A Self-Administered Oral Glucose Tolerance Test

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INTRODUCTION

- The current laboratory-based oral glucose tolerance test (OGTT) is inconvenient and time consuming, making it an unattractive way to screen for dysglycaemia
- The recent availability of a prototype self-use device for performing OGTTs provided an opportunity to evaluate whether community-based screening might be feasible

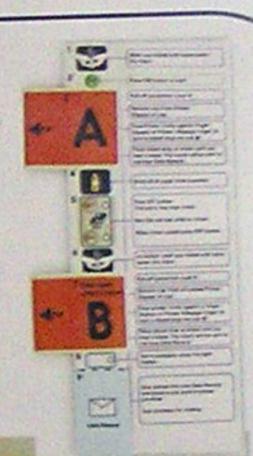
AIMS

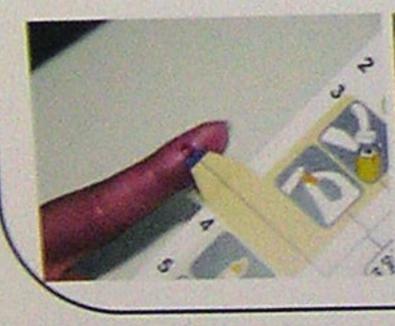
- Evaluate the accuracy and precision of an electronic OGTT kit
- Determine if untrained subjects can use the device successfully and the degree of user acceptance of homebased self-administered oral glucose tolerance testing

The electronic OGTT kit

Each kit contains:

- Written and pictorial user instructions
- Premixed 75g glucose drink
- Sterile lancets & tissues
- Disposable electronic device with:
- > 0 & 120 minute glucose sensors
- > Interactive timer with audible alert
- > Detachable data recorder







METHODS

- 18 healthy participants and 12 with type 2 diabetes, on diet alone
 or stable metformin treatment, were enrolled in this single centre,
 randomized, replicated, crossover study
- Non-diabetic patients had no prior experience of finger pricking or of a prior OGTT
- Each participant performed two OGTTs 2-7 days apart, in three different settings which were assigned in random order:

Home: Participant used the kit unobserved at home

Observed: Participant used the kit in clinic, observed

but unaided by a research nurse

Research nurse used the kit and took simultaneous 0 & 120 minute venous blood samples

for laboratory assay of glucose

We assessed:

Nurse:

Accuracy: By comparing kit and laboratory glucose values

Precision: By comparing the coefficient of variation (CV)

between the repeated tests in each setting

Acceptability: By an adapted & validated device satisfaction questionnaire, and by focus groups

RESULTS

All 30 participants completed the study. Their baseline characteristics are shown in the Table below. Values are mean ± 15D.

	Diabetic subjects (n=12)	Healthy subjects (n=18)
Age (years)	62 ± 9	40 ± 16
Male gender	6 (50%)	7 (39%)
Duration of diabetes (years)	5 ± 3	
Body Mass Index (kg/m²)	29 ± 3	25 ± 4

Device performance

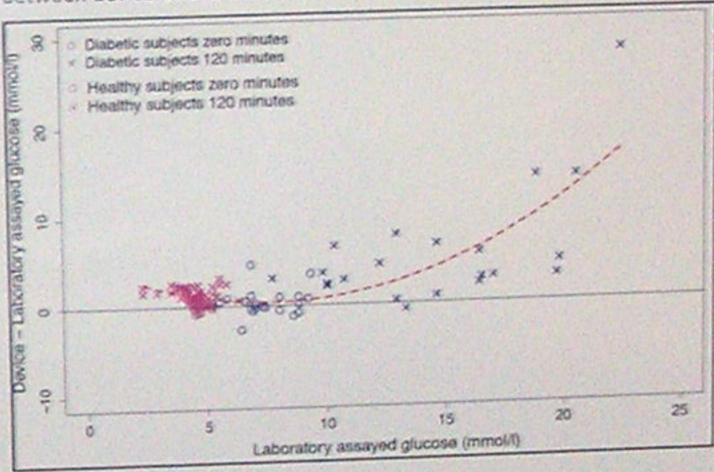
Available for 141 of the 180 OGTTs performed (78% success rate)

alue to prototype build quality issues

Accuracy

bias and increasing measurement imprecision at higher glucose levels. See Figure below:

Bland-Altman plot, with quadratic model fitted line, showing relationship between device and laboratory measured glucose values



Precision

 CVs between repeated OGTTs ranged from 9-20% for 0 minute samples and 13-44% for 120 minute samples, consistent with their biological variability

Acceptability

- Device satisfaction questionnaire
 - > Over 90% of subjects thought the kit was easy to use
 - > No adverse psychological impact of kit use was identified
- Focus group themes
 - Home testing was well-liked and considered a major advantage over in-clinic testing
 - The combination of printed and pictorial instructions was thought to be clear and helpful
 - Although the packaging was initially intimidating, the device was deemed easy to use
 - > Some participants disliked the taste of the drink and some did not enjoy fasting for two hours
 - > The kit increased awareness about diabetes but did but not increase worry about the condition

CONCLUSIONS

- This prototype device needs to be made more reliable and to be calibrated correctly
- Home-based screening OGTTs are feasible and have significant practical benefits over laboratory-based OGTTs as no training or specialized laboratory facilities are required
- The kit has potential for use as a large-scale public health or research screening tool to identify dysglycaemic individuals

