The study was aimed at finding the utility of simple OGTT with insulin values can be used to evaluate insulin resistance (IR) and risk-stratify dysglycemia.

**Background**

OGT with insulin values can be used to evaluate insulin resistance (IR) and risk-stratify dysglycemia. HOMA-IR is based only on Central IR and omits peripheral IR, which is an important contributor to IR.

**Methods**

We analyzed OGT glucose profiles of 1455 individuals, aged 15 to 80 years, who were not previously diagnosed as having T2D. They were administered ‘standard two hour OGTT’ with insulin values can be used to evaluate insulin resistance (IR) and risk-stratify dysglycemia. The ‘X’ axis of this graph has all the categories arranged with increasing stages of dysmetabolism / dysglycemia & has five zones as shown in the table below.

<table>
<thead>
<tr>
<th>Zone Categories</th>
<th>DFM+DM, DM+IGT, Dysglycemia</th>
<th>ΔG30 (Prediabetes)</th>
<th>ΔG60 (Prediabetes)</th>
<th>ΔG30-60 (Prediabetes)</th>
</tr>
</thead>
</table>

**Results**

- Using ISSI-2 index as a measure of beta cell function (BCF), these categories were arranged in descending order from NoDM to DM. Average values of Fasting_HOMA-IR & PP_HOMA-IR curves showed between 14 categories & ISSI-2 index. The graph revealed a negative linear relationship of TIR.

**Conclusion**

- TIR Index is useful in clinical evaluation & follow-up of obesity, MAFLD, PCOS and GDM.
- TIR Index will be useful for primary prevention, intervention, to monitor evolution, progression as well as reversal of T2D in clinic practice.
- TIR Index will help in making a rational choice of antidyslipidemic therapy.

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