



COMMENT ON ROONEY ET AL.

## Global Prevalence of Prediabetes. Diabetes Care 2023;46:1388–1394

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We read with interest the article “Global Prevalence of Prediabetes” by Rooney et al. (1). We wish to congratulate the authors on a comprehensive review of prevalence of prediabetes and pointing out the difference in prevalence of impaired glucose tolerance (IGT) and impaired fasting glucose (IFG) in different regions of the world. We were particularly struck by the fact that the Southeast Asia (SEA) region stood out as having the highest prevalence of IFG but the lowest prevalence of IGT. However, in Fig. 1 of the article, India is shown as a country where only IGT data are available. The recent Indian Council of Medical Research–India Diabetes (ICMR-INDIAB) study provides national data on both IFG and IGT in India (2). Supporting the SEA region data of Rooney et al. (1), the weighted prevalence of IFG in India was higher compared with that of IGT (10.1% [95% CI 9.0–11.2] vs. 3.3% [2.6–4.0], respectively) with use of the same World Health Organization cutoffs (1). We found that the prevalence of IFG was higher among females, while that of

IGT was higher among males. Interestingly, the prevalence of IFG and IGT was similar in rural and urban areas of India. The overall weighted prevalence of prediabetes was 15.3% (95% CI 13.9–16.6). With use of the American Diabetes Association criteria (i.e., fasting glucose 100–125 mg/dL), the prevalence of IFG rises to 27.6% (26.0–29.3).

The higher prevalence of IFG in the SEA region does have therapeutic implications. In the Diabetes Community Lifestyle Improvement Program (D-CLIP) (3) and Kerala Diabetes Prevention Program (4), lifestyle measures and metformin were less effective in preventing progression to diabetes in individuals with IFG than in those with IGT. Within the Indian Diabetes Prevention Programme (IDPP) study by Ramachandran et al. (5), individuals with IGT had a good response to lifestyle modification. Ethnic differences in the pattern of prediabetes should therefore be kept in mind when planning national diabetes prevention programs in low- and middle-income countries, with particular reference to the SEA region.

**Duality of Interest.** No potential conflicts of interest relevant to this article were reported.

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