PREVALENCE OF IMPAIRED FASTING GLUCOSE AND ASSOCIATED RISK FACTORS AMONG MALAYSIAN ADULT POPULATION: A COMPARISON BETWEEN WHO AND ADA CRITERIA

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INTRODUCTION

Impaired fasting glucose (IFG) is a condition when a person's blood glucose level is above the normal range, but below the diagnostic cut-off for a formal diagnosis of diabetes mellitus. It is defined as fasting blood glucose (FBG) of 5.6 -6.9mmol/L but the exact range varies depending on the organization. The WHO and ADA criteria are the two most often used criteria to determine IFG.

OBJECTIVE

compare the То prevalence of IFG among adults aged 18 years old above and its and risk factors associated between the American Association Diabetes (ADA) and World Health Oraphization

METHODOLOGY

- Data was obtained as part from the NHMS 2019
- Study design : A complex study design, with two stage stratified cluster sampling among targeted population in Malaysia.
- Sample selection : Adults aged 18 years old and above with fasting capillary blood glucose (FBG) readings of ≤ 6.9 mmol/L, except those known to have diabetes
- 2 criteria of IFG definition involved :
 - o American Diabetes Association (ADA) criteria : FBG 5.6 6.9mmol/L



Organization	(VVHO)
criteria.	

o World Health Organization (WHO) criteria : FBG 6.1 – 6.9mmol/L

- Statistical analysis :
 - was used to determine sociodemographic o Descriptive analysis characteristics
 - o Complex sampling design method was used to determine prevalence
 - o Multiple Logistic Regression analysis was used to identify associated factors

RESULTS

1. Socio-demographic characteristics









47.5%



HOUSEHOLD INCOME GROUP



N:1422 67.3% 24.3% 8.4%

27.8%

N:1717

2. Prevalence of Impaired Fasting Glucose

3. Factors associated with Impaired Fasting Glucose





DISCUSSION

• Similar studies using WHO criteria included Khaing A, et al (2017)¹, Singh AK, et al

CONCLUSION

It is crucial to consider the associated factors, such as age and marital

(2012)² and Orazumbekova B, et al (2022)³, while other studies using ADA criteria included Ali A, et al $(2020)^4$, Yan X, et al $(2017)^5$ and Bavuma CM, et al $(2022)^6$.

- Obesity, age, ethnicity, educational attainment, and hypertension were the associated • factors with IFG, according to a similar study conducted in Malaysia using data from the NHMS 2015⁷. WHO criteria were employed in this study.
- Both criteria demonstrated a strong correlation between IFG and the married group, • and this finding was supported by a related study in 2018⁷.
- The relationship between hyperglycaemia and ageing is frequently disputed, largely because of physiological factors such insufficient insulin production and less hepatic sensitivity to insulin's activity in reducing glucose output. Studies that showed age as associated factor was Yan X, et al (2017)⁵, Orazumbekova B, et al (2022)³.

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status, while doing a diabetic screening. Early screening for diabetes should be performed annually in those with risk factors especially adults aged 40 and above.

REFERENCES

- 1. Khaing, A. K., Thu, K., & Hlaing, A. A. (2017). Prevalence of Impaired Glucose Tolerance and diabetes among patients with impaired fasting blood sugar in Seria health centre. Brunei International Medical Journal, 13(3), 79–84.
- 2. Singh AK, Mani K, Krishnan A, Aggarwal P, Gupta SK. Prevalence, awareness, treatment and control of diabetes among elderly persons in an urban slum of delhi. Indian J Community Med. 2012 Oct;37(4):236-9. doi: 10.4103/0970-0218.103472. PMID: 23293438; PMCID: PMC3531017.
- 3. Orazumbekova B, Issanov A, Atageldiyeva K, Berkinbayev S, Junusbekova G, Danyarova L, Shyman Z, Tashmanova A, Sarria-Santamera A. Prevalence of Impaired Fasting Glucose and Type 2 Diabetes in Kazakhstan: Findings From Large Study. Front Public Health. 2022 Feb 24;10:810153. doi: 10.3389/fpubh.2022.810153. PMID: 35284393; PMCID: PMC8907545.
- 4. Ali A, Taj A, Ahmed MU, Tabrez E. Frequency of impaired fasting glucose in first degree relatives of Type-II diabetic patients and its association with Body Mass Index. Pak J Med Sci. 2020 Mar-Apr;36(3):407-411. doi: 10.12669/pjms.36.3.57. PMID: 32292443; PMCID: PMC7150370.
- 5. Yan X, Xia H, Li H, Deng X, Yang L, Zhao S, Zou J, Luo Y, Cao S. Diabetes in Shenzhen, China: epidemiological investigation and health care challenges. J Glob Health. 2017 Jun;7(1):011102. doi: 10.7189/jogh.07.011102. PMID: 28685050; PMCID: PMC5481894
- 6. Bavuma CM, Niyibizi JB, Bitunguhari L, Musafiri S, McQuillan R, Wild S. Prevalence and characteristics associated with diabetes mellitus and impaired fasting glucose among people aged 15 to 64 years in rural and urban Rwanda: secondary data analysis of World Health Organization surveillance data. Pan Afr Med J. 2022 Feb 9;41:115. doi: 10.11604/pamj.2022.41.115.30682. PMID: 35465373; PMCID: PMC8994463.
- 7. Ismail, H., Omar, M. A., Saminathan, T. A., Muhammad Yusof, M. F., Mohd Zaki, N. A., Lim, K. K., & Aris, T. (2018). Prevalence of Undiagnosed Type 2 Diabetes Mellitus and Its Associated Factors Among the Malaysian Population: The 2015 National Health and Morbidity Survey, Malaysia. Global Journal of Health Science, 10(8), 153. https://doi.org/10.5539/gjhs.v10n8p153National Health Morbidity Survey (2019), Non-Communicable Diseases : Risk Factors and Other Health Problems.