

BACKGROUND

- Increasing interest in early identification of insulin resistance in adolescents in routine clinical practice^{1,2};
- Insulin resistance markers: related to glucose homeostasis³;
- Aim: Estimation of the level of fasting insulin (fasting insulin equivalent, Fleq) that would replicate the strength of the associations of adiposity variables with each insulin resistant marker (Sharret AR, et al)^{4,5}.

METHODS

- 2013-2014 population-wide school-based survey of 37,815 Brazilian adolescents aged 12 to 17 years from whom blood samples were collected^{6,7};
- Outcome: insulin resistance markers: see Table 2
- We calculated linear regression coefficients of each independent variable stratified by age and sex.

RESULTS

- Characteristics of the study sample are shown in Table 1. Median age, 15 years; obesity, 9%.
- The insulin markers QUICKI and TyG showed the least variability (Table 2)
- The highest Fleq values were related to obesity, TyG-BMI and METS-IR, whereas the lowest Fleq values were related to TyG and TG/HDL, mainly in adolescents aged 15 to 17 years old (Figures 1 and 2)
- Fleqs for elevated WC were higher than those for obesity and overweight in late adolescence (15-17 years old);
- Fleqs for obesity, overweight and elevated WC were ≤ 4 mU/L, for HOMA-IR, QUICKI, FIRI, FGIR and InsuTAG.

CONCLUSIONS

- Importance of adding WC measurements to routine clinical practice for identifying insulin resistance individuals, particularly in late adolescence;
- Future studies: prospective approaches and inclusion of insulin resistance markers combined with anthropometric parameters.

RESULTS

Table 1. Characteristics of 37,815 adolescents enrolled in the ERICA, 2013-2014.

Variables	n	Median		Interquartile range	
		1 ^o Q	3 ^o Q	1 ^o Q	3 ^o Q
Age (years)	37,815	15	13	16	
Female (%)	37,815	50.2			
Nutritional status					
Normal ^a (%)	27,073	71.0	69.4	72.5	
Overweight ^b (%)	6,635	17.5	44.0	49.2	
Obesity ^c (%)	3,097	9.2	8.5	10.0	
Waist circumference (cm)					
Normal (%)	33,373	87.4	86.3	88.4	
Elevated ^d (%)	4,386	12.6	11.6	13.7	
Insulin (mU/L)	37,760	8	5.5	11.3	

Table 2: Median values and interquartile range of insulin resistance markers in the ERICA, 2013-2014.

Variables	n	Median		Interquartile range	
		1 ^o Q	3 ^o Q	1 ^o Q	3 ^o Q
HOMA-IR ^a	37,526	1.69	1.15	2.42	
QUICKI ^b	37,526	0.15	0.15	0.16	
FIRI ^c	37,526	1.52	1.03	2.18	
FGIR ^d	37,526	10.7	7.6	15.3	
TG/HDL ^e	37,706	0.66	0.48	0.93	
TyG ^f	37,559	8.0	7.7	8.3	
TyG-BMI ^g	37,559	164.1	146.6	188.3	
InsuTAG ^h	37,667	6.2	3.8	10.3	
METS-IR ⁱ	37,559	29.6	26.2	34.1	
HOMA-IR ^a	37,526	1.69	1.15	2.42	
QUICKI ^b	37,526	0.15	0.15	0.16	

^aZ-score ≥ 2 & Z-score ≤ -1
^bZ-score $> +1.8$ & Z-score ≤ -2
^cZ-score $\geq +2$
^d 50th percentile for those aged 10 to <16 years old; and > 80cm for males and > 80 cm for females for those aged 16 years or older
^e Homeostasis Model Assessment
^f Insulin Resistance
^g Quantitative Insulin Sensitivity Check Index
^h Fasting insulin resistance index
ⁱ Fasting glucose to insulin ratio
^j Triglyceride/high-density lipoprotein
^k Triglyceride glucose in line
^l Triglyceride glucose e-Body Mass Index
^m Fasting insulin x fasting triglycerides
ⁿ Metabolic Score of Insulin Resistance

Figure 1. Fleq for overweight, obesity and elevated WC for insulin resistance markers in girls according to age ERICA (2013-2014)

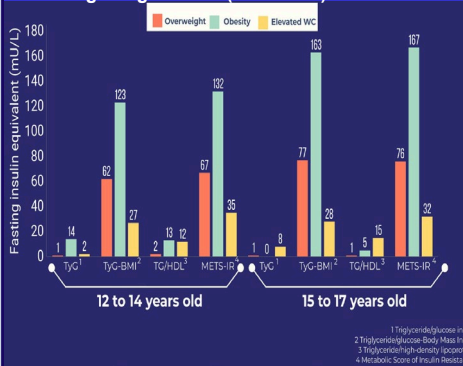
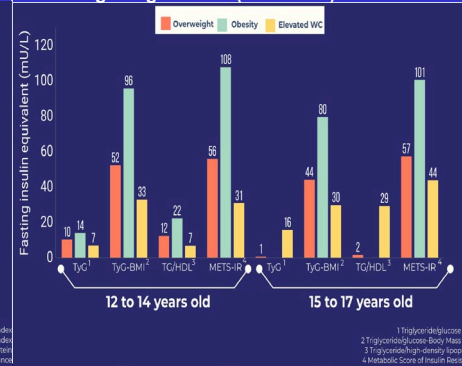


Figure 2. Fleq for overweight, obesity and elevated WC for insulin resistance markers in boys according to age ERICA (2013-2014)



REFERENCES

- Kelly-Revska K, Wolgram P, Lee JM. Is waist circumference a better predictor of insulin resistance than body mass index in U.S. adolescents? *J Adolesc Health*. 2011 Sep; 49(3):330-3.
- Stem SE, Williams K, Ferrarini E, DeFronzo RA, Bogardus C, Stern MP. Identification of individuals with insulin resistance using routine clinical measurements. *Vol. 54, Diabetes, American Diabetes Association*; 2005. p. 333-9.
- Antuna-Puente B, Disse E, Rabasa-Lhoret R, Laville M, Capeau J, Bastard JP. How can we measure insulin sensitivity/resistance? *Vol. 37, Diabetes and Metabolism*. 2011. p. 179-88.
- Sharrett AR, Ding J, Cingul MH, Saad MF, Liu K, Polak JF, et al. Smoking, diabetes, and blood cholesterol differ in their associations with subclinical atherosclerosis: The Multiethnic Study of Atherosclerosis (MESA). *Atherosclerosis*. 2006 Jun; 196(2):441-7.
- Sharrett AR, Coady SA, Folsom AR, Couper DJ, Heiss G. Smoking and diabetes differ in their associations with subclinical atherosclerosis and coronary heart disease - The ARIC Study. *Atherosclerosis*. 2004; 172(1):143-9.
- Vasconcelos MTL de, Silva PL de N, Szklo M, Kuschnir MCC, Klein CH, Abreu G de A, et al. Sampling design for the Study of Cardiovascular Risks in Adolescents (ERICA). *Cad Saude Publica*. 2015 May; 31(5):921-30.
- Bloch KV, Szklo M, Kuschnir MCC, Abreu G de A, Barufaldi LA, Klein CH, et al. The study of cardiovascular risk in adolescents - ERICA: rationale, design and sample characteristics of a national survey examining cardiovascular risk factor profile in Brazilian adolescents. *BMC Public Health*. 2015 Dec; 7:15(1):94.