RESPONSE TO COMMENT ON JAISWAL ET AL.

Prevalence of and Risk Factors for Diabetic Peripheral Neuropathy in Youth With Type 1 and Type 2 Diabetes: SEARCH for Diabetes in Youth Study. Diabetes Care 2017;40:1226–1232

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We thank Simoneau et al. (1) for their comment on our article (2). In the SEARCH for Diabetes in Youth study, our primary aim was to evaluate the prevalence and risk factors for diabetic peripheral neuropathy (DPN) in youth and adolescents with type 1 and type 2 diabetes. We used the validated Michigan Neuropathy Screening Instrument (MNSI) to assess the burden of DPN in this large cohort because it is a simple measure to assess peripheral neuropathy. As vibration perception is an integral component of the MNSI examination for each subject, we also analyzed the frequency of reduced vibration perception (vibration perception score of $\geq$0.5) in our cohort. We found that 34% of the 258 subjects with type 2 diabetes and 24% of the 1,734 subjects with type 1 diabetes had evidence of subclinical DPN based on abnormal vibration perception. Furthermore, a higher vibration perception score was associated with risk factors such as increased age, longer duration of diabetes, smoking, and female gender in subjects with type 1 diabetes and type 2 diabetes.

Regarding the prevalence of DPN, the comparison of our estimates with those reported by the authors (1) in their small cohort is not appropriate because of the difference in age, diabetes duration, and profile of other risk factors between the two cohorts. We agree that evidence of the effect of multifactorial interventions on DPN cited by the authors is weak, which could be due to several reasons, including the advanced stage of neuropathy in older adults with long-standing diabetes. We maintain, however, that interventions targeting modifiable risk factors in youth and adolescents could potentially reverse the early nerve damage in this young cohort. Our contention is supported by the recent American Diabetes Association guidelines on the treatment of diabetic neuropathy that propose correction of modifiable risk factors in the treatment of diabetic neuropathy (3).

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References

1. Simoneau A, Monlun M, Poupon P, et al. Comment on Jaiswal et al. Prevalence of and risk factors for diabetic peripheral neuropathy in youth with type 1 and type 2 diabetes: SEARCH for Diabetes in Youth Study. Diabetes Care 2017;40:1226–1232 (Letter). Diabetes Care 2018;41:e35–e36. https://doi.org/10.2337/dc17-2175
2. Jaiswal M, Divers J, Dabelea D, et al. Prevalence of and risk factors for diabetic peripheral neuropathy in youth with type 1 and type 2 diabetes: SEARCH for Diabetes in Youth Study. Diabetes Care 2017;40:1226–1232
3. Pop-Busui R, Boulton AJM, Feldman EL, et al. Diabetic neuropathy: a position statement by the American Diabetes Association. Diabetes Care 2017;40:136–154

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