetes.

References