

Hyperglycaemic siblings of Type II (non-insulin-dependent) diabetic patients have increased PAI-1, central obesity and insulin resistance compared with their paired normoglycaemic sibling

O. Herlihy, B. Barrow, P. Grant, J. Levy

Diabetes Research Laboratories, Oxford Centre for Diabetes, Endocrinology and Metabolism, Radcliffe Infirmary, Oxford OX2 6HE, United Kingdom  
Unit of Molecular Vascular Medicine, Leeds School of Medicine, Leeds, UK

**Aims/hypothesis.** First-degree relatives of Type II (non-insulin-dependent) diabetic patients in cross-sectional studies have increased insulin resistance, associated cardiovascular risk factors and abnormalities of fibrinolysis and coagulation. To minimise between-family genetic and environmental confounders, we investigated within-family relationships between early hyperglycaemia and risk factors.

**Methods.** Thirteen age and gender matched sibling pairs of Type II (non-insulin-dependent) diabetic patients, one hyperglycaemic, one normoglycaemic (fasting plasma glucose at screening 6.0–7.7 mmol l<sup>-1</sup> and < 6.0 mmol l<sup>-1</sup>, respectively) were assessed for plasminogen activator inhibitor antigen (PAI-1), tissue plasminogen activator antigen (t-PA), fibrinogen, Factor VII and Factor VIII/von Willebrand factor antigen. Fasting lipid profiles, blood pressure and HOMA insulin sensitivity (%S) were also measured in siblings and in matched subjects without family history of diabetes.

**Results.** Hyperglycaemic and normoglycaemic siblings (7 female, 6 male) were aged, mean (SD) 56.8 (8.7) and 55.8 (8.4) years. Hyperglycaemic siblings had increased PAI-1 antigen, geometric mean (i.q.r.): 26.3 (15.1–45.6) vs 11.1 (2.1–23.3) ng/ml,  $p=0.0002$ , similar t-PA antigen, mean (SD) 9.5 (4.3) vs 7.4 (2.5) ng/ml,  $p=0.2$  and fibrinogen 2.2 (0.3) vs 2.3 (0.6) g/l,  $p=0.5$ , and reduced %S 66.3 (30.5) vs 82.9 (25),  $p=0.04$ . PAI-1 correlated negatively with %S ( $r=-0.55$ ,  $p=0.005$ ). No significant differences were found in blood pressure or fasting lipids.

**Conclusion/interpretation.** A minor increase in plasma glucose in non-diabetic sibling pairs of Type II (non-insulin-dependent) diabetic patients was associated with reduced insulin sensitivity, increased central adiposity and a doubling of PAI-1 antigen concentration, suggesting impaired fibrinolysis. It is possible that this could contribute to increased cardiovascular risk in these subjects.