

The logo features the text 'EURO SUMMIT' in a bold, blue, sans-serif font. The 'O' in 'EURO' is replaced by a blue circle containing a white mountain range icon. Below this, the text '2026 RELOADED' is written in a white, sans-serif font on a yellow, pill-shaped background. The entire logo is surrounded by white line-art icons: a stethoscope, a heart with an ECG line, a pill, a microscope, and a document with a plus sign. The background of the logo area is a vibrant orange and red gradient.

# EURO SUMMIT

2026 RELOADED



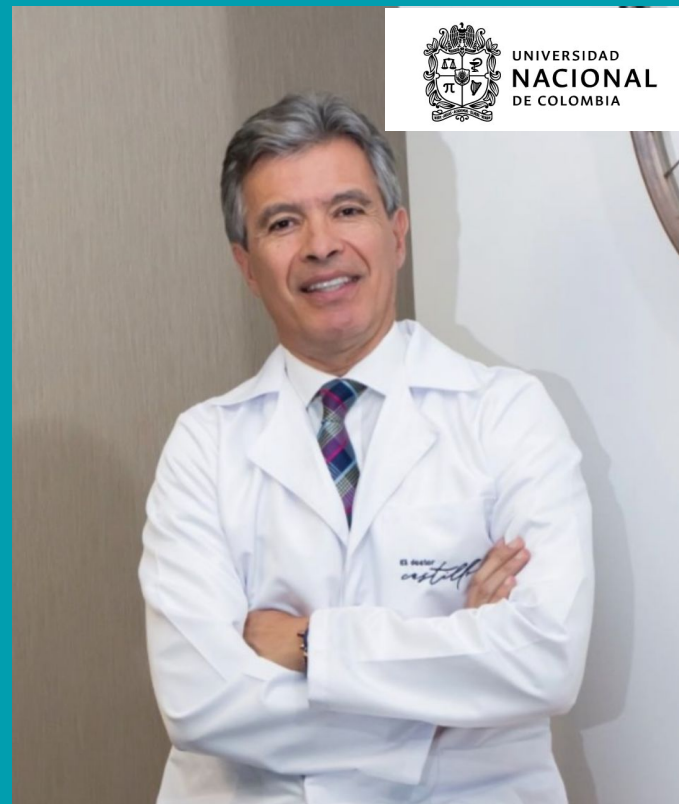
Caso Clínico

# Castillo

## Jorge

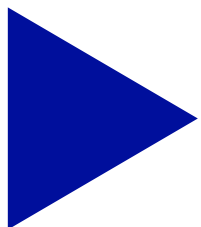
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Especialista en Endocrinología  
Los Cobos Medical Center  
Bogotá, Colombia

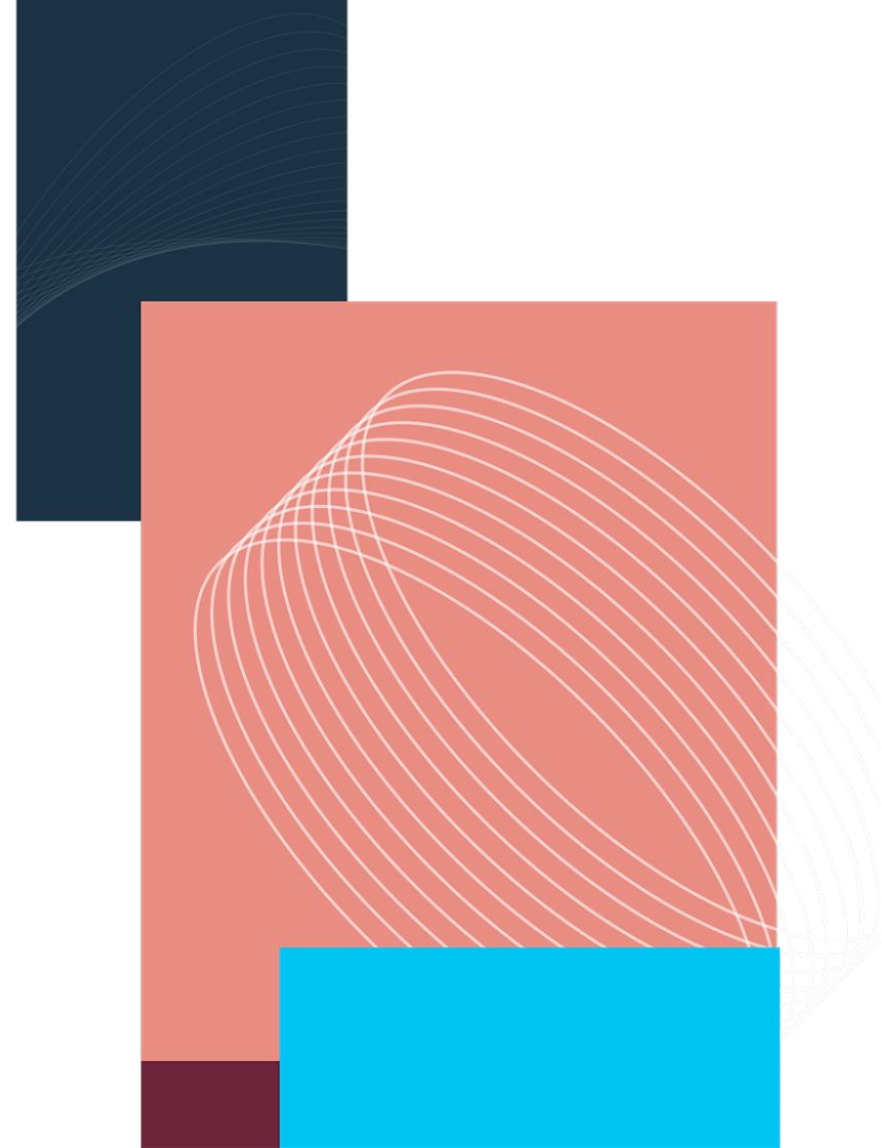


[www.eldoctorcastillo.com](http://www.eldoctorcastillo.com)

# Conferencia disponible en....

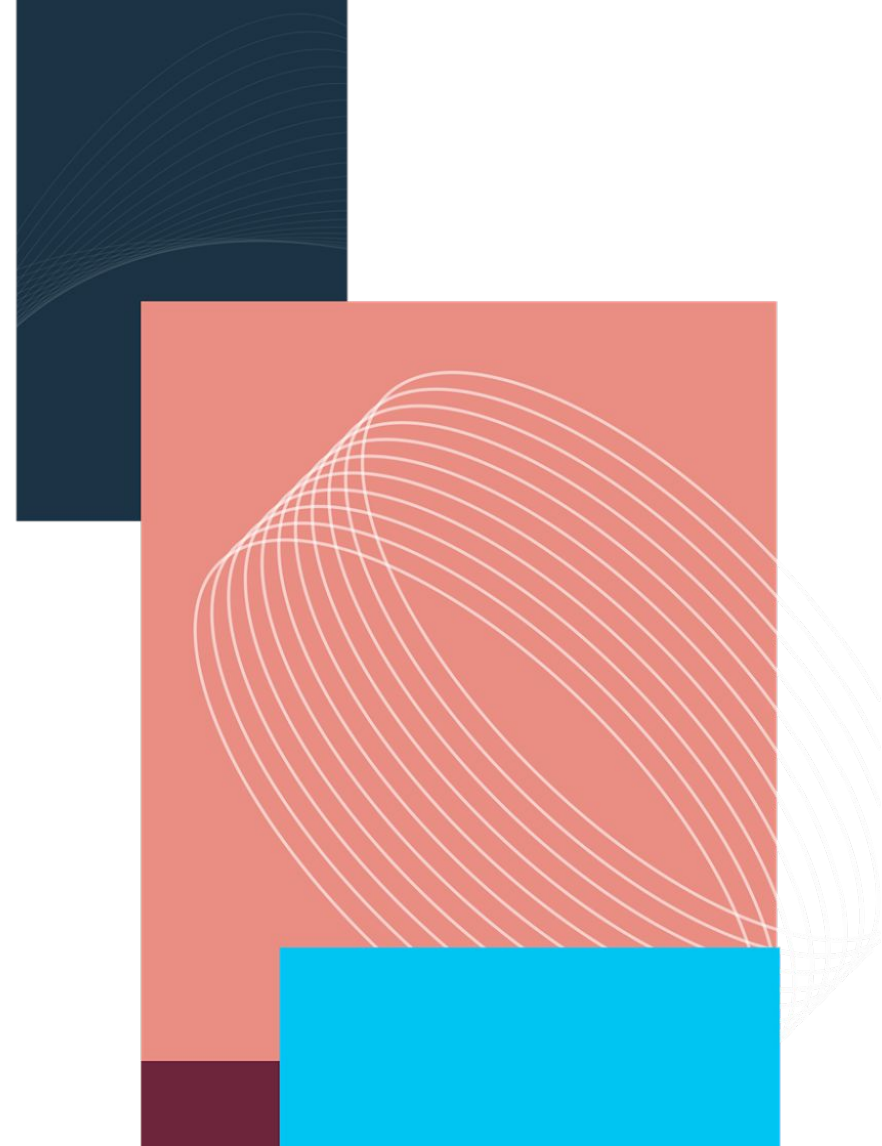


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# Conflicto de interés

- ▶  Esta es una conferencia patrocinada por laboratorios **Eurofarma**
- ▶  Su contenido es producto de información científica no influenciada por el patrocinador
- ▶  He recibido honorarios como speaker de Amgen, Astra Zeneca, BD, Boeringher, Diabetrics, Euroetika, Gilead, Merck Serono, Merck Sharp and Dhome, Lilly, Novo Nordisk, Pharmatech, Pfizer, PTC, Procaps, Roche, Sanofi, Servier, Tecnofarma.



# Caso clínico : visión endocrinológica

- **Antecedentes:**

- Quirúrgicos: 2 cesáreas previas por “estrechamiento pélvico”
- Médicos: SOP no recuerda el tratamiento porque solo lo usó 1 semana.

- **Examen Físico:**

- Frecuencia Cardíaca: 75 latidos por minuto
- Presión Arterial: 130/70 mmHg
- Índice de Masa Corporal: 30
- Cardiopulmonar reportado como normal

- **Exámenes de Laboratorio:**

- HDL: 30 LDL: 140, Triglicéridos: 380, CT 246
- Na 135 K: 3.6
- Glucosa: 135 en ayunas Glicosilada: 6.5%

# Guías clínicas sobre la clasificación de la glucemia

	Normoglucemia	Prediabetes	Diabetes
<b>Glucosa en ayunas</b> Obtenida sola o en el momento = 0 durante una PTOG	< 100 mg/dl	100-125 mg/dl	≥ 126 mg/dl
<b>Glucosa a las 2 horas</b> Obtenida en el momento = 2 horas durante una PTOG	< 140 mg/dl	140-199 mg/dl	≥ 200 mg/dl
<b>HbA1c</b>	< 5,7 %	5,7-6,4 %	≥ 6,5 %

# Clasificación

## 2. Classification and Diagnosis of Diabetes: *Standards of Medical Care in Diabetes—2021*

*Diabetes Care* 2021;44(Suppl. 1):S15–S33 | <https://doi.org/10.2337/dc21-S002>

- Type 1 diabetes (due to autoimmune B-cell destruction, usually leading to absolute insulin deficiency, including latent autoimmune diabetes of adulthood - LADA)
- Type 2 diabetes (due to a progressive loss of adequate B-cell insulin secretion frequently on the background of insulin resistance)
- Specific types of diabetes due to other causes, e.g., monogenic diabetes syndromes (such as neonatal diabetes and maturity-onset diabetes of the young - MODY), diseases of the exocrine pancreas (such as cystic fibrosis and pancreatitis), and drug- or chemical-induced diabetes (such as with glucocorticoid use, in the treatment of HIV/AIDS, or after organ transplantation)
- Gestational diabetes mellitus (diabetes diagnosed in the second or third trimester of pregnancy that was not clearly overt diabetes prior to gestation)

## Table 2.7—Screening for and diagnosis of GDM

### One-step strategy

Perform a 75-g OGTT, with plasma glucose measurement when patient is fasting and at 1 and 2 h, at 24–28 weeks of gestation in women not previously diagnosed with diabetes.

The OGTT should be performed in the morning after an overnight fast of at least 8 h.

The diagnosis of GDM is made when any of the following plasma glucose values are met or exceeded:

- Fasting: 92 mg/dL (5.1 mmol/L)
- 1 h: 180 mg/dL (10.0 mmol/L)
- 2 h: 153 mg/dL (8.5 mmol/L)

# PREDIABETES

Diabetes Care

1

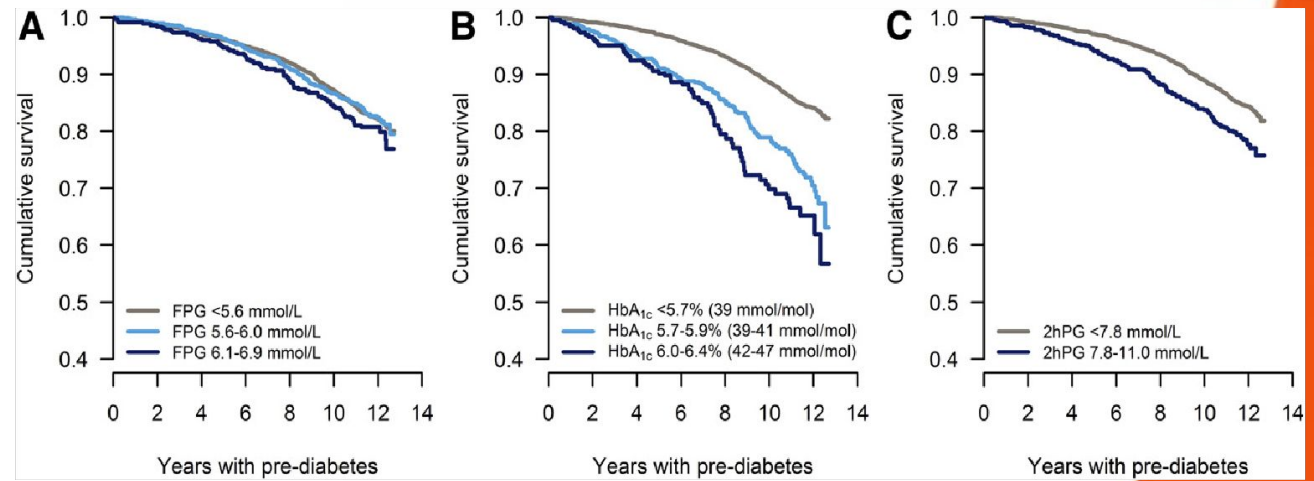


## Risk of Cardiovascular Disease and Death in Individuals With Prediabetes Defined by Different Criteria: The Whitehall II Study

Dorte Vistisen,<sup>1</sup> Daniel R. Witte,<sup>2,3</sup>  
Eric J. Brunner,<sup>3</sup> Mika Kivimäki,<sup>4</sup>  
Adam Tabák,<sup>4,5</sup> Marit E. Jørgensen,<sup>1,6</sup>  
and Kristine Færch<sup>1</sup>

<https://doi.org/10.2337/dc17-2530>

In the Whitehall II cohort, 5,427 participants aged 50–79 years, without diabetes, were followed for a median of 11.5 years.



