### **ORAL GLUCOSE TOLERANCE TEST**

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# **Objectives**

- Diagnosing Diabetes
- >Illustrate the principle of the test
- >Outline the indication of the test
- >Interpret the results of the test
- >Understand the precautions of the test.

# **Diagnosing Diabetes**

### **Fasting Plasma Glucose (FPG)**

- Glucose level after not having food or drink for at least 8 hours

### Result

- **Normal -** <100 mg/dl
- Prediabetes 100 125 mg/dl
- **Diabetes -** >126 mg/dl

#### **Random Plasma Glucose(RPS)**

Glucose level at any time of the day when severe diabetes symptoms are present.

Result

- Diabetes - > 200 mg/dl

HgbA1c

- test measures average blood glucose for the past 2 to 3 months.

Result

- Normal less than 5.7%
- **Prediabetes -** 5.7% to 6.4%
- Diabetes 6.5% or higher

### • Oral Glucose Tolerance Test (OGTT)

- a two-hour test that checks the blood glucose levels before and 2 hours after consuming a high sugar drink
- Result
  - Normal less than 140 mg/dl
  - **Prediabetes** 140 mg/dl to 199 mg/dl
  - **Diabetes -** >200 mg/dl

### **Regulation of blood glucose**

#### The Fed State (Absorptive State);

The period from the start of absorption until absorption is completed.

#### **The Fasting State;**

Begins approximately 2 to 4 hours after a meal ( when blood glucose levels return to basal levels) and continues until blood glucose levels begin to rise after the start of the next meal.



### **Oral glucose tolerance test (OGTT)**

• Evaluate glucose tolerance in subjects with equivocal features of diabetes mellitus and do not have fasting blood glucose values in excess of 140 mg/dL.

# Types of OGTT

**Standard OGTT**: A 2 hour 75gm oral glucose tolerance test is used to tests for diabetes. A fasting blood sample is collected before to test glucose level.

- I/V glucose tolerance test: Test is taken for malabsorption patients.
- **Mini glucose tolerance test**: As per current WHO recommendation only 2 samples are collected, fasting and 2 hours post glucose load.

# **Indication for test**

- 1- family history of diabetes
- 2- obesity
- 3- Unexplained episodes of hyperglycemia
- 4- history of recurrent infections
- 5- in women, history of delivery of large infants, stillbirth, neonatal death, premature labor, and spontaneous abortions.

6- transitory glycosuria or hyperglycemia during pregnancy, surgery, trauma, stress, and MI.

## **Patients preparation**

- 1- Normal diet & carbohydrate intake (150 g/dl) for 3 days.
- 2- Overnight fast (10-16 hours).
- 3-Resting for 30 min (seated) prior to test.
- 4- No smoking during test.
- 5- No drugs known to interfere with test, e.g. steroids

### Protocol

- Glucose load : adult 75g of glucose dissolved in 250 ml of water, children 1.75 g/kg.
- Must be performed in morning and to remain seated during test .
- Glucose load given in flavored water and consumed within 5 min.
- Urine glucose estimations are not essential during test but useful if renal glycosuria a possibility.
- Blood samples : basal ( pre-glucose) , 60min, 90min, 120min.



# Interpretation

**Normal Blood Glucose :** 

Basal : < 5.6 mmol/L ( 100 mg/dl)

Intermediate sample : < 11.1 mmol/l ( 200 mg/dl)

2 hr sample : < 7.8 mmol/l ( 140 mg/dl)

HbA1c : 5-5.5 % (B.G=100-125mg/dl)

# **2-h Oral Glucose Tolerance Test (OGTT)** <u>*Objectives of the test;*</u> Diagnosis of Diabetes Mellitus and Intermediate Hyperglycemia



# When OGTT is not indicated ?

> persistent fasting hyperglycemia > 140 mg/dl

➢Persistent fasting normal glucose

≻Patients with overt diabetes mellitus

# **Glucometer vs enzymatic estimation**

### Glucometer

**Enzymatic estimation** 

- 1- fast
- 2- cheep
- 3- easily done by any person4- not precise ( no control)



- 1- fast ( not like glucometer)
- 2- easily done in lab
- 3- precise & reliable ( there is a control –standard)



# THANK YOU

