



IMPAIRED FASTING GLYCAEMIA (IFG) & IMPAIRED GLUCOSE TOLERANCE (IGT)

Both these conditions represent an abnormal metabolism of sugar by the body, but which are not severe enough to meet the diagnostic criteria for diabetes. They can be considered as a pre-diabetic stage.

Impaired Fasting Glycaemia is diagnosed when two fasting blood sugars occur between 6.0 and 6.9. Impaired Glucose Tolerance, is the result of a dynamic test, the oral glucose tolerance test (OGTT), and is diagnosed after a blood test, 2-hours after a sugary drink, produces a blood glucose level between 7.8 and 11.1.

HOW COMMON IS IFG AND IGT

In the UK approximately 15% of adults between the ages of 35 and 65 have one of these conditions.

WHY DOES IFG AND IGT MATTER?

Both conditions are associated with an increased cardiovascular disease risk. Your doctor will be able to calculate a 10-year cardiovascular risk score based on risks such as your age, blood pressure, sex, and family history etc. Both impaired fasting glycaemia and impaired glucose tolerance increase your calculated individual risk.

Approximately 1.5% of patients will progress to become diabetic within a year. Unlike diabetes however, both IFG and IGT have not been shown to be associated with the problems with the nerves, kidneys or eyes – termed the microvascular complications.

MANAGEMENT

The main goal is to reduce cardiovascular risk. Your doctor should examine your blood pressure and smoking status, and encourage healthy lifestyle activities such as regular exercise and weight loss. You may also be offered medications to reduce your cardiovascular risk termed statins. These medications were first designed to reduce cholesterol, but have been shown to be beneficial regardless of the cholesterol level, reducing the individuals risk by 25%.

You should see your Doctor once a year for an annual blood test and blood pressure check as well as assessment of your cardiovascular risk.

CAN DIABETES BE PREVENTED?

As we age there is a natural tendency for our glucose levels to increase. Lifestyle changes, particularly weight loss, exercise and behavioural interventions have been shown to reduce the progression from IFG and IGT to Diabetes. There are a number of medications which have shown some benefit, including rosiglitazone, metformin and angiotension-converting enzyme inhibitors but their role in prevention is still uncertain and further clinical trials are being conducted to assess their place in prevention.