
 COMMENTS AND
 RESPONSES

Novel Noninvasive Breath Test Method for Screening Individuals at Risk for Diabetes

Response to Davidson

We thank Dr. Davidson (1) for his insightful alternative to the interpretation of our results (2). While the validity of the breath test method to distinguish between individuals with normal glucose tolerance (NGT) and pre-diabetes and early-stage diabetes (PDED) is not affected by this interpretation, he brings up a valid point that tracer dilution due to differences in fasting glucose may influence the appearance of $^{13}\text{CO}_2$ in breath. However, we argue that the shapes of the curves we obtained for NGT and PDED do not support this as the only explanation. We expect that a dilution effect by itself would have mainly affected the magnitude of the $^{13}\text{CO}_2$ peak—not the slope and time of peak $^{13}\text{CO}_2$ appearance. Furthermore, area under the curve data suggest that after 10 h there were no differences in appearance of glucose-derived CO_2 , suggesting that the fate of glucose was not different between NGT and PDED.

We agree that the dysregulation of glucose clearance in PDED likely involved defects in both glycogen synthesis and glucose oxidation, which is supported by the vast literature on this topic (3–6). Though decreased uptake per se may have contributed to a shift in breath curves, we believe that decreased glycogen storage in PDED would have likely increased the availability of labeled glucose for oxidation, thereby compensated at least somewhat for the aforementioned dilution effect due to differences in blood enrichment.

Because we did not directly measure blood or glycogen enrichments, we agree that alternative explanations for the observed differences between glucose-derived $^{13}\text{CO}_2$ in NGT and PDED are possible. However, regardless of the ultimate fate of glucose in our subject groups, our method was able to make a clear distinction between NGT and PDED individuals, which was the primary objective of this project. We agree that many factors need to be considered to explain the observed differences in glucose-derived CO_2 kinetics (some mentioned in the article) and that there is a need for further research in this area.

E. LICHAR DILLON, PHD
MELINDA SHEFFIELD-MOORE, PHD

From the Department of Internal Medicine, University of Texas Medical Branch, Galveston, Texas.

Corresponding author: Melinda Sheffield-Moore, melmoore@utmb.edu.

DOI: 10.2337/dc09-0804

© 2009 by the American Diabetes Association. Readers may use this article as long as the work is properly cited, the use is educational and not for

profit, and the work is not altered. See <http://creativecommons.org/licenses/by-nc-nd/3.0/> for details.

Acknowledgments— Please see ref. 2 for a list of the potential conflicts of interest relevant to this article.

.....

References

- Davidson MB. Novel noninvasive breath test method for screening individuals at risk for diabetes (Letter). *Diabetes Care* 2009;32:e88. DOI: 10.2337/dc09-0518
- Dillon EL, Janghorbani M, Angel JA, Casperson SL, Grady JJ, Urban RJ, Volpi E, Sheffield-Moore M. Novel noninvasive breath test method for screening individuals at risk for diabetes. *Diabetes Care* 2009;32:430–435
- Bokhari S, Emerson P, Israelian Z, Gupta A, Meyer C. Metabolic fate of plasma glucose during hyperglycemia in impaired glucose tolerance: evidence for further early defects in the pathogenesis of type 2 diabetes. *Am J Physiol Endocrinol Metab* 2009;296:E440–E444
- Bouché C, Serdy S, Kahn CR, Goldfine AB. The cellular fate of glucose and its relevance in type 2 diabetes. *Endocr Rev* 2004;25:807–830
- Corpeleijn E, Saris WH, Blaak EE. Metabolic flexibility in the development of insulin resistance and type 2 diabetes: effects of lifestyle. *Obes Rev* 2009;10:178–193
- Mandarino LJ, Consoli A, Jain A, Kelley DE. Differential regulation of intracellular glucose metabolism by glucose and insulin in human muscle. *Am J Physiol* 1993;265:E898–E905