By HbA <sub>1c</sub>		
Normal glycemia	HbA <sub>1c</sub> <5.7%	13.7 (12.7; 14.8)
Prediabetes	HbA <sub>1c</sub> 5.7–6.4%	26.0 (22.6; 29.8)

# SINDROEM METABOLICO

## SÍNDROME METABÓLICO



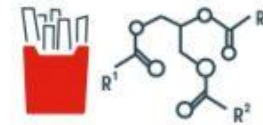
OBESIDAD  
ABDOMINAL



HIPERTENSIÓN



HIEPRGLUCEM  
IA



AUMENTO DE  
TRIGLICÉRIDOS



DESCENSO DE  
COLESTEROL HDL

130/8  
5

>100  
mg/dl

>150  
mg/dl

<50-40  
mg/dl

# MASLD

## Management Algorithm for NAFLD – Overview

High-risk groups  
for the development  
of NAFLD

Prediabetes  
or  
T2D

History and  
physical exam

Obesity<sup>1</sup>  
and/or  
≥2 cardiometabolic  
risk factors<sup>2</sup>

Hepatic steatosis  
(on imaging)  
or  
↑ AST or ALT  
(>30 IU/L)

Rule out  
2° causes<sup>3</sup>

NAFLD

Prevention of  
Cardiovascular  
Disease

Prevention of  
Cirrhosis

Management of

1. Obesity
2. Diabetes
3. Hypertension
4. Atherogenic dyslipidemia

Fibrosis Risk Stratification

Low Risk

Indeterminate Risk

High Risk

**Association of NAFLD with cardiovascular disease and all-cause mortality: a large-scale prospective cohort study based on UK Biobank**

Wen Ma\*, Wentao Wu\*, Weixing Wen, Fengshuo Xu, Didi Han, Jun Lyu and Yuli Huang

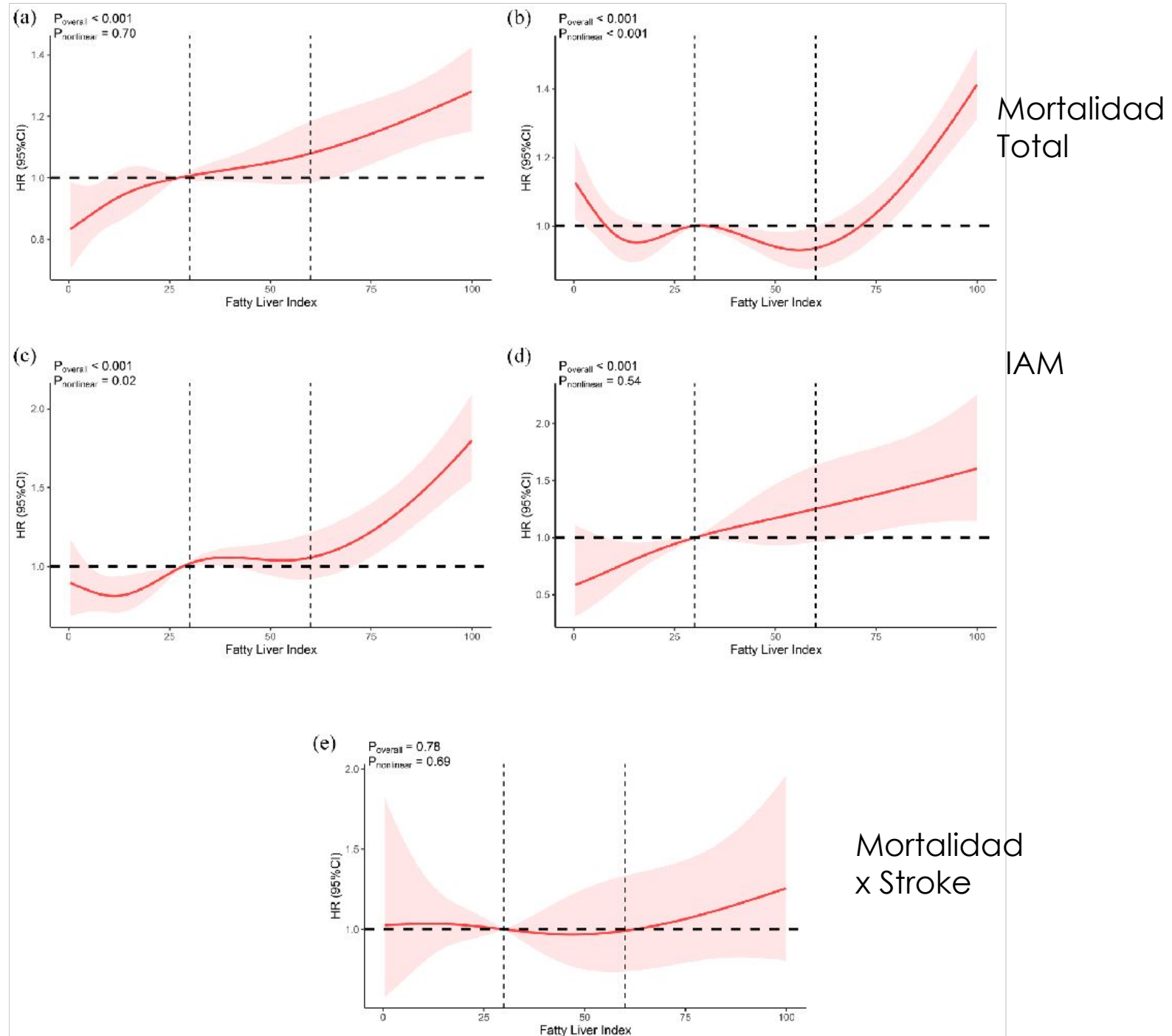
MACE

Mortalidad x ECV

El FLI genera una puntuación de 0 a 100:

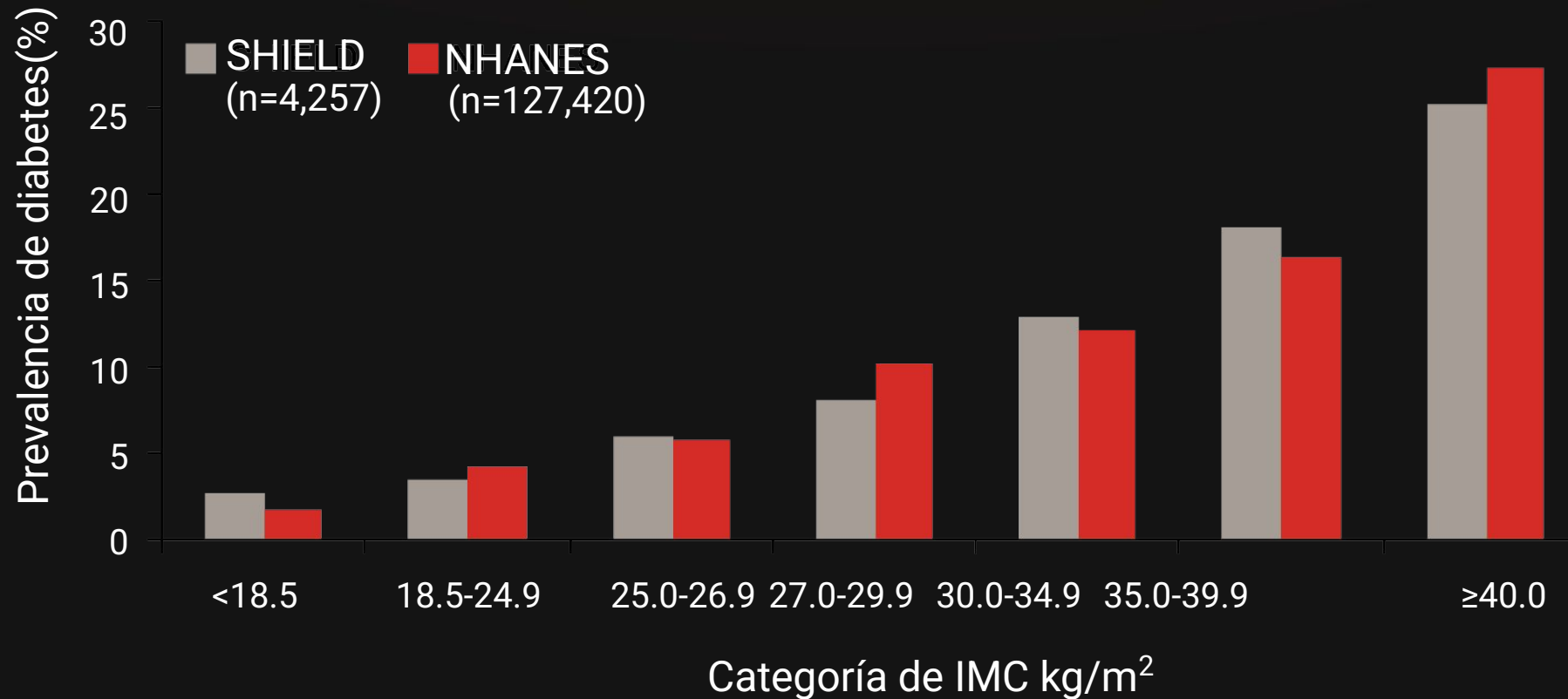
- **FLI < 30:** Regla la presencia de hígado graso (alta sensibilidad).
- **FLI ≥ 60:** Indica una alta probabilidad de hígado graso (alta especificidad).

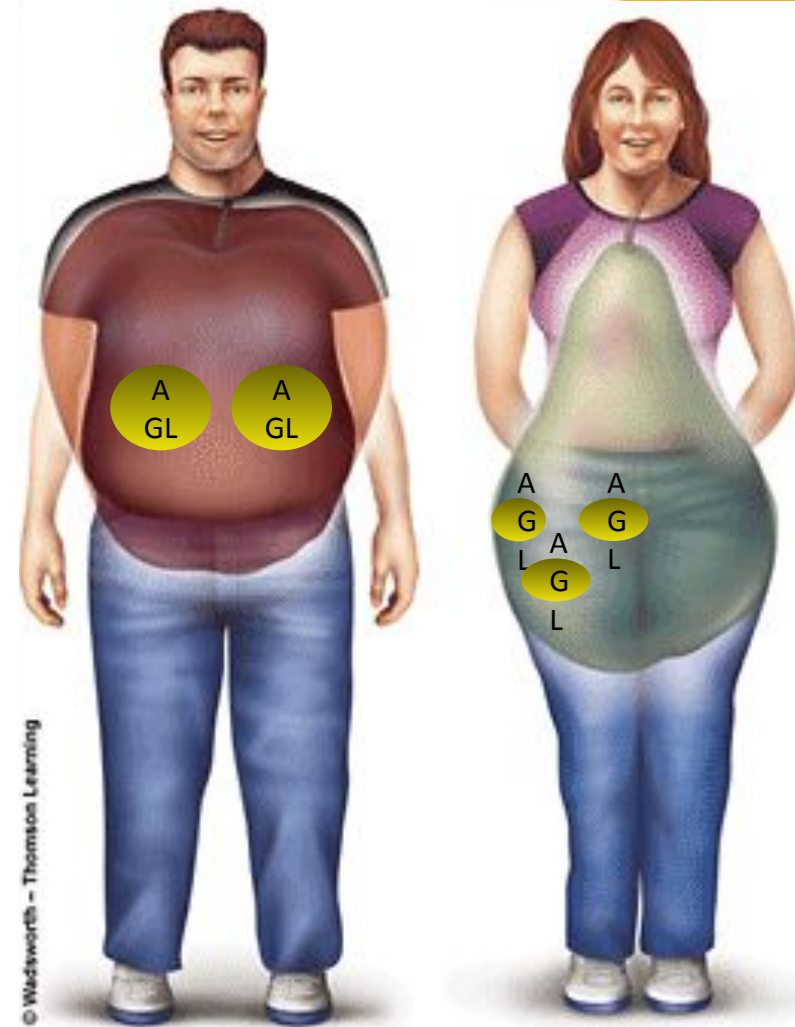
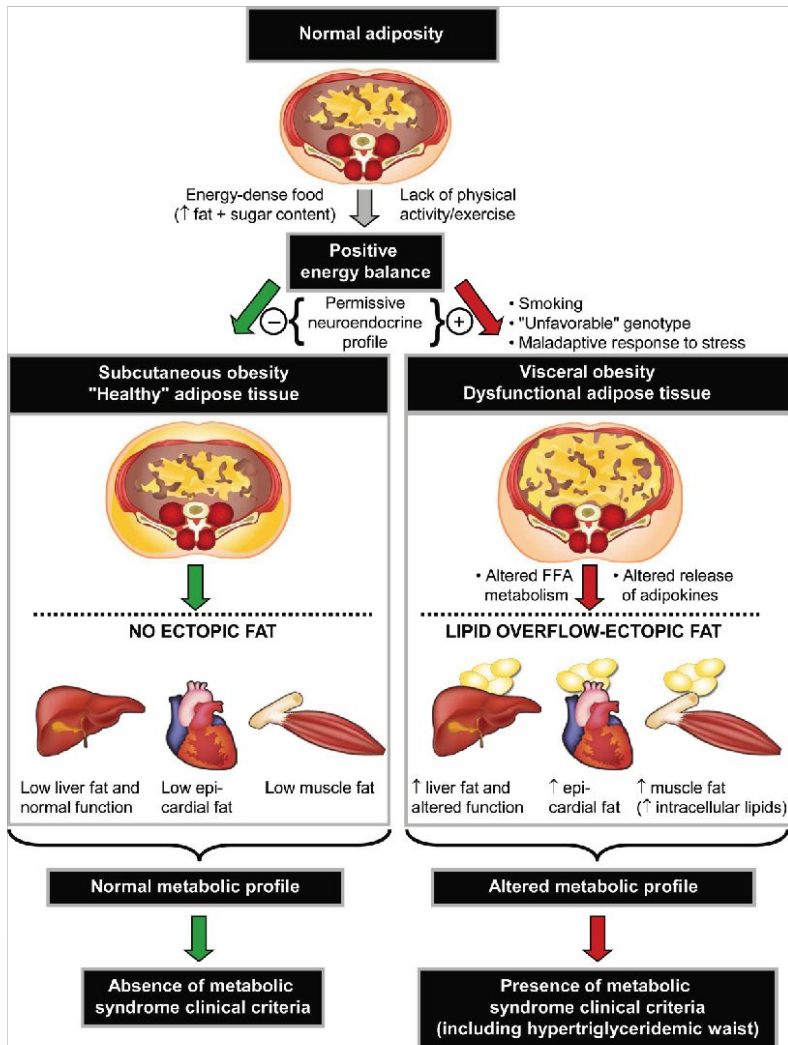
n=215.24  
5

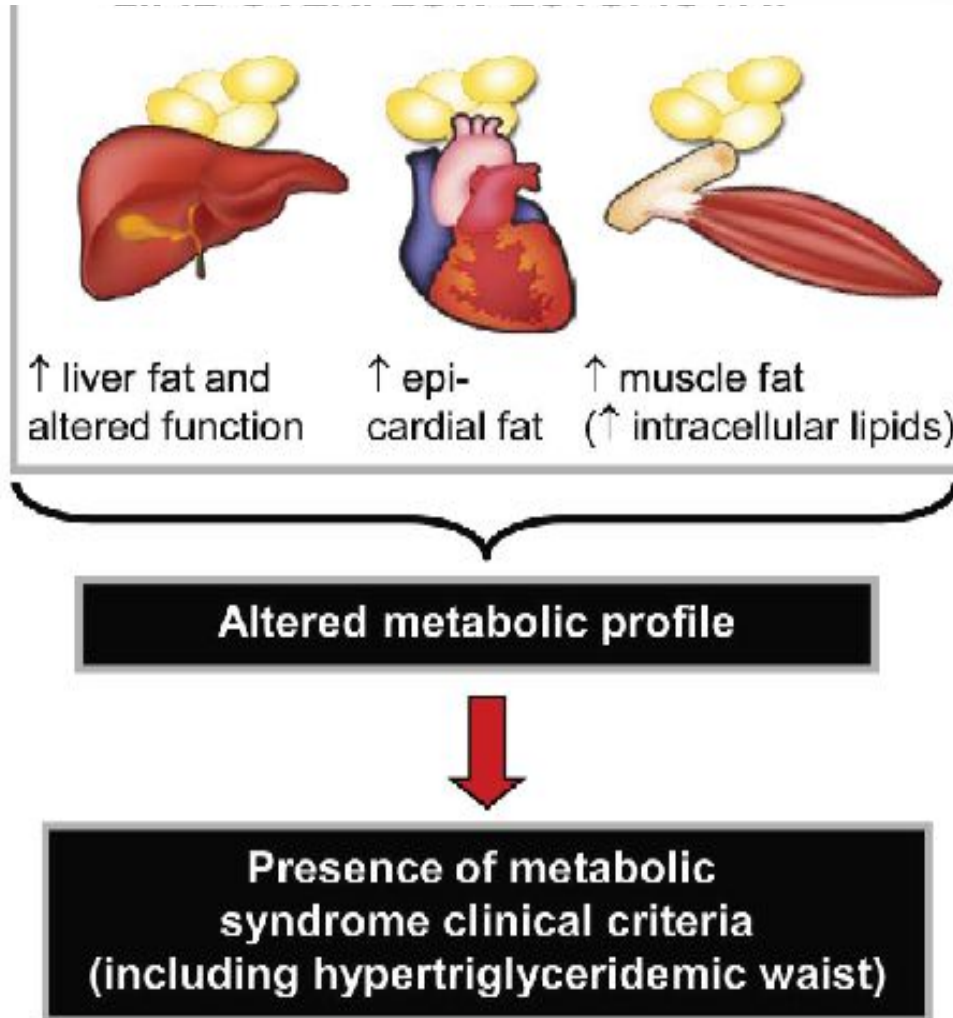


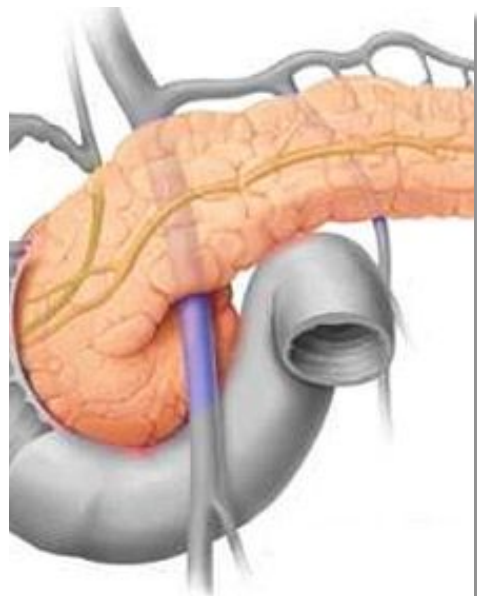
# Una cuestión de peso: El IMC aumentado se asocia con un aumento en la prevalencia de diabetes mellitus

Prevalencia de diabetes ocurre en todos los rangos de IMC pero se aumenta a mayor IMC





