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Triglyceride and HDL Index is a New Diagnostic Parameter to Differentiate Between Type 1 and Type 2 Diabetic Patients

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Abstract

The World Health Organization (WHO) estimates that diabetes mellitus (DM) was the seventh leading cause of death in 2016. The increase in the prevalence of DM globally is in parallel with an increasing prevalence of obesity. Saudi Arabia and other Middle Eastern countries have a particularly high prevalence of both conditions, and they increased in the younger age population. Diabetes mellitus initially considered a carbohydrate metabolic disease, but now it is described as a disorder of multiple etiologies with disturbances of carbohydrate, lipid as well as protein metabolism. Diabetes mellitus, especially type 2, is associated with dyslipidemia and now nominated as 'diabetes lipidus'. In suspicious type1 (T1) or type2 (T2) diabetic patients, the presence of diagnostic markers (C-peptide and autoantibodies) used to distinguish between the two types and thus aid diagnosis and then the choice of therapy. In many areas in the world, these diagnostic markers are unavailable, or the results will be after weeks, which will delay the diagnosis and the choice of treatment. Therefore we have to think for an alternative diagnostic marker that is available in almost all diabetic clinics and could differentiate between T1 and T2. In this research, we used the measurement of triglyceride and high-density lipoprotein (HDL) as a diagnostic parameter to differentiate between T1 and T2. We have found that in the newly diagnosed diabetic patients, the level of triglyceride is significantly high ($P < 0.001$) in 61 T2 patients (after excluding other causes as thyroid diseases) in comparison with 20 T1 patients, while HDL is significantly low ($P < 0.001$) in T2 in comparison with T1 patients. But there were no significant differences in the levels of fasting blood glucose, HbA1c, cholesterol, and low-density lipoprotein (LDL) in both types. Furthermore, in the follow-up, the return of triglyceride to the normal level in T2 DM is a good indicator of effective antidiabetic management.

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