

## LETTER TO THE EDITOR

## On the problems of the so-called afternoon diabetes

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Dear editors,

In the distant past, we published a work in your magazine conclusions of which are not unimportant even today (Žuffa M, Lazar V. On the problems of the so-called afternoon diabetes. Bratisl Lek Listy 1968; 50 (5): 667–671). Recent studies designed according to EBM prove that a type 2 diabetic patient is in danger of serious cardio-cerebrovascular complications before the disease presents with a clinical and even biochemical symptomatology. For whole decades, classic glucose-tolerance test has been considered a method which allows the very early diagnosis of a prediabetic. In USA in 1967 during the Annual Meeting of the College of Physicians madam Bowen et al pointed out that there are patients who are negative for the morning glucose-tolerance test and who, during regular examination, escape further attention. They showed that for some of these people the test is positive in the afternoon hours. They named this deviation in glycoregulation *afternoon diabetes* (1). It is caused by diurnal fluctuation glycaemia, as indicated in 1943 by Möllerström (2) and as confirmed by the glucose-tolerance test by Niederland (3) who already then indirectly outlined the syndrome afternoon diabetes. Since this time, relatively few publications in the world literature address this topic (4, 5). Among our 50 patients who were compared to 20 healthy students, we found

5 obese women (10 %) positive for the glucose-tolerance test only in afternoon hours. In conclusion, I ask whether it would be correct to make a parallel between this syndrome and hypertension in disguise, also in terms of prevention and treatment of cardio-cerebrovascular complications?

## References

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