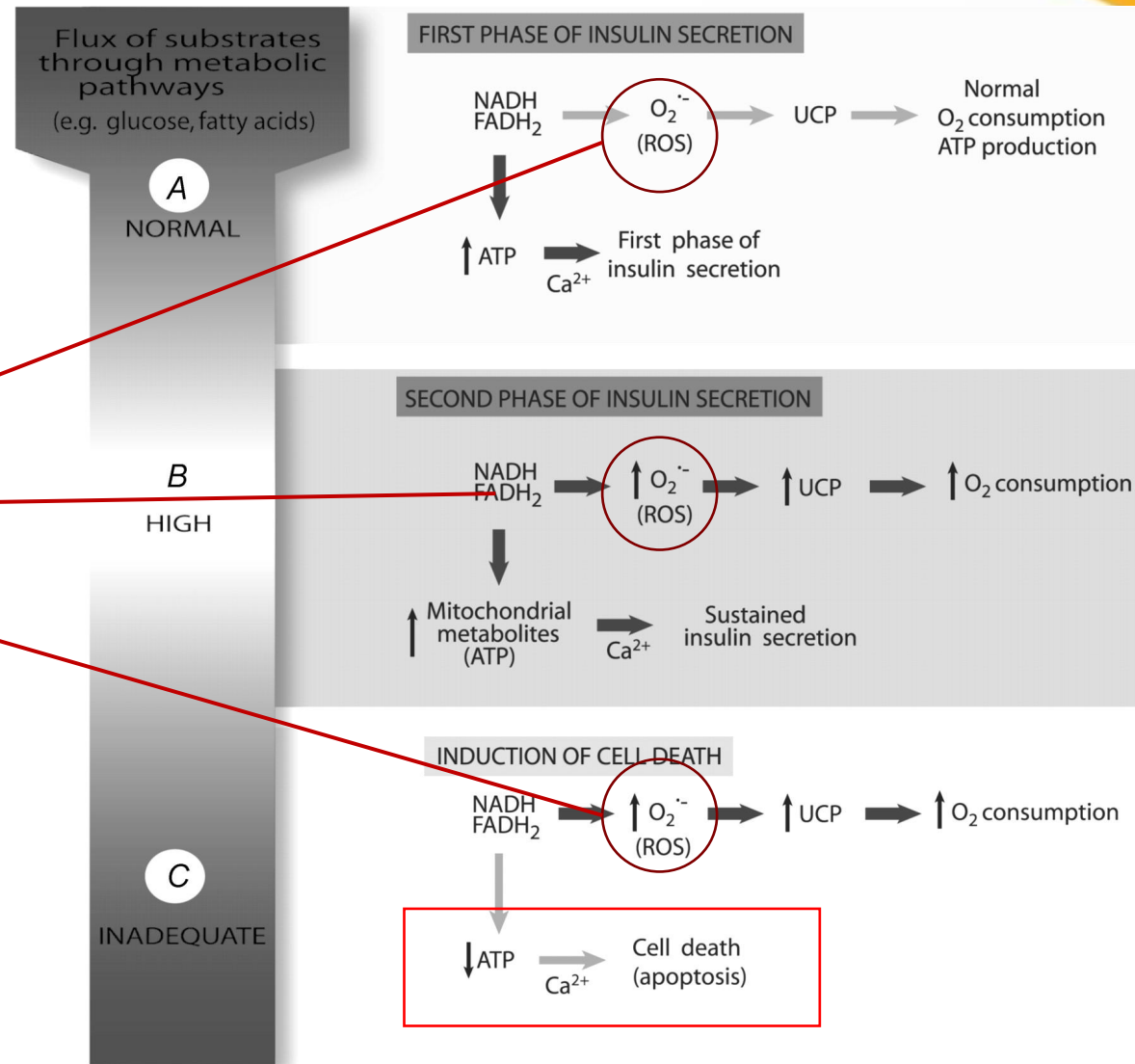




*ón del pancreas y su rel  
con el intestino*

# Y la célula Beta?

# The central role of reactive oxygen species (ROS) and uncoupling protein (UCP) for the first and second phases of insulin secretion or induction of cell death

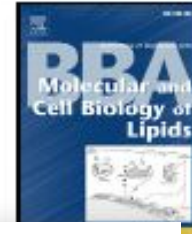




Contents lists available at ScienceDirect

# Biochimica et Biophysica Acta

journal homepage: [www.elsevier.com/locate/bbabin](http://www.elsevier.com/locate/bbabin)

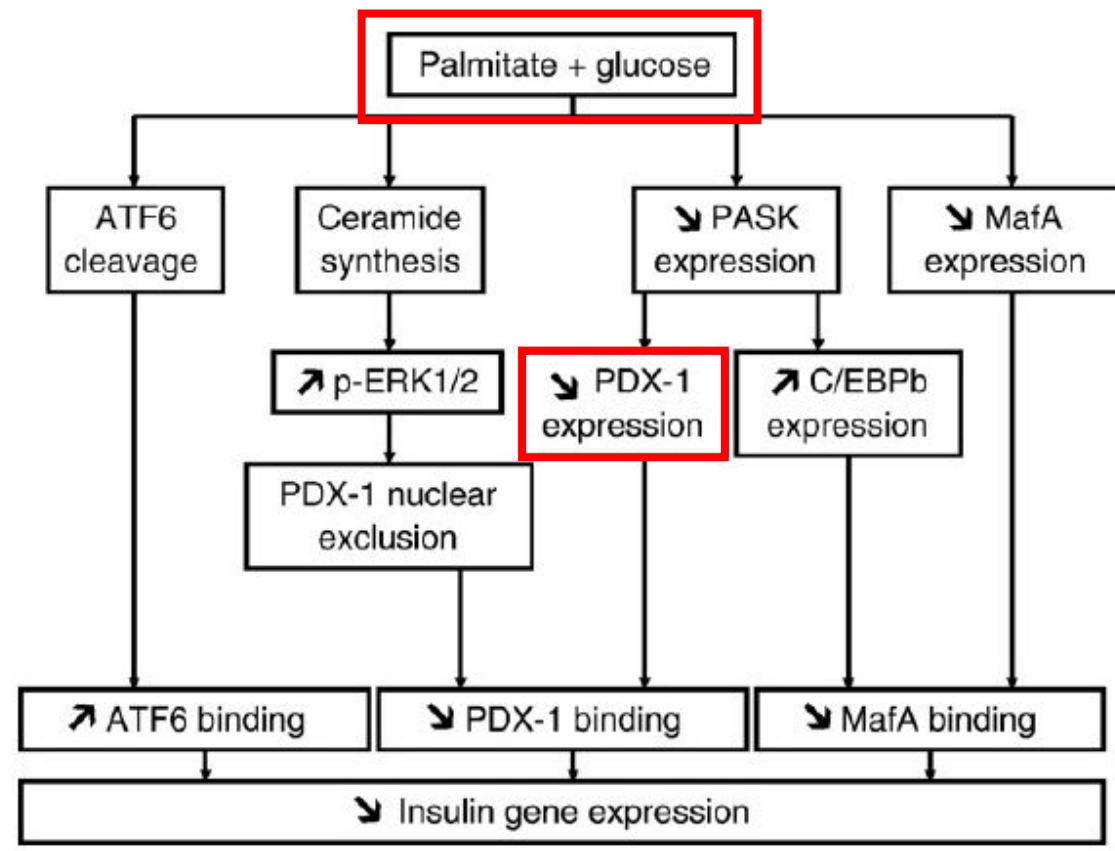


Review

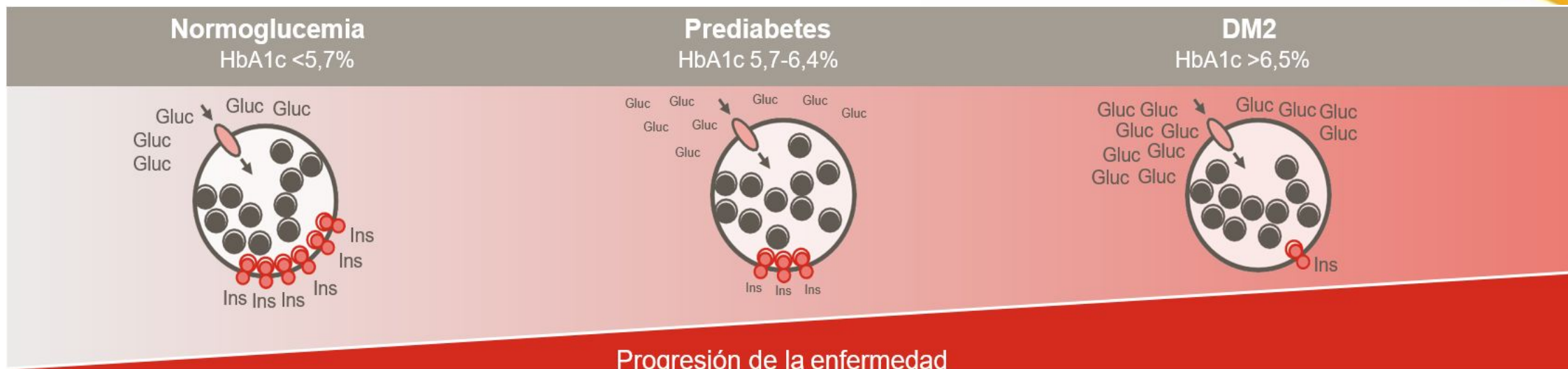
## Glucolipototoxicity of the p

Vincent Poitout<sup>a,b,c,\*</sup>, Julie Amyc  
Ghislaine Fontés<sup>a</sup>

<sup>a</sup> Montreal Diabetes Research Center, CRCHUM, Univers  
<sup>b</sup> Department of Medicine, University of Montreal, Mont  
<sup>c</sup> Department of Biochemistry, University of Montreal, M



# Resistencia insulínica y disfunción de la célula $\beta$ : principales defectos en la DM2

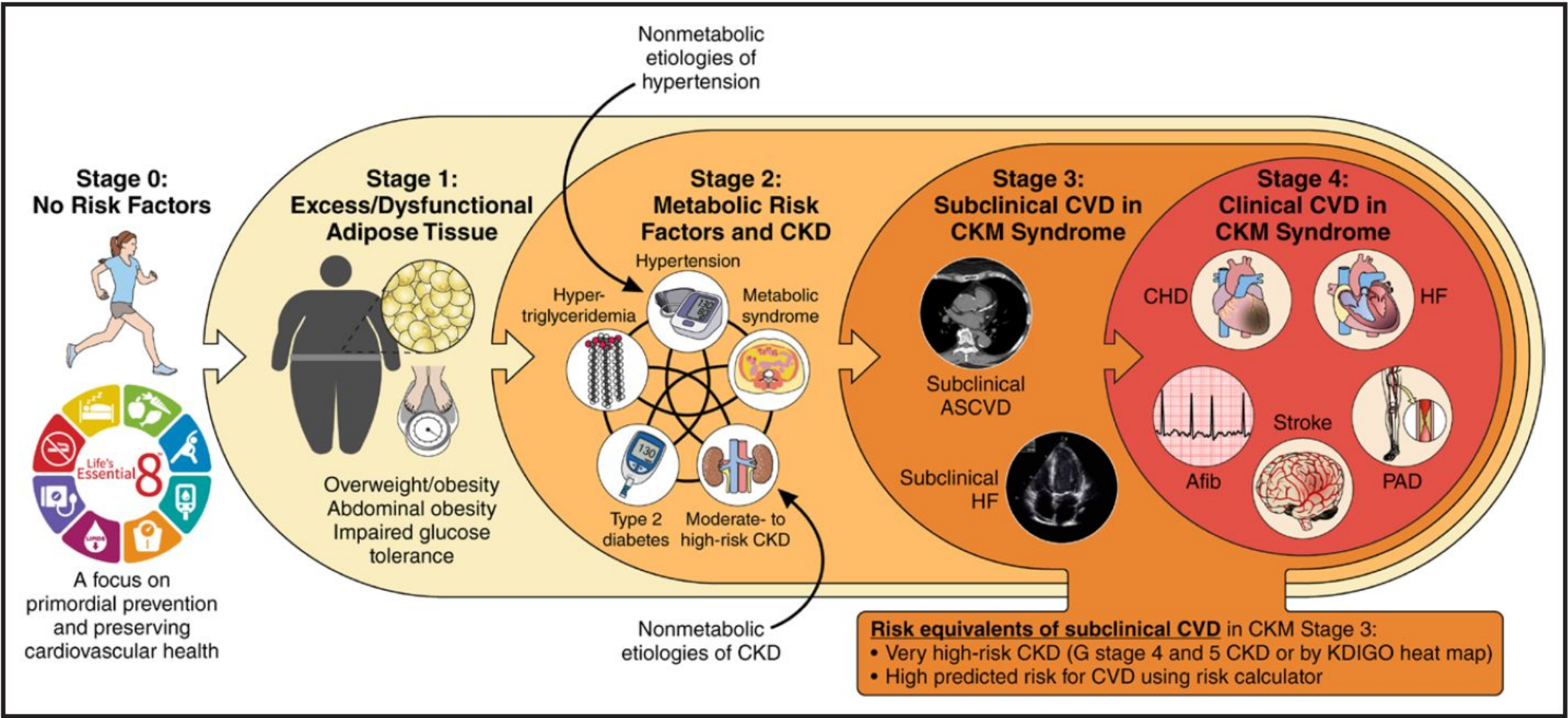


La disfunción comienza cuando las **células  $\beta$**  no pueden compensar de manera adecuada la **resistencia insulínica periférica** emergente

Debido a que la **liberación de insulina es insuficiente** para el grado de **resistencia insulínica**, se desarrolla una **hiperglucemia leve (prediabetes)**.

**Pérdida continua de la función secretora** y una mayor disminución de la masa de células  $\beta$ , de modo que se desarrolla una **hiperglucemia grave (DM2)**.

HbA1c= hemoglobina glicada; DM2= Diabetes tipo 2. Gluc=glucosa  
1. Haffner SM, et al. *Diabetes Care*. 1999;22(4):562-568. 2. Salunkhe VA, et al. *Diabetologia*. 2018;61(9):1895-1901.3. American Diabetes Association. *Diabetes Care*

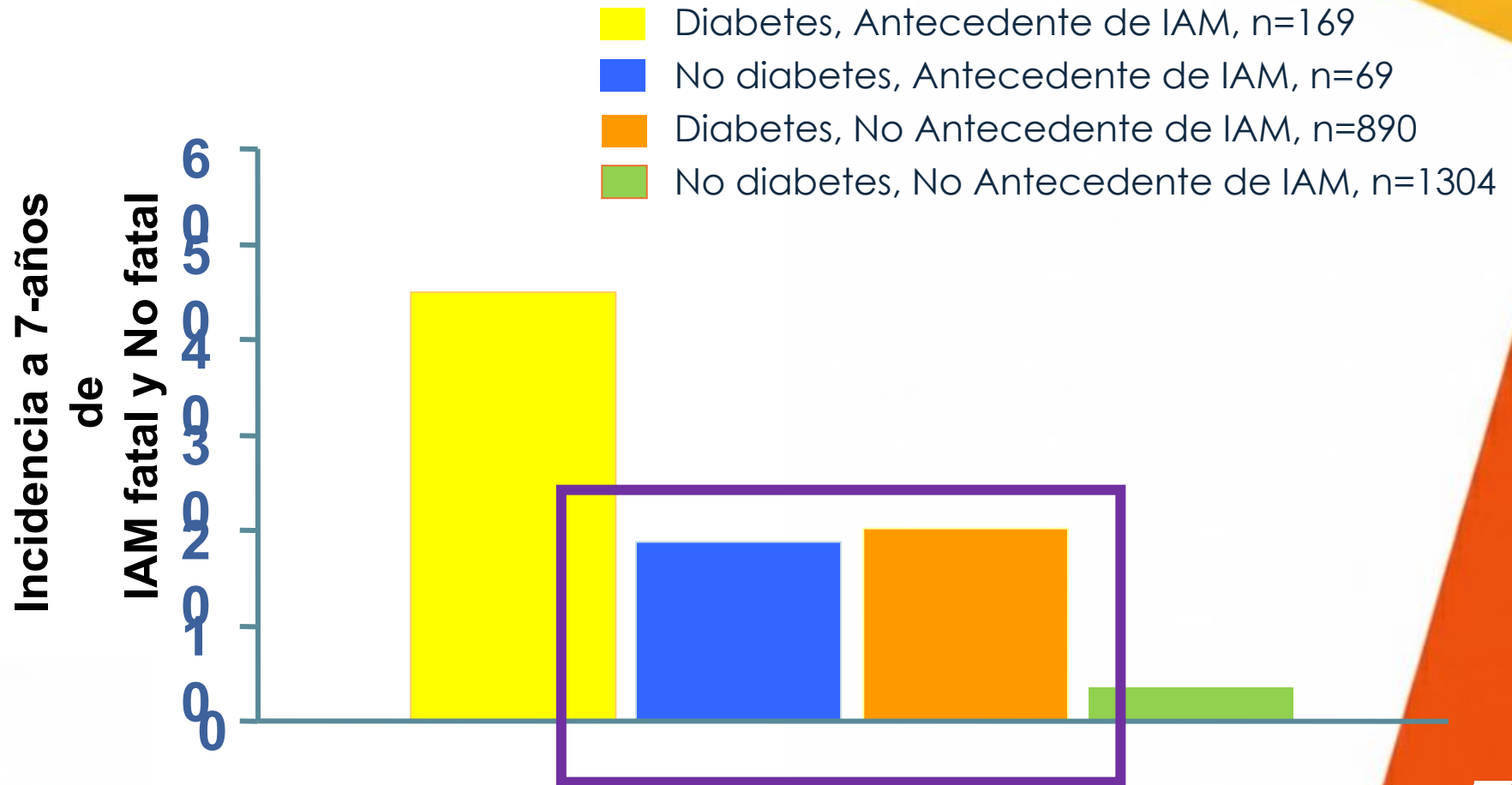


Ndumele CE, et al. American Heart Association. Cardiovascular-Kidney-Metabolic Health: A Presidential Advisory From the American Heart Association. Circulation. 2023 Nov 14;148(20):1606-1635. doi: 10.1161/CIR.0000000000001184.

# DIABETES Y MORTALIDAD CARDIOVASCULAR



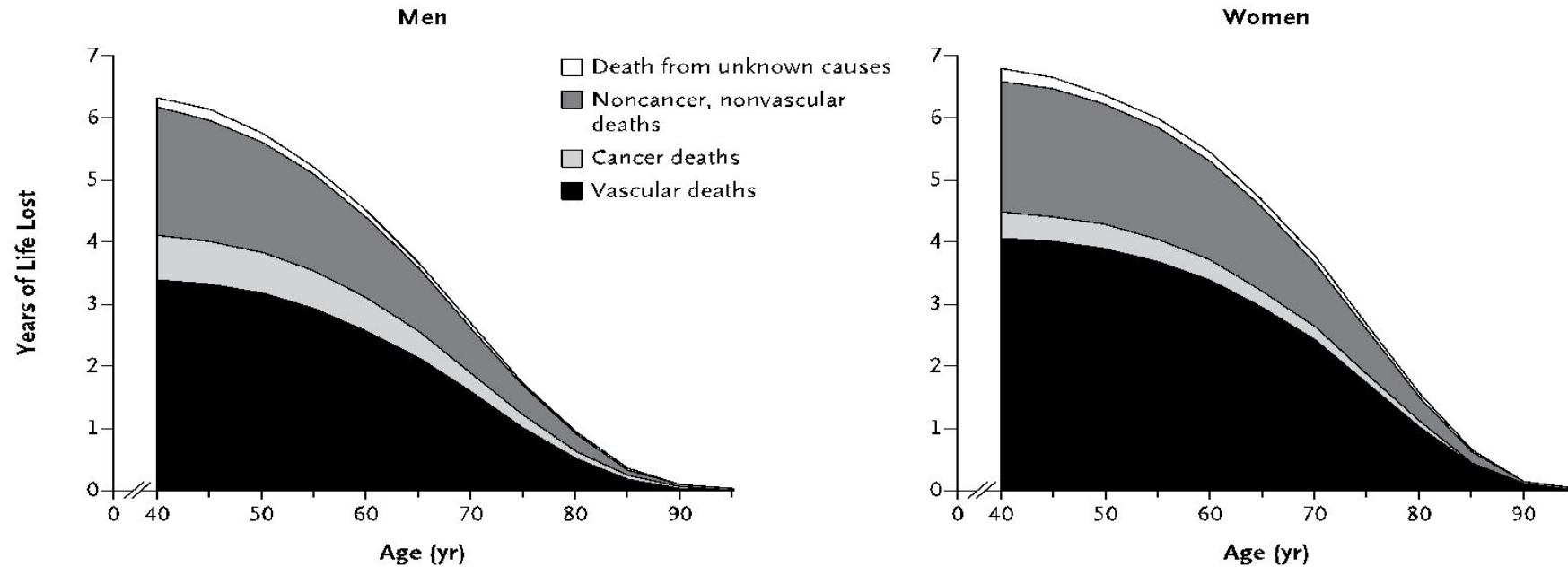
1953-2018



Steven Haffner et al NEJM 329: Julio/98

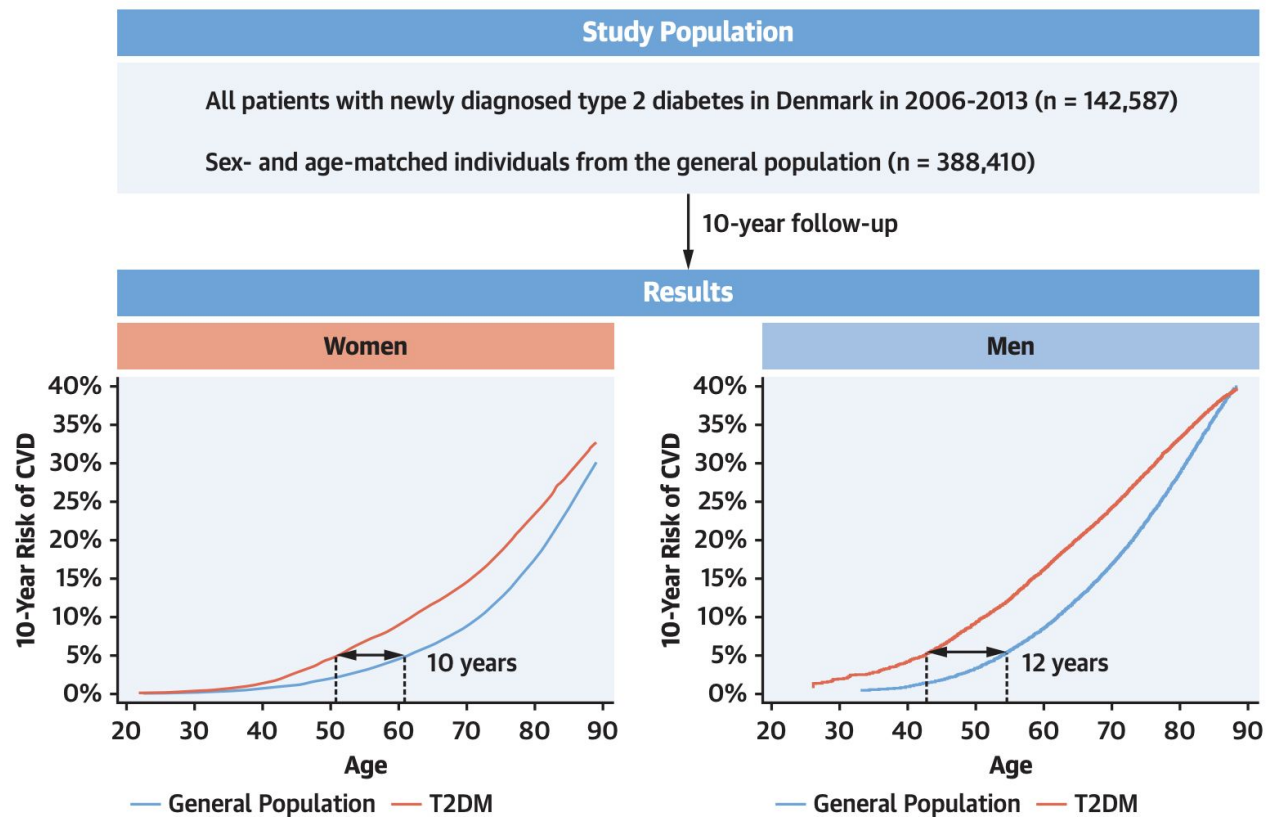
## Diabetes Mellitus, Fasting Glucose, and Risk of Cause-Specific Death

### B Estimated Future Years of Life Lost Owing to Diabetes



# Riesgo cardiovascular de los pacientes con DM2

## CENTRAL ILLUSTRATION 10-Year Cardiovascular Disease Risk in Newly Diagnosed Type 2 Diabetes Mellitus and the General Population



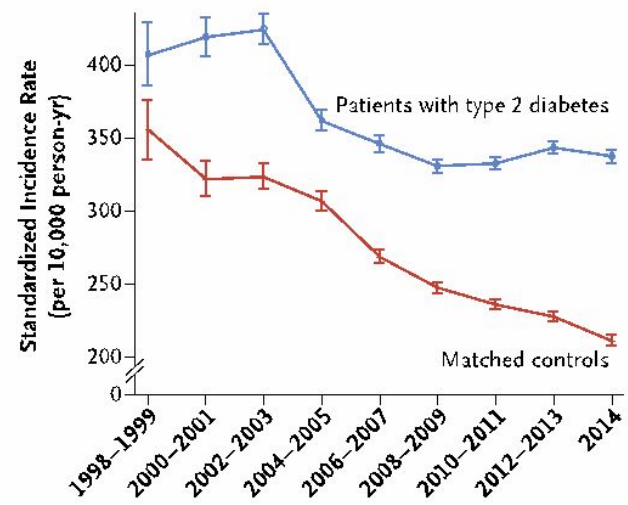
Gyldenkerne C, et al. *J Am Coll Cardiol.* 2023;82(16):1583-1594.

The 10-year risk of cardiovascular disease (CVD) was higher in patients with newly diagnosed type 2 diabetes mellitus (T2DM) than in the general population in both sexes and across all age groups. The 10-year cardiovascular disease risks increased stepwise with age.

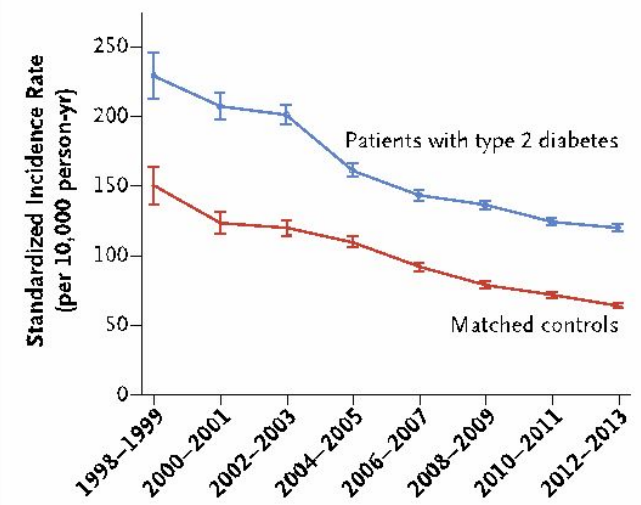


Mortality and Cardiovascular Disease in Type 1 and Type 2 Diabetes

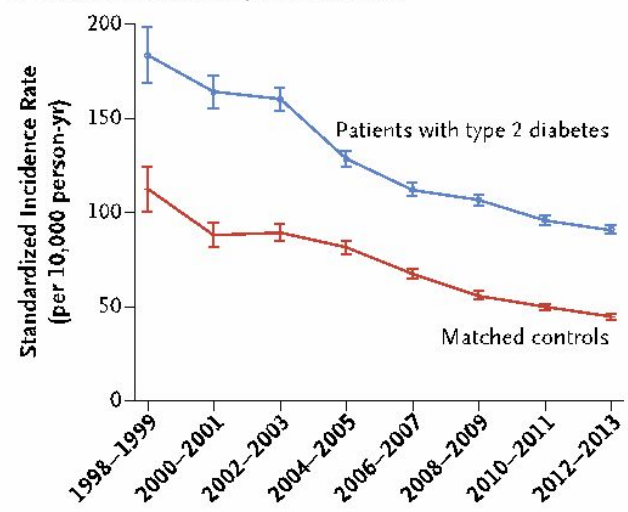
**A** Death from Any Cause



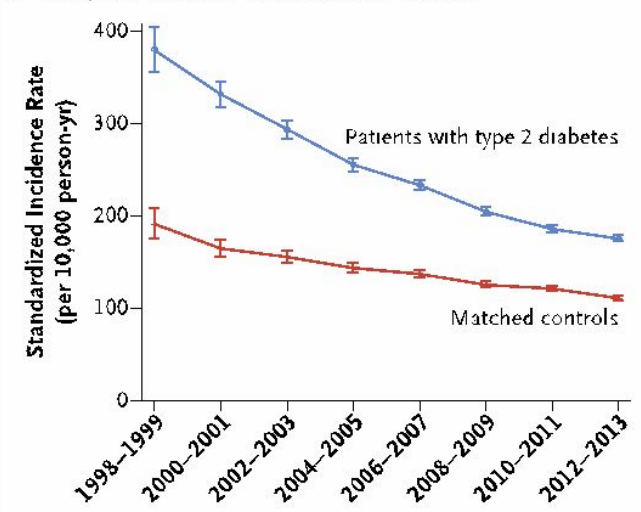
**B** Death from Cardiovascular Disease



**C** Death from Coronary Heart Disease



**D** Hospitalization for Cardiovascular Disease



## ORIGINAL ARTICLE

## Risk Factors, Mortality, and Cardiovascular Outcomes in Patients with Type 2 Diabetes

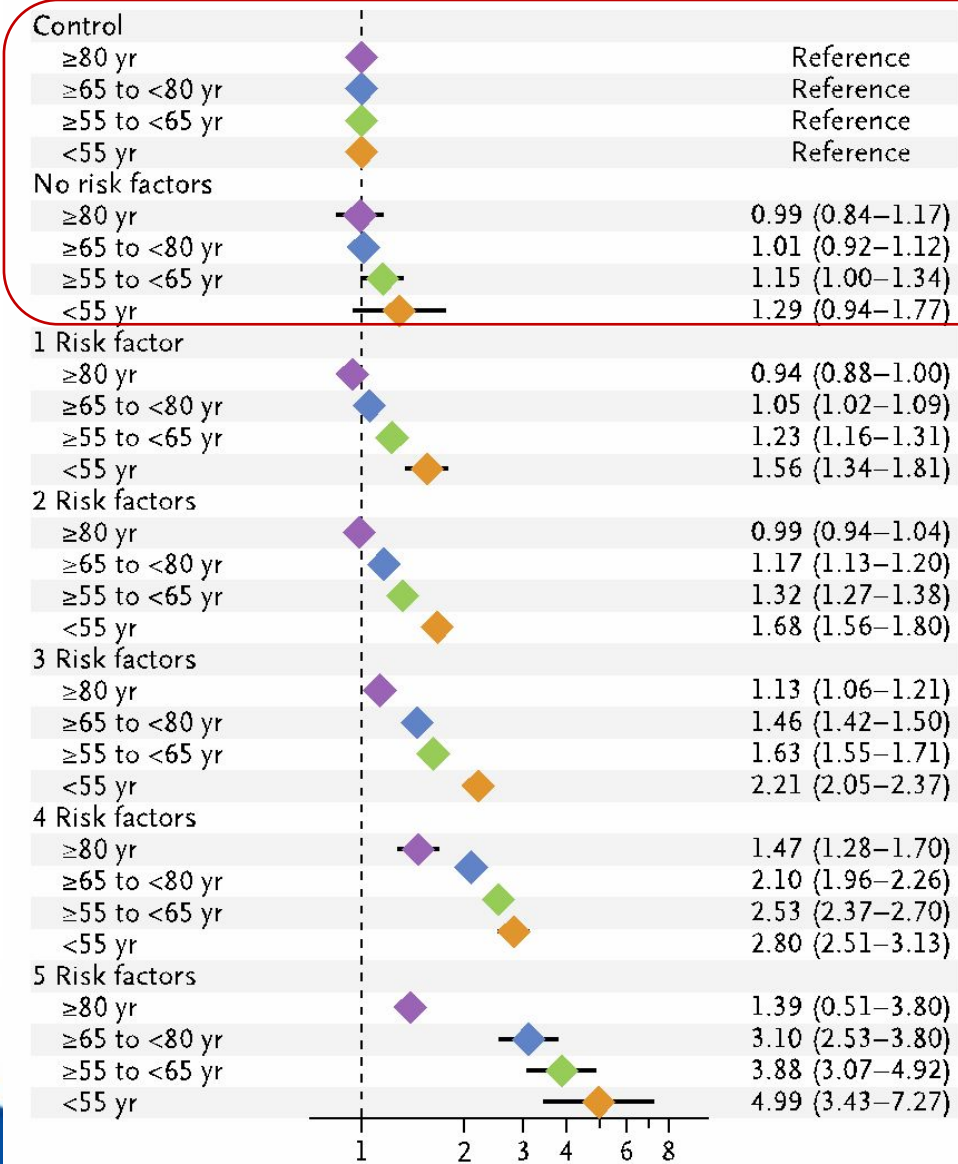
Aidin Rawshani, M.D., Araz Rawshani, M.D., Ph.D., Stefan Franzén, Ph.D.,  
Naveed Sattar, M.D., Ph.D., Björn Eliasson, M.D., Ph.D., Ann-Marie Svensson, Ph.D.,  
Björn Zethelius, M.D., Ph.D., Mervete Miftaraj, M.Sc.,  
Darren K. McGuire, M.D., M.H.Sc., Annika Rosengren, M.D., Ph.D.,  
and Soffia Gudbjörnsdottir, M.D., Ph.D.

**271.174 DM2 vs  
1'355.870**

- HbA1c
- LDL
- Albuminuria
- Tabaquismo
- T.A.

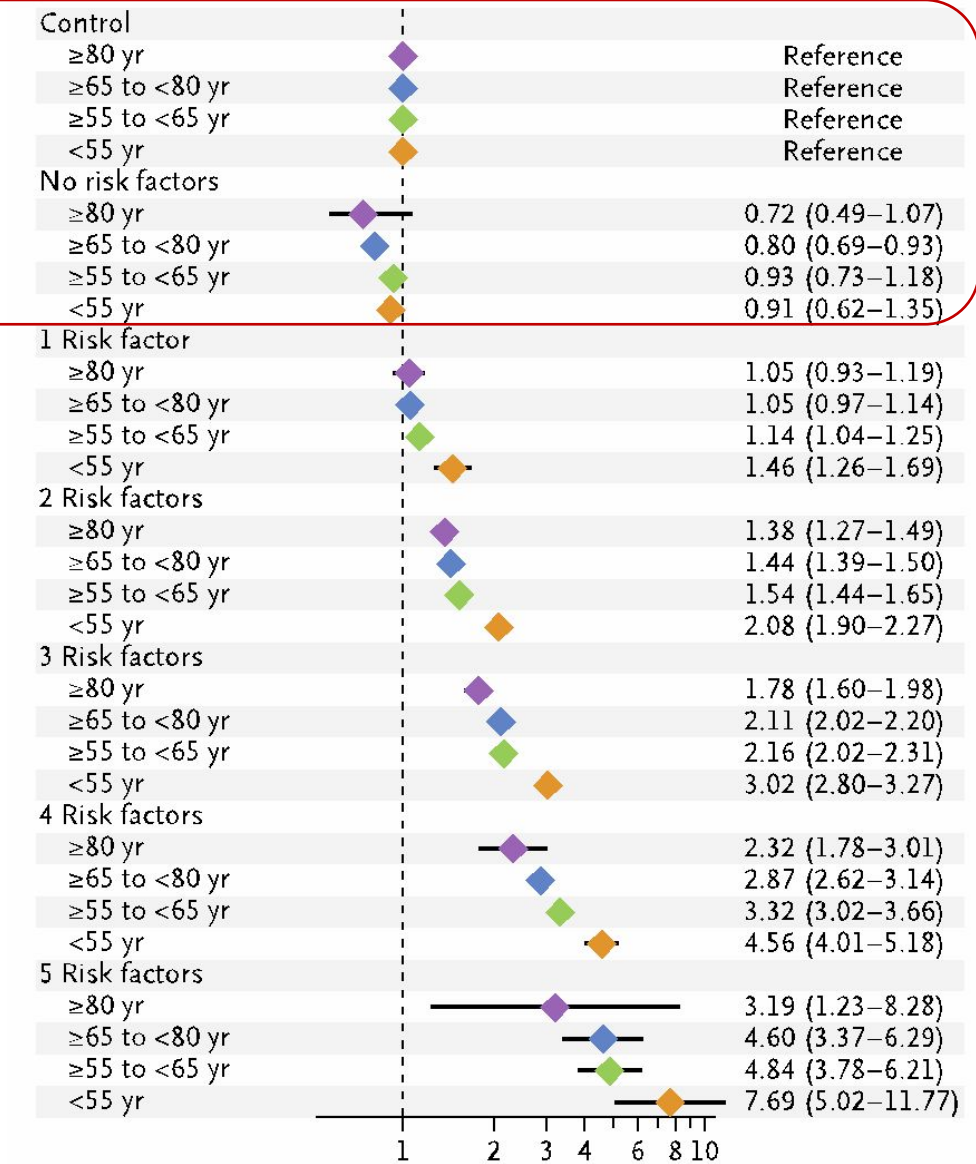
**A Excess Mortality in Relation to Range of Risk-Factor Control**

Hazard Ratio (95% CI)

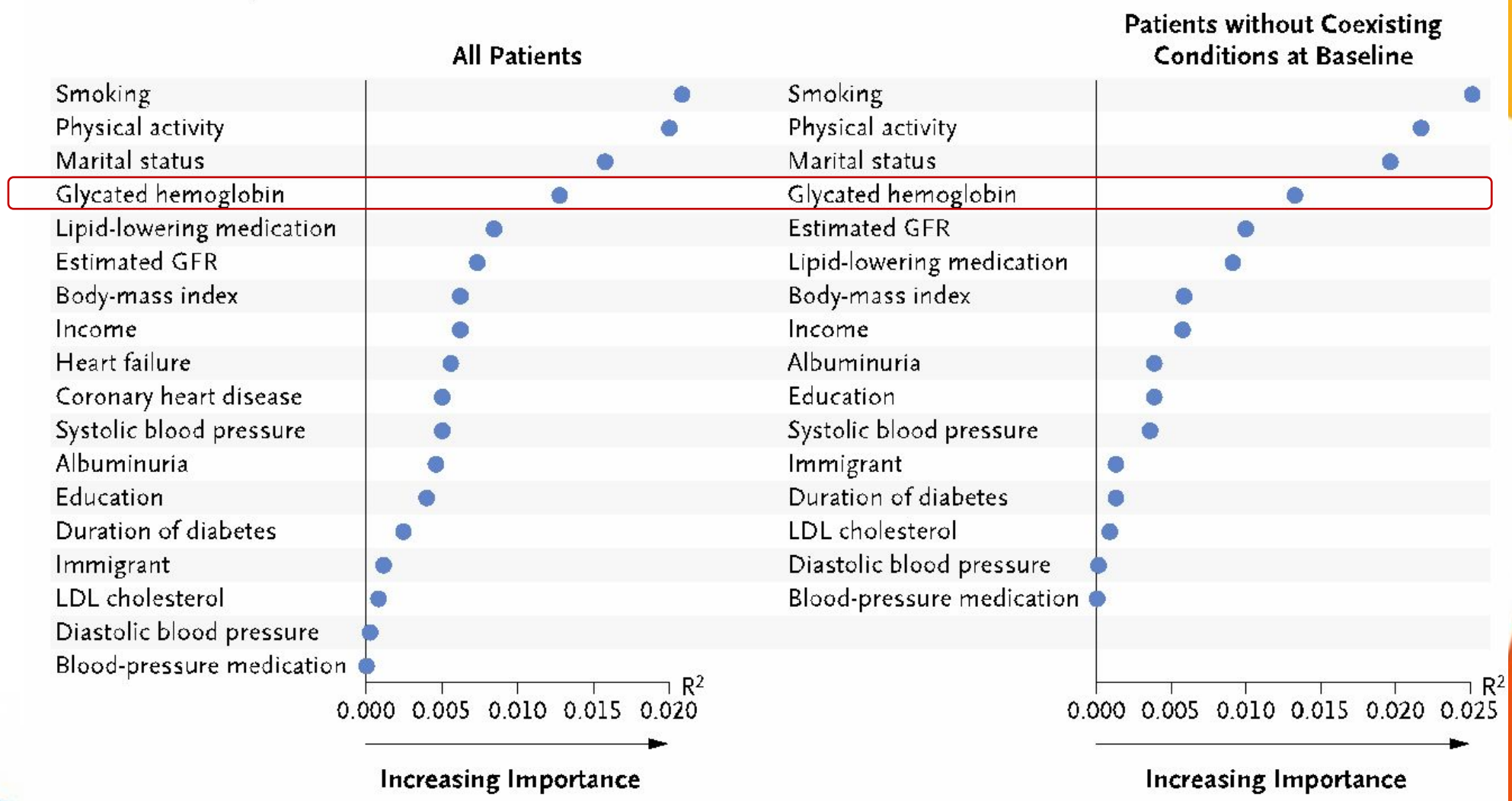


**B Excess Acute Myocardial Infarction in Relation to Range of Risk-Factor Control**

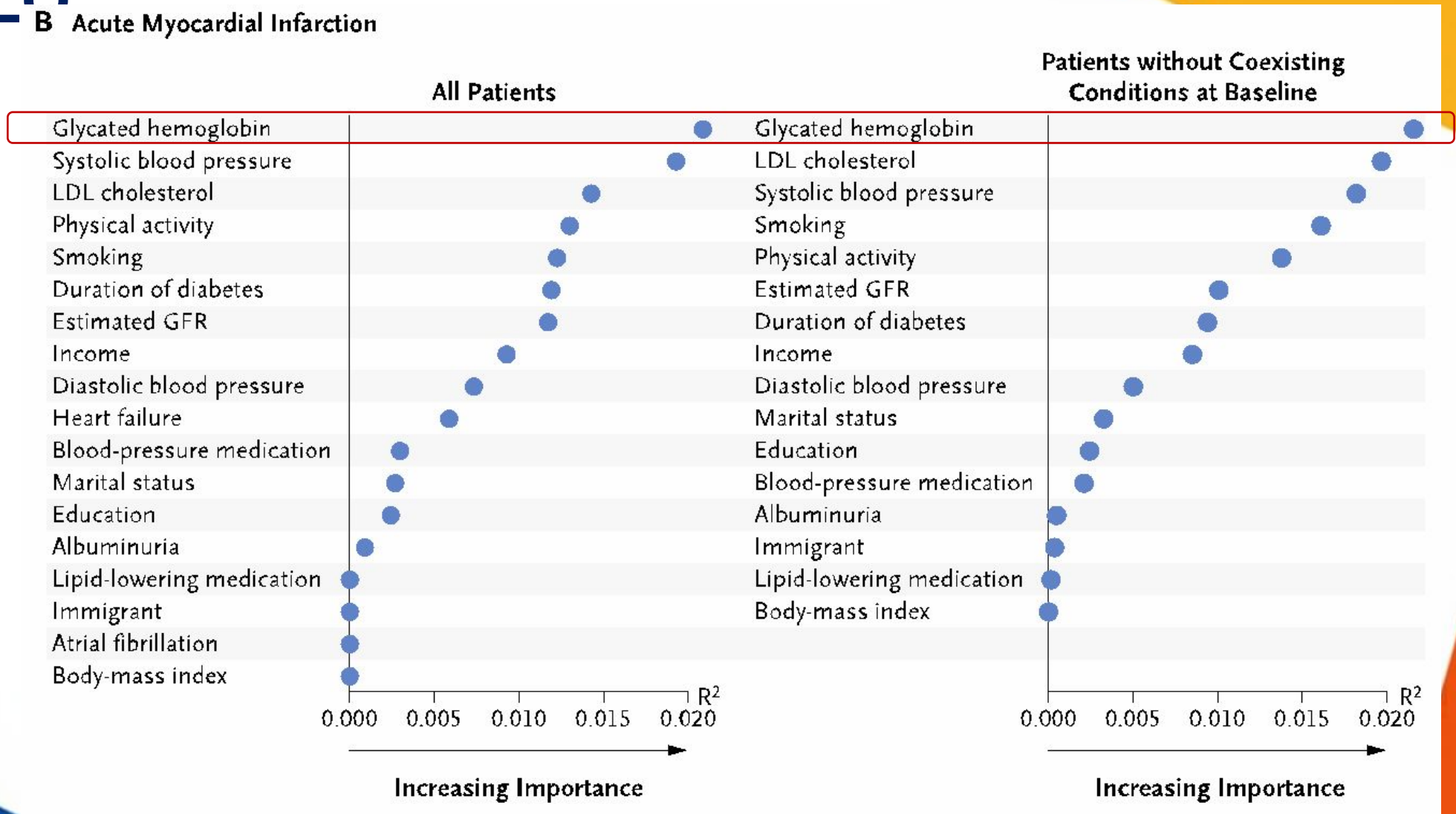
Hazard Ratio (95% CI)



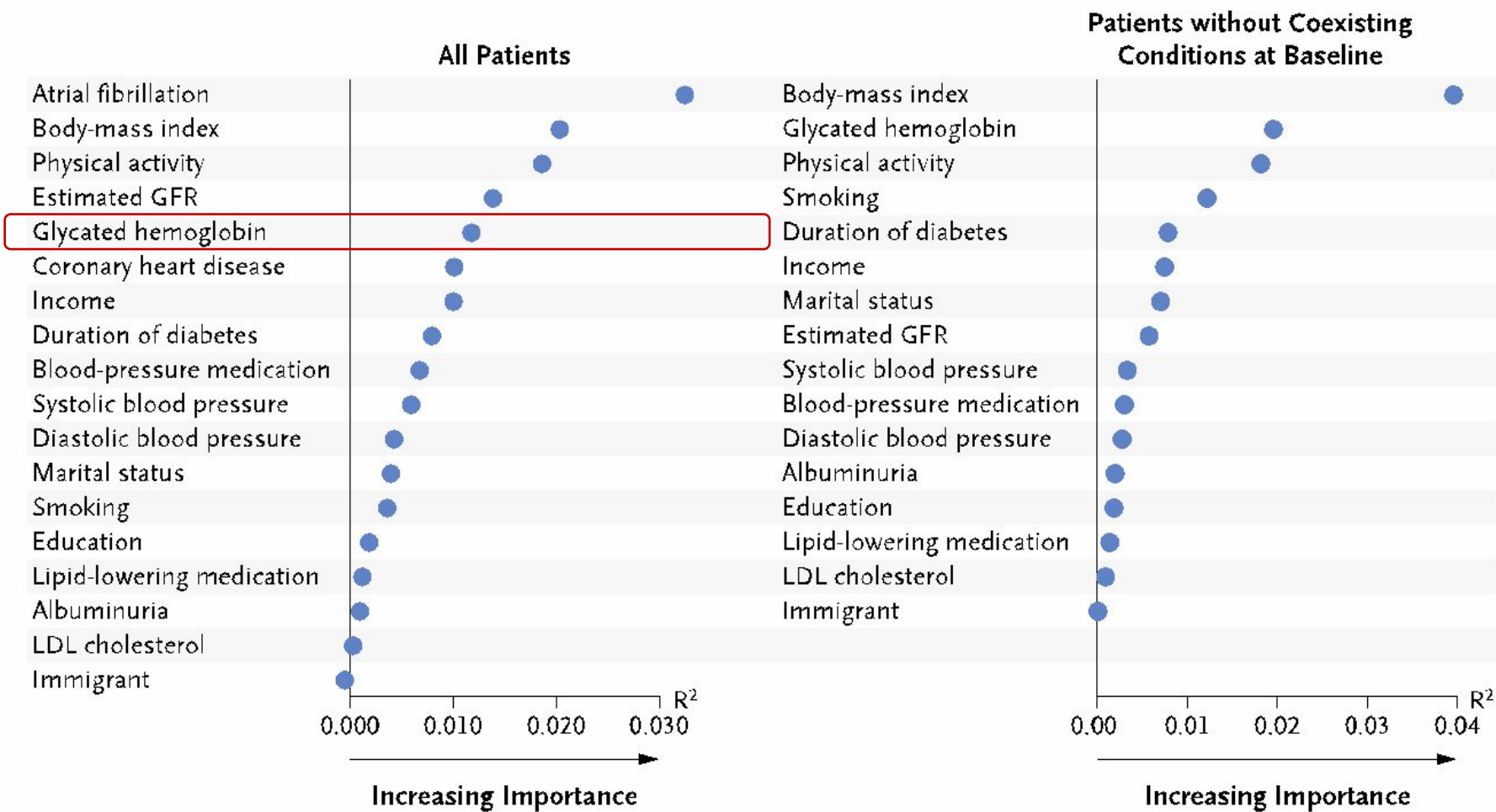
**A Death from Any Cause**



B Acute Myocardial Infarction



### D Heart Failure



Kaiser Permanente Northern California (KPNC) Diabetes Registry

# The Legacy Effect in Type 2 Diabetes: Impact of Early Glycemic Control on Future Complications (the Diabetes & Aging Study)

<https://doi.org/10.2337/dc17-1144>

*Neda Laiteerapong,<sup>1</sup> Sandra A. Ham,<sup>2</sup>  
Yue Gao,<sup>1</sup> Howard H. Moffet,<sup>3</sup>  
Jennifer Y. Liu,<sup>3</sup> Elbert S. Huang,<sup>1</sup> and  
Andrew J. Karter<sup>3</sup>*

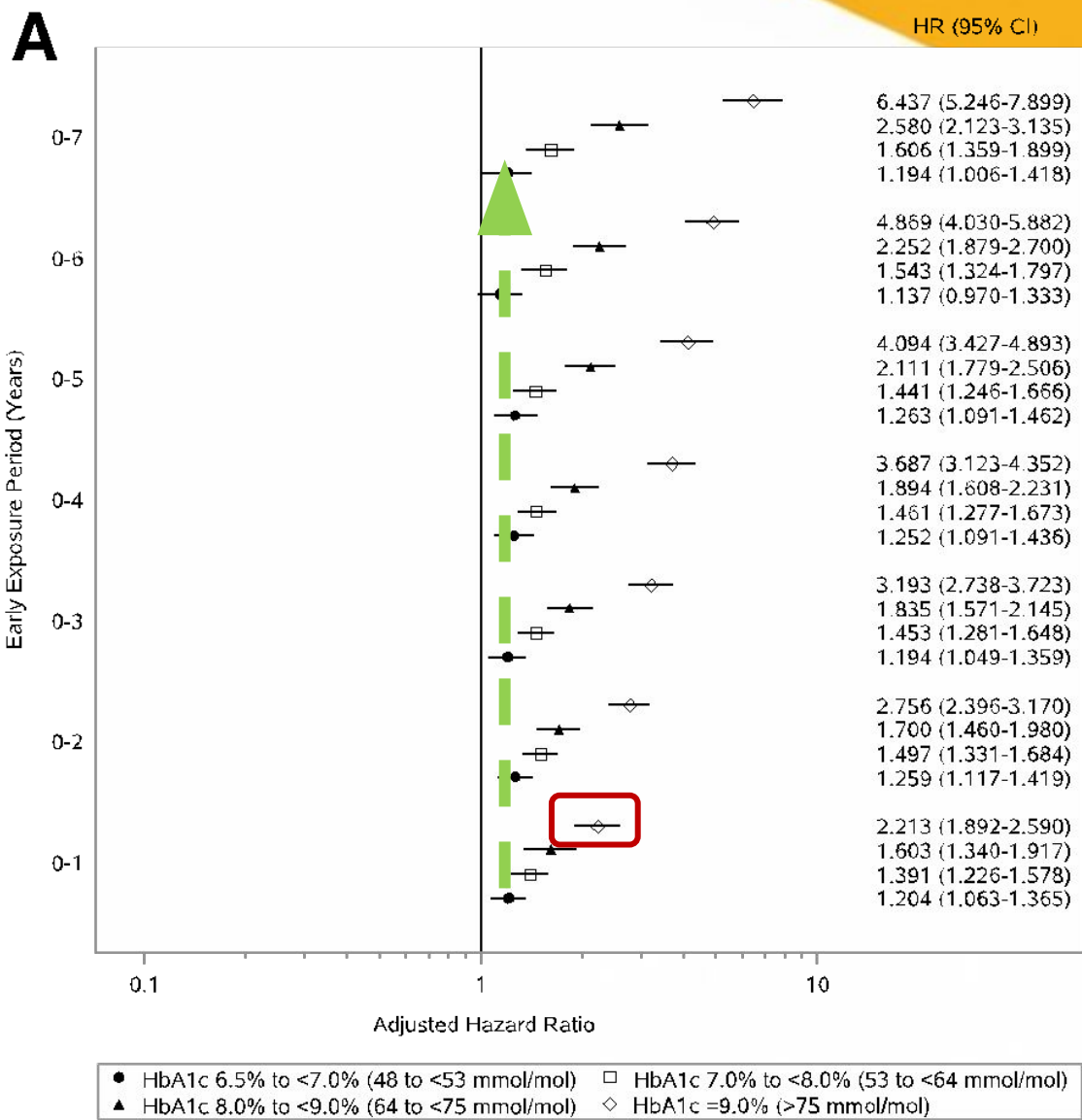
**34.737**



# Evento Microvascular

The Legacy Effect in Type 2 Diabetes: Impact of Early Glycemic Control on Future Complications (the Diabetes & Aging Study)

<https://doi.org/10.2337/dc17-1144>

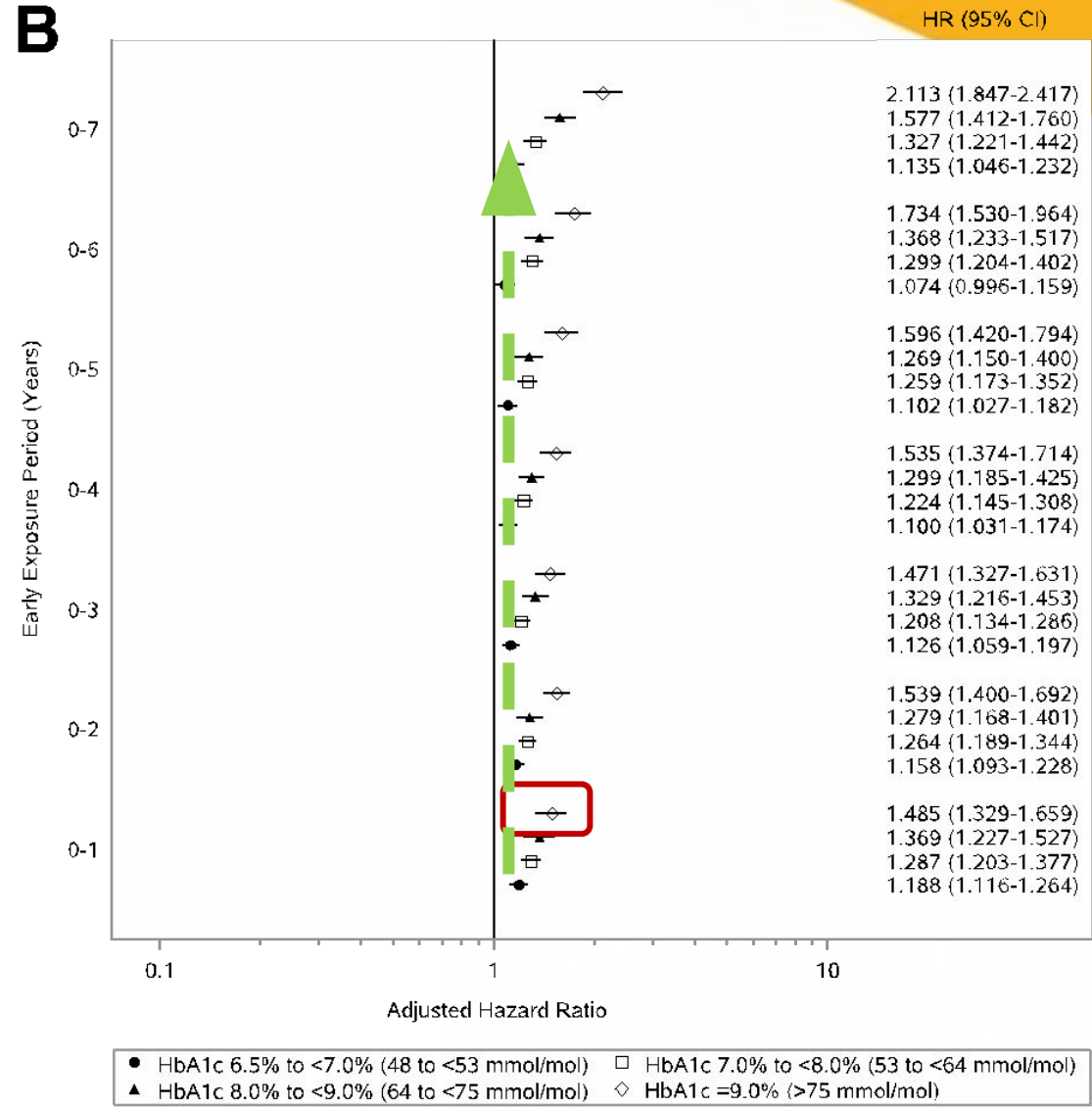




# Evento Macrovascular

The Legacy Effect in Type 2 Diabetes: Impact of Early Glycemic Control on Future Complications (the Diabetes & Aging Study)

<https://doi.org/10.2337/dc17-1144>



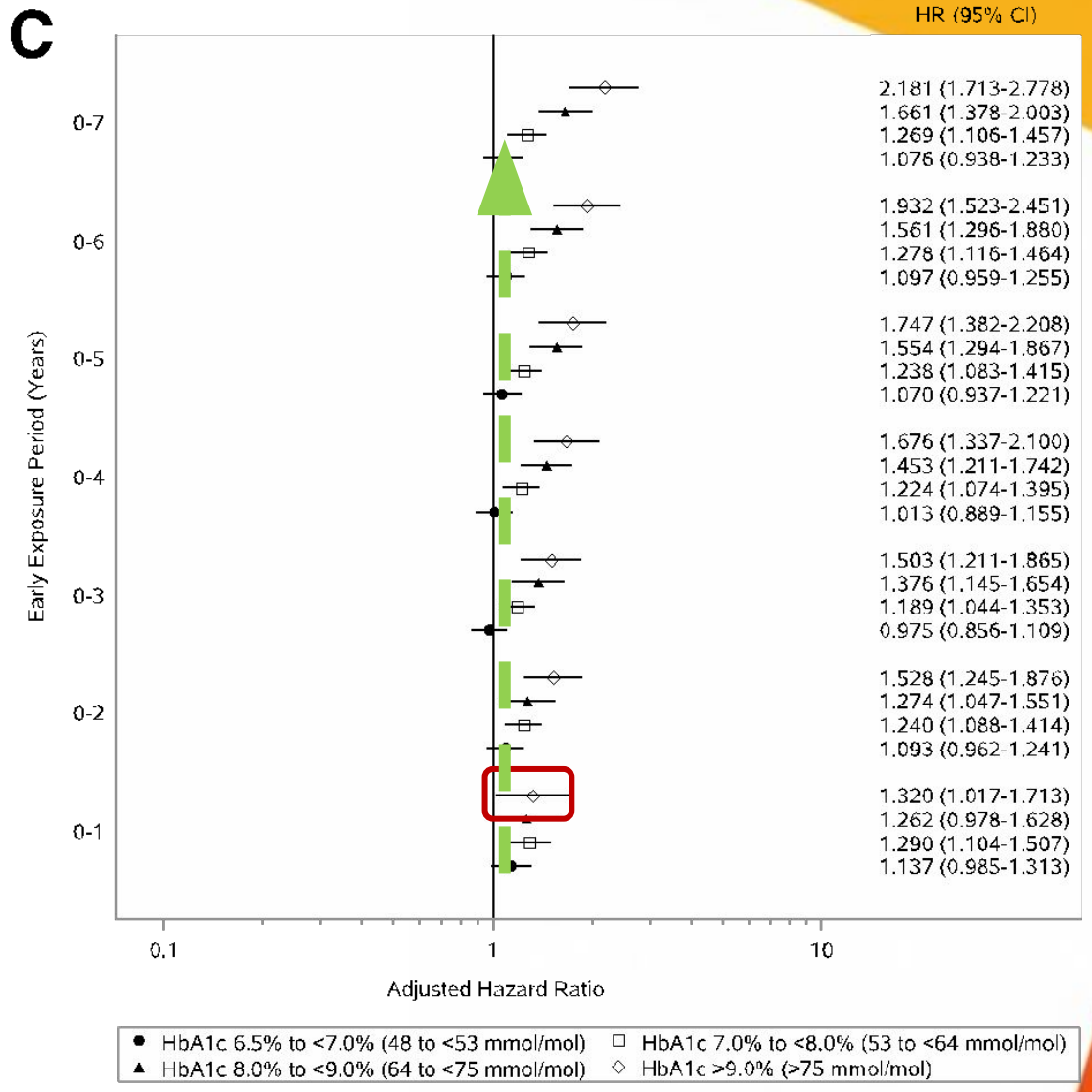


# Mortalidad

The Legacy Effect in Type 2 Diabetes: Impact of Early Glycemic Control on Future Complications (the Diabetes & Aging Study)

<https://doi.org/10.2337/dc17-1144>

C



# STENO STUDY

## The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JANUARY 30, 2003 VOL. 348 NO. 5

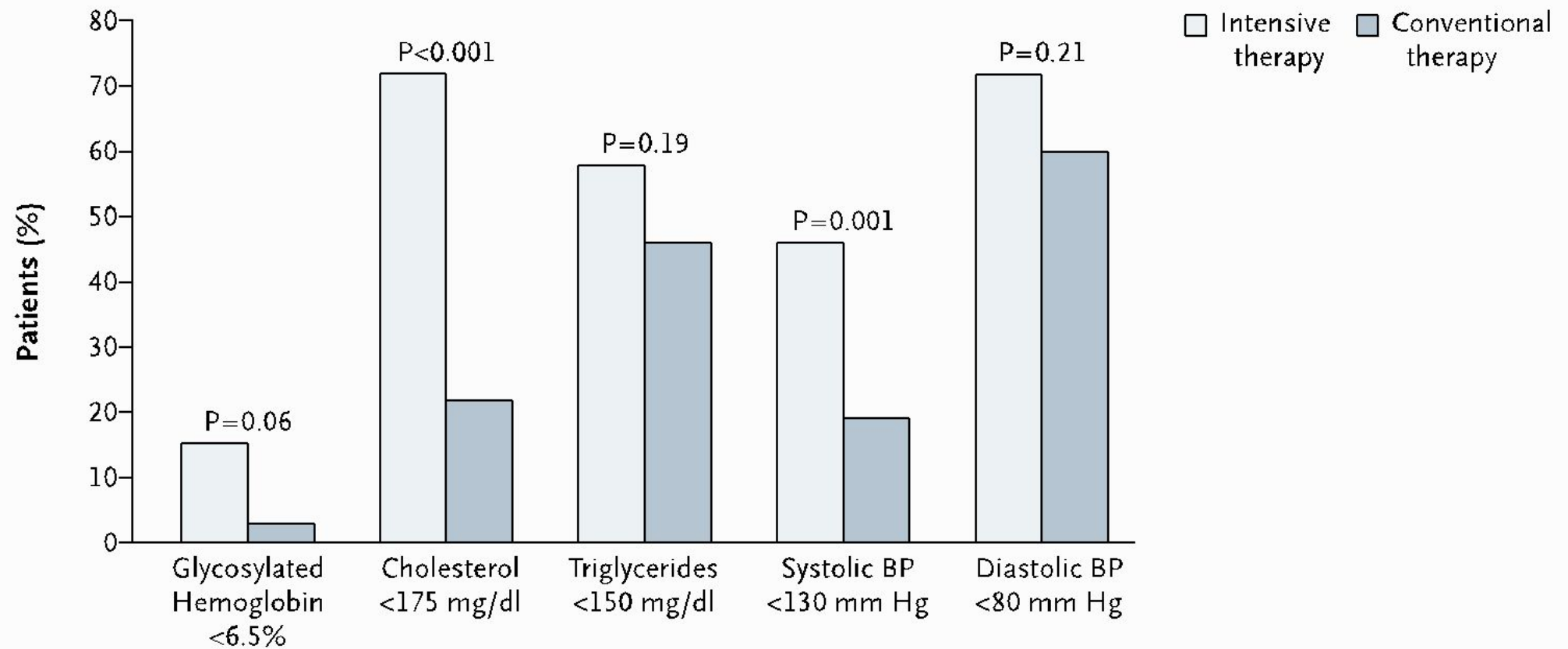
### Multifactorial Intervention and Cardiovascular Disease in Patients with Type 2 Diabetes

Peter Gæde, M.D., Pernille Vedel, M.D., Ph.D., Nicolai Larsen, M.D., Ph.D., Gunnar V.H. Jensen, M.D., Ph.D.,  
Hans-Henrik Parving, M.D., D.M.Sc., and Oluf Pedersen, M.D., D.M.Sc.

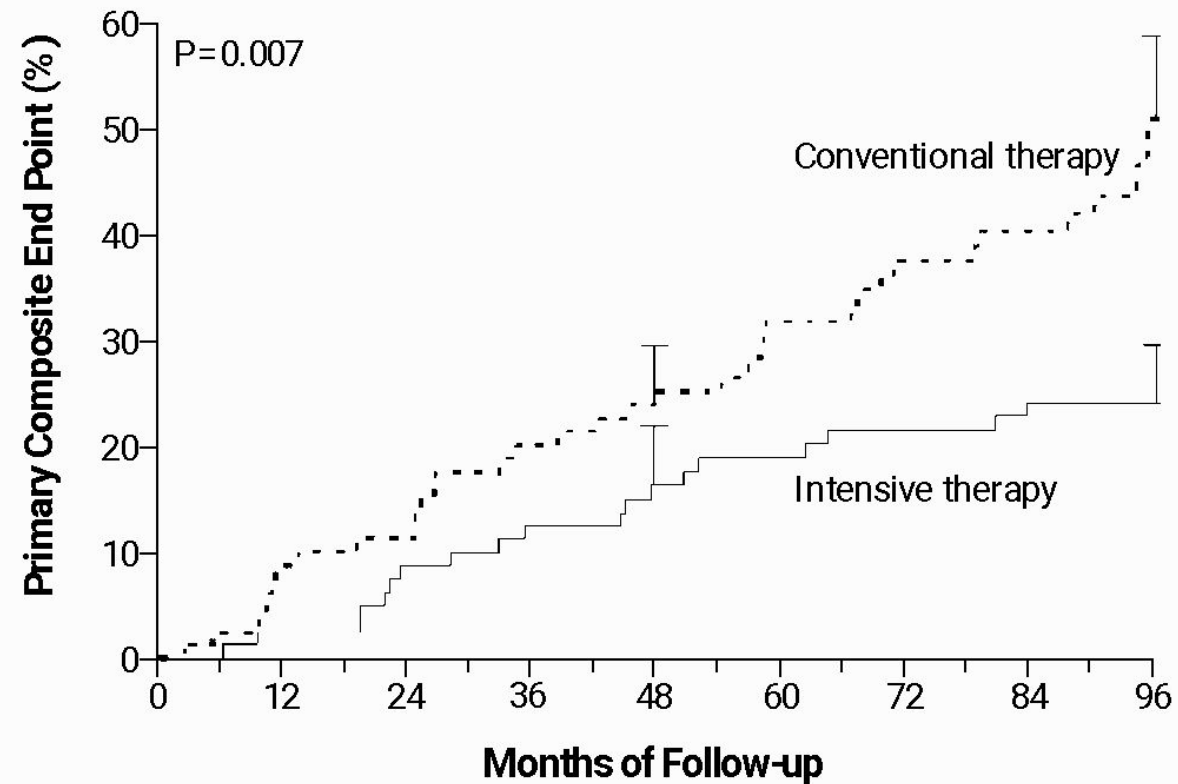
**Table 1. Treatment Goals for the Conventional-Therapy Group and the Intensive-Therapy Group.\***

Variable	Conventional Therapy		Intensive Therapy	
	1993–1999	2000–2001	1993–1999	2000–2001
Systolic blood pressure (mm Hg)	<160	<135	<140	<130
Diastolic blood pressure (mm Hg)	<95	<85	<85	<80
Glycosylated hemoglobin (%)	<7.5	<6.5	<6.5	<6.5
Fasting serum total cholesterol (mg/dl)	<250	<190	<190	<175
Fasting serum triglycerides (mg/dl)	<195	<180	<150	<150
Treatment with ACE inhibitor irrespective of blood pressure	No	Yes	Yes	Yes
Aspirin therapy				
For patients with known ischemia	Yes	Yes	Yes	Yes
For patients with peripheral vascular disease	No	No	Yes	Yes
For patients without coronary heart disease or peripheral vascular disease	No	No	No	Yes

# STENO STUDY



# STENO STUDY



## No. at Risk

Conventional therapy	80	72	70	63	59	50	44	41	13
Intensive therapy	80	78	74	71	66	63	61	59	19

# STENO STUDY

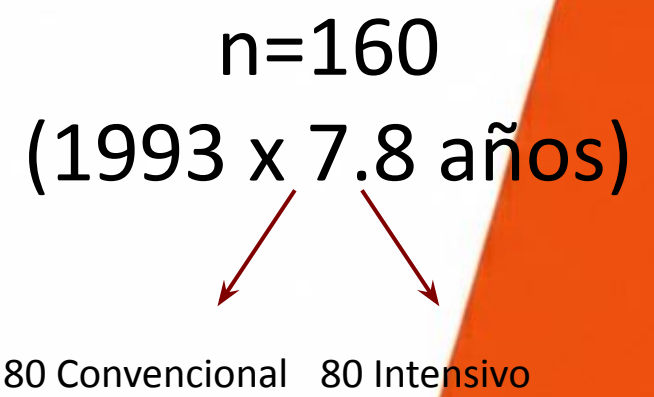
Diabetologia (2016) 59:2298–2307  
DOI 10.1007/s00125-016-4065-6



ARTICLE

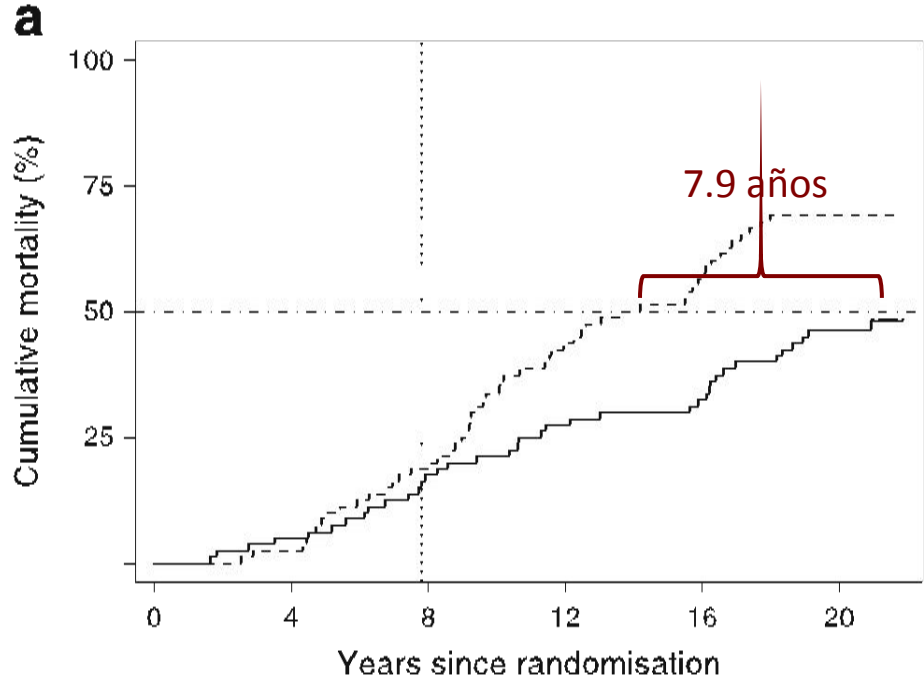
## Years of life gained by multifactorial intervention in patients with type 2 diabetes mellitus and microalbuminuria: 21 years follow-up on the Steno-2 randomised trial

Peter Gæde<sup>1,2</sup> · Jens Oellgaard<sup>1,2,3</sup> · Bendix Carstensen<sup>3</sup> · Peter Rossing<sup>3,4,5</sup> · Henrik Lund-Andersen<sup>3,5,6</sup> · Hans-Henrik Parving<sup>5,7</sup> · Oluf Pedersen<sup>8</sup>

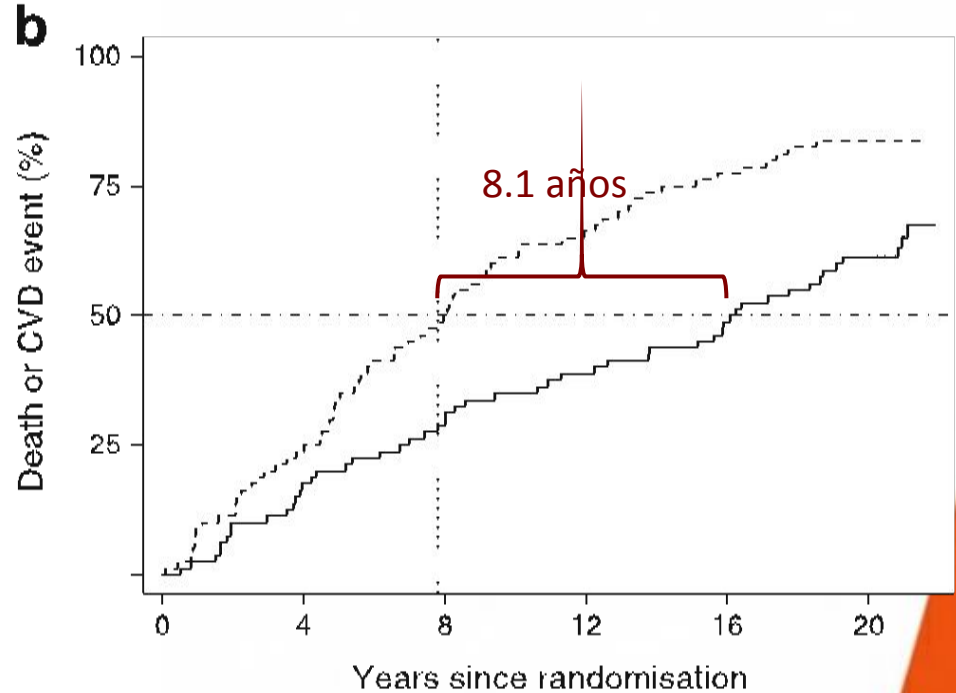


2014

# STENO STUDY



Number at risk		0	4	8	12	16	20
Intensive	80	76	66	58	54	43	
Conventional	80	78	65	45	34	24	



Number at risk		0	4	8	12	16	20
Intensive	80	66	56	49	41	31	
Conventional	80	61	40	27	18	13	



Hay Esperanza

# Remisión de la diabetes: definición de consenso <sup>1</sup>

Remisión de la diabetes

**HbA1c < 6,5 %** sostenida durante al menos 3 meses sin continuar con fármacos hipoglucemiantes

Marcadores control glucémico

**HbA1c < 6,5 %**

**marcador alternativo GPA < 126 mg/dl**  
**marcador alternativo HbA1ce < 6,5 %**

Determinar la HbA1c tras

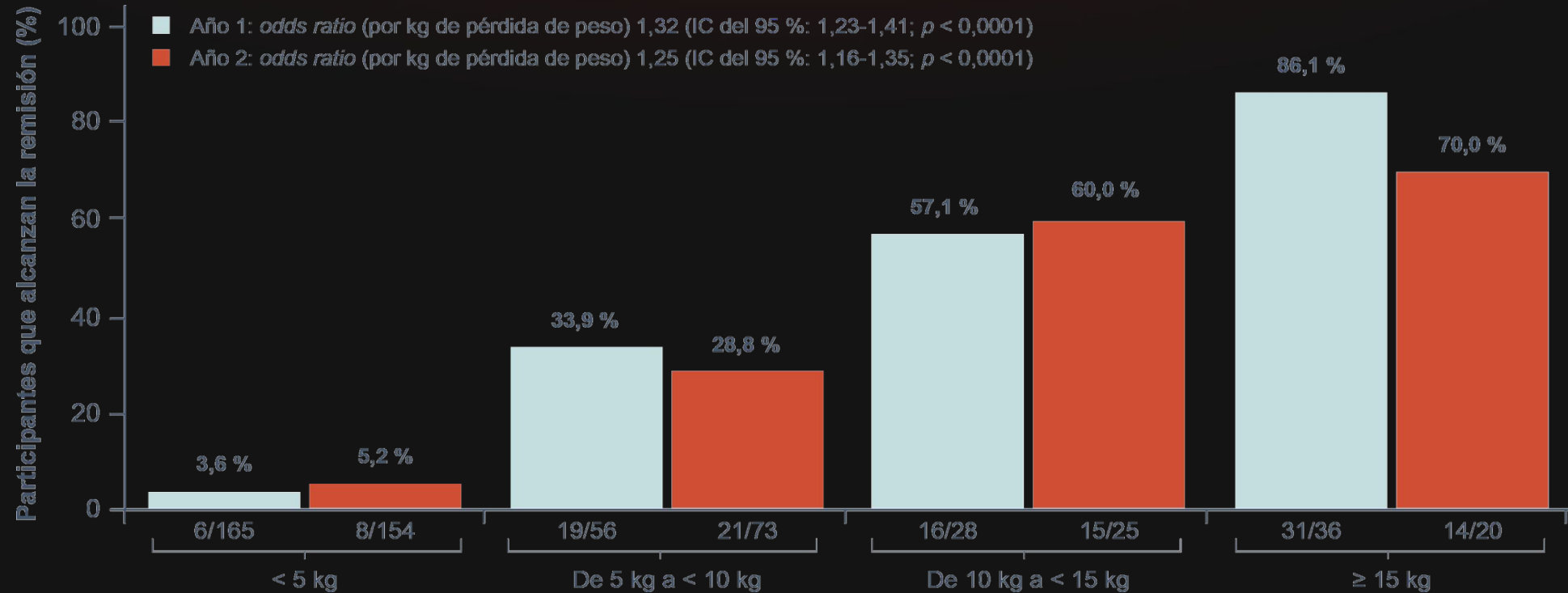
3 meses tras cesar **farmacoterapia**

3 meses después de **cirugía**

6 meses tras cambio en **estilo de vida**

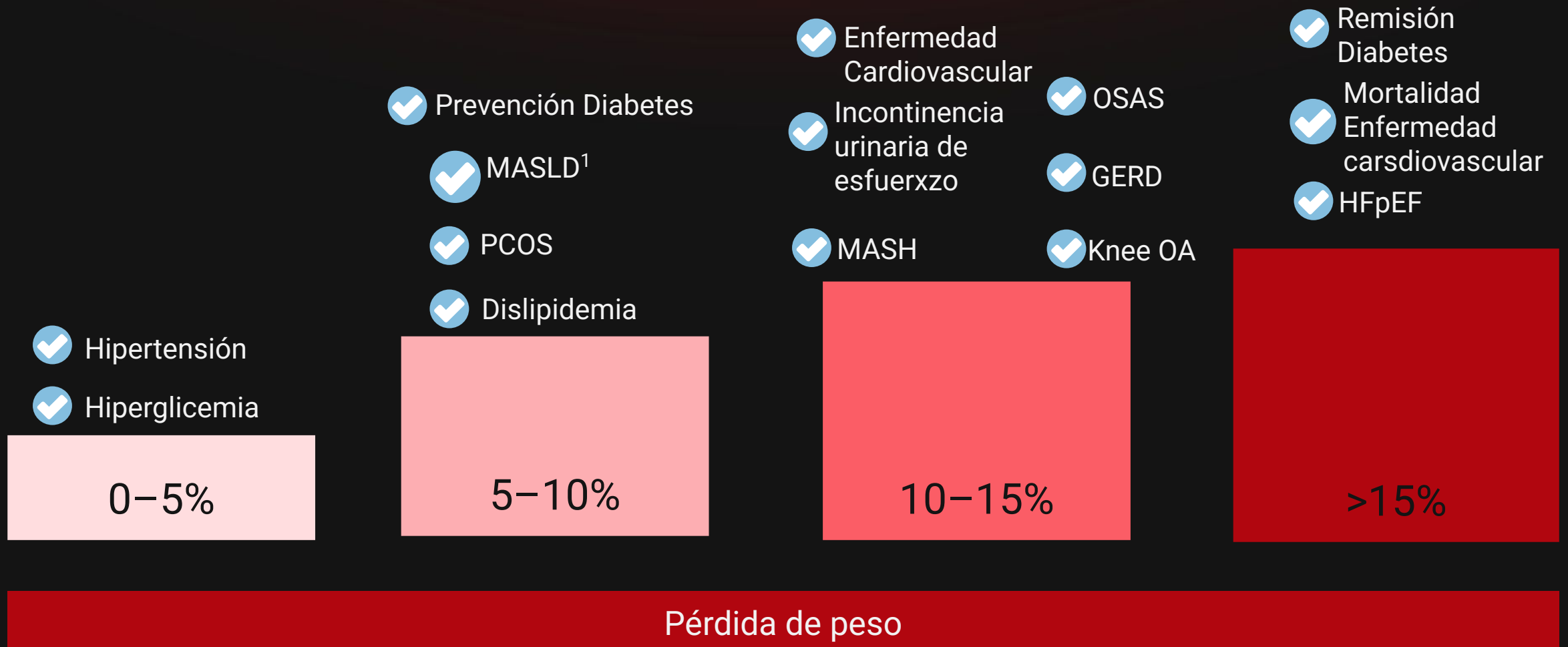
# La pérdida de peso puede contribuir a la remisión de la DM2

La remisión sostenida está relacionada con el grado de pérdida de peso



**Remisión de la DM2 según la pérdida de peso conseguida a los 12 y 24 meses** durante un programa de control de peso dirigido por atención primaria. El tiempo transcurrido desde el diagnóstico de la DM2 fue < 6 años.

# Beneficios de la pérdida de peso



Garvey WT et al. *Endocr Pract* 2016;22(Suppl. 3):1–203; Look AHEAD Research Group. *Lancet Diabetes Endocrinol* 2016;4:913–21; Lean ME et al. *Lancet* 2018;391:541–51; Benraoune F and Litwin SE. *Curr Opin Cardiol* 2011;26:555–61; Sundström J et al. *Circulation* 2017;135:1577–85.

<sup>1</sup> American association for the study of liver diseases: [New MASLD Nomenclature | AASLD](#)

## Se llega a la Obesidad...



Some  
medicines



Hormonal  
conditions



Not enough  
physical activity



Some mental  
health conditions

### What pathways control weight regulation?

- The brain is the control center for weight regulation.
- Signals (in the form of hormones) are sent to the brain from other parts of the body.
- Several hormones help the brain to regulate a person's appetite.

- In the short term, an empty stomach sends a signal to tell the brain that a person is hungry. Cells in the stomach then release ghrelin (greh-lin), also called the "hunger hormone."

#### Empty stomach

Releases ghrelin →  
increases appetite



Ejercicio Aeróbico



Ejercicio de Fuerza



# Recommended Macronutrient Distribution

<b>Nutrient</b>	<b>ADA*</b> (% Energy)	<b>EASD<sup>†</sup></b> (% Energy)	<b>Diabetes UK</b> (% Energy)	<b>CDA<sup>‡</sup></b> (% Energy)
<b>Protein</b>	<b>15-20</b>	<b>10-20</b>	<b>≤1 g/kg body weight</b>	<b>15-20</b>
<b>Fat</b>	<b>25-35</b>	<b>25-35</b>	<b>&lt;35</b>	<b>≤30</b>
<b>SFA</b>	<b>&lt;7</b>	<b>&lt;10</b>	<b>&lt;10</b>	<b>≤10</b>
<b>MUFA</b>	<b>individually tailored</b>	<b>60-70 for CHO + <i>cis</i>-MUFA individually tailored</b>	<b>10-20 <i>cis</i>-MUFA</b>	<b>should be used in meal plan when possible</b>
<b>PUFA</b>	<b>~10</b>	<b>≤10</b>	<b><i>n</i>-6 &lt;10 <i>n</i>-3, consume fish once or twice weekly</b>	<b>&lt;10</b>
<b>CHO</b>	<b>45-65 (CHO + fat); Individually tailored</b>	<b>45-60 (CHO + fat); Individually tailored, ↓ GI and ↑ fiber foods</b>	<b>45-60 emphasize foods with ↓ GI</b>	<b>50-60 ↓ GI foods may be helpful</b>

# The Effect of Graded Doses of Insulin on Total Glucose Uptake, Glucose Oxidation, and Glucose Storage in Man

DANIEL THIEBAUD, ERIC JACOT, RALPH A. DEFRONZO, EVELYNE MAEDER, ERIC JEQUIER, AND JEAN-PIERRE FELBER

DIABETES, VOL. 31, NOVEMBER 1982

## EFFECT OF GRADED INSULIN DOSES IN MAN

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Summary of total oxidation rate, basal and increase above basal carbohydrate oxidat protein oxidation during the 0.5-, 1-, 2-, 4-, and 10-mU/kg · min insulin clamp stu

Insulin infusion rate	Glucose oxidation		Lipi
	Basal	Suprabasal	Basal
	(mg/kg · min)		(m
<b>Euglycemic hyperinsulinemia</b>			
0.5 mU/kg · min	1.3 ± 0.1	1.1 ± 0.1	1.1 ± 0.1
1.0 mU/kg · min	1.3 ± 0.1	1.8 ± 0.2*	1.1 ± 0.1
2.0 mU/kg · min	1.2 ± 0.1	2.1 ± 0.2	1.1 ± 0.1
4.0 mU/kg · min	1.3 ± 0.1	2.3 ± 0.1	1.0 ± 0.1
10 mU/kg · min	1.3 ± 0.1	2.4 ± 0.2	1.0 ± 0.1
<b>Hyperglycemic hyperinsulinemia</b>			
10 mU/kg · min	1.3 ± 0.1	2.7 ± 0.2	1.0 ± 0.1

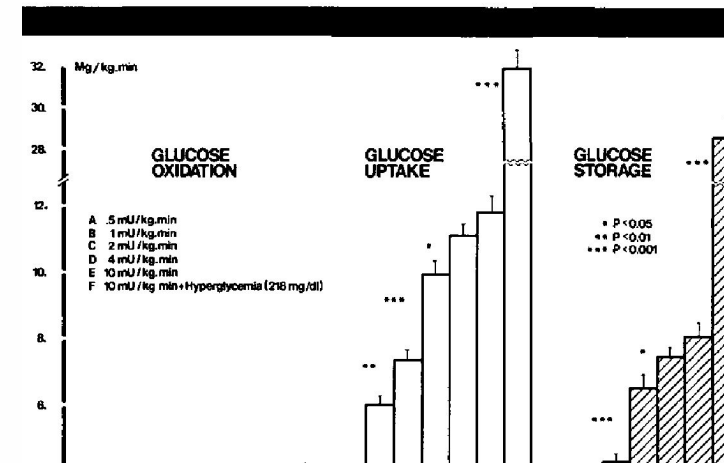
All values represent the mean ± SEM for the basal or 60–120-min time period.

\* P < 0.001.

12.6, 4.0, and 8.7 mg/kg · min. The half maximally effective oxidation was al



80%





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Clinical Nutrition

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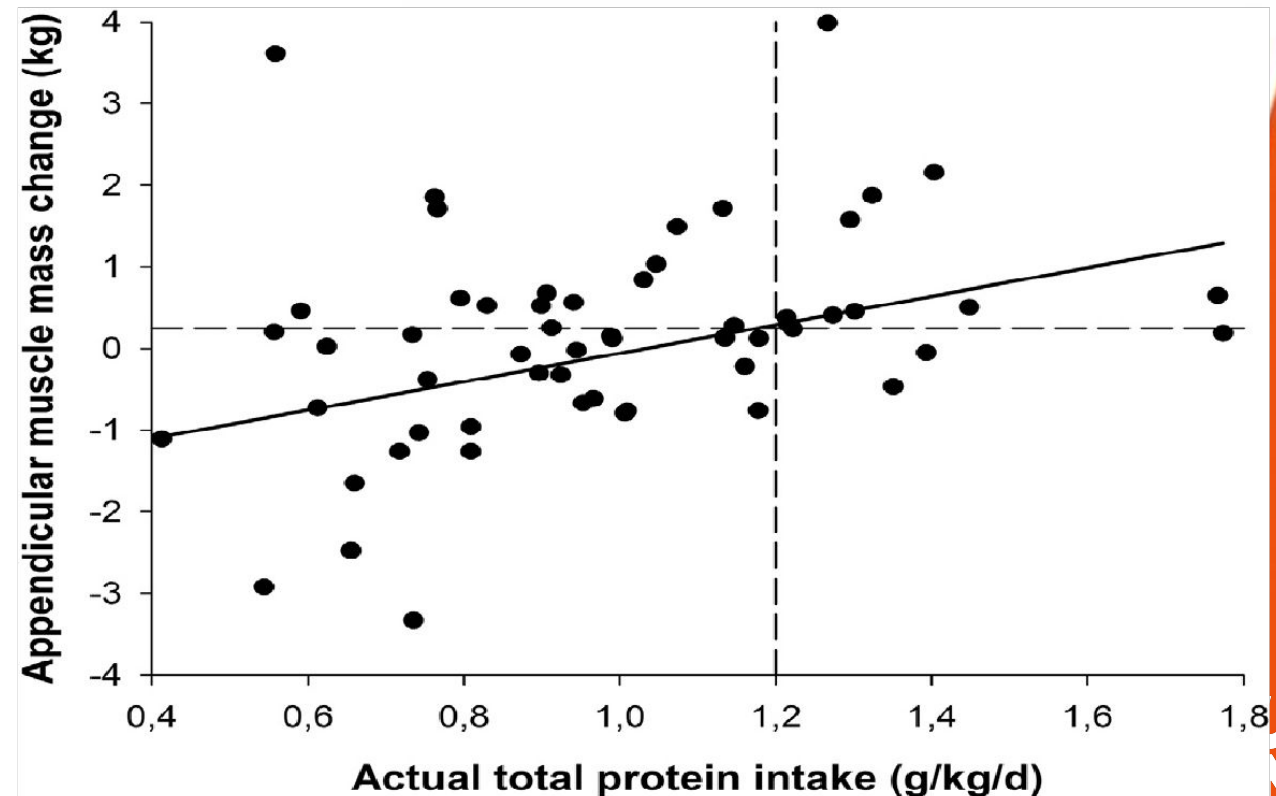
Original article

Exploration of the protein requirement during weight loss in obese older adults



Peter J.M. Weijs<sup>a, b, c, \*</sup>, Robert R. Wolfe<sup>d</sup>

The protein product was a high whey protein, leucine-enriched nutritional supplement containing 150 kcal per serving in a volume of 150 mL, 20 g whey protein, 3 g total leucine, per serving



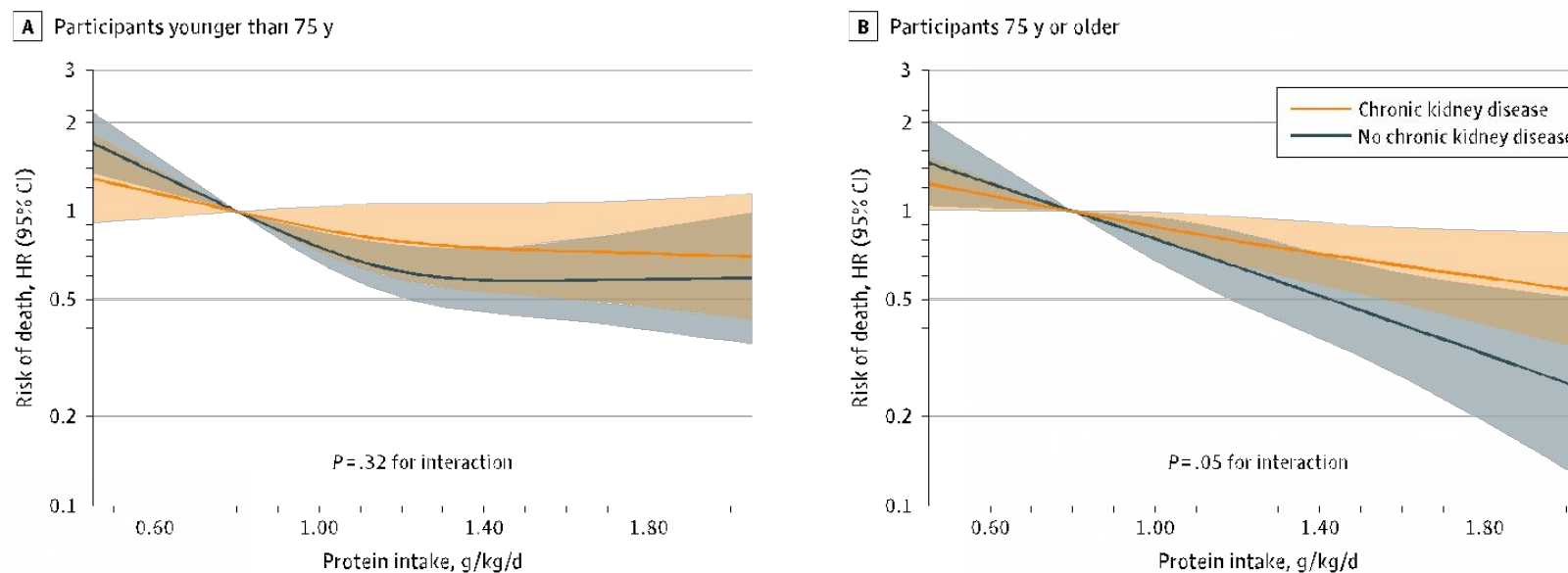


Original Investigation | Nutrition, Obesity, and Exercise

## Protein Intake and Mortality in Older Adults With Chronic Kidney Disease

Adrián Carballo-Casla, PhD; Carla Maria Avesani, PhD; Giorgi Beridze, MD; Rosario Ortolá, MD, PhD; Esther García-Esquinas, MD, PhD; Esther Lopez-García, PhD; Lu Dai, MD, PhD; Michelle M. Dunk, PhD; Peter Stenvinkel, MD, PhD; Bengt Lindholm, MD, PhD; Juan Jesús Carrero, PhD; Fernando Rodríguez-Artalejo, MD, PhD; Davide Liborio Vetrano, MD, PhD; Amaia Calderón-Larrañaga, PhD

Figure 1. Association of Total Protein Intake With 10-Year All-Cause Mortality, Stratified by Chronic Kidney Disease and Age





**EURO**   
**SUMMIT**  
**2026 RELOADED**

The logo features the text 'EURO' in a bold, italicized sans-serif font. The letter 'O' is replaced by a white circle containing a blue line graph with three peaks. Below 'EURO' is the word 'SUMMIT' in a larger, bold, italicized sans-serif font. Underneath 'SUMMIT' is the text '2026 RELOADED' in a smaller, bold, italicized sans-serif font, enclosed within a white rounded rectangular border with a drop shadow effect. The background is a dark blue field with geometric shapes in yellow, teal, and orange on the right side.



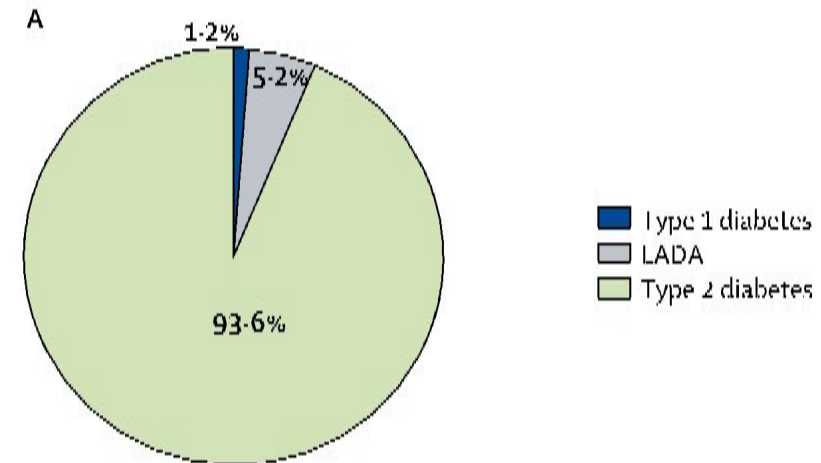
## Novel subgroups of adult-onset diabetes and their association with outcomes: a data-driven cluster analysis of six variables



Emma Ahlqvist, Petter Storm, Annemari Käräjämäki\*, Mats Martinell\*, Mozghan Dorkhan, Annelie Carlsson, Petter Vikman, Rashmi B Prasad, Dina Mansour Aly, Peter Almgren, Ylva Wessman, Nael Shaat, Peter Spégel, Hindrik Mulder, Eero Lindholm, Olle Melander, Ola Hansson, Ulf Malmqvist, Åke Lernmark, Kai I ahfi, Tom Forsén, Tiinamaija Tuomi, Anders H Rosenaren, Leif Groop

### n=8980 Swedish All New Diabetics in Scania cohort

- Anticuerpos glutamato descarboxilasa
- Edad en el momento del diagnóstico
- IMC
- HbA1c
- HOMA2 IR
- HOMA2 B



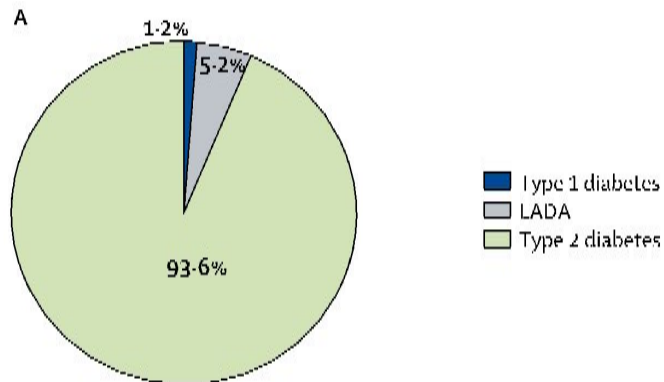
Tipo 1: GADA positivo y concentraciones de péptido C inferiores a 0,3 nmol/l.  
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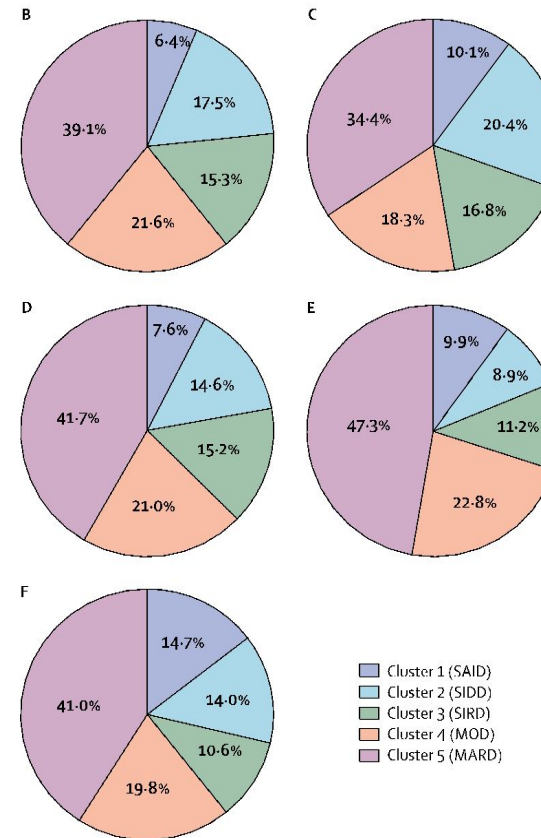


Emma Ahlqvist, Petter Storm, Annemari Käräjämäki\*, Mats Martinell\*, Mozghan Dorkhan, Annelie Carlsson, Petter Vikman, Rashmi B Prasad, Dina Mansour Aly, Peter Almgren, Ylva Wessman, Nael Shaat, Peter Spéjel, Hindrik Mulder, Eero Lindholm, Olle Melander, Ola Hansson, Ulf Malmqvist, Åke Lernmark, Kai I. Ahli, Tom Forsén, Tiinamaija Tuomi, Anders H Rosenaren, Leif Groop

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- SAID=diabetes autoinmune grave.
- SIDD = diabetes severa con deficiencia de insulina.
- SIRD=diabetes severa resistente a la insulina.
- MOD=diabetes leve relacionada con la obesidad.
- MARD=diabetes leve relacionada con la edad.
- ANDIS=Todos los nuevos diabéticos en Scania.
- DIREVA=Registro de Diabetes Vaasa.

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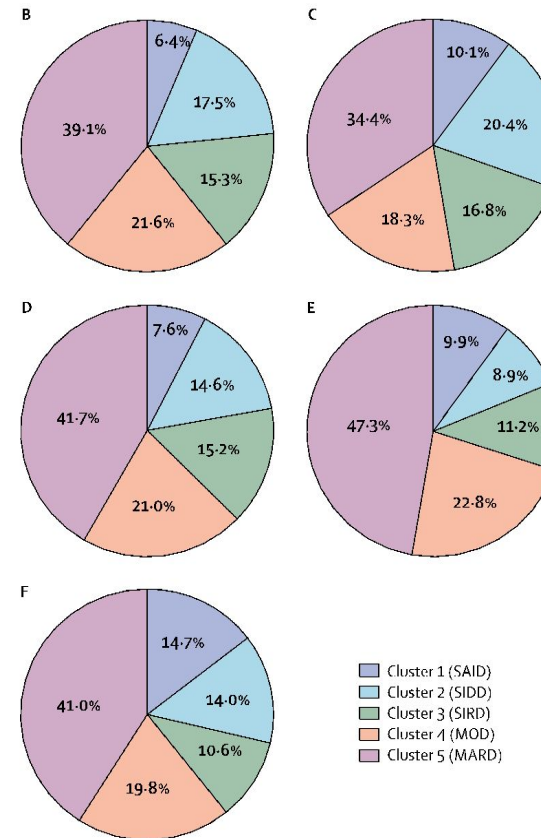
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SIRD

Enfermedad Renal Crónica

SIDD

Retinopatía Diabética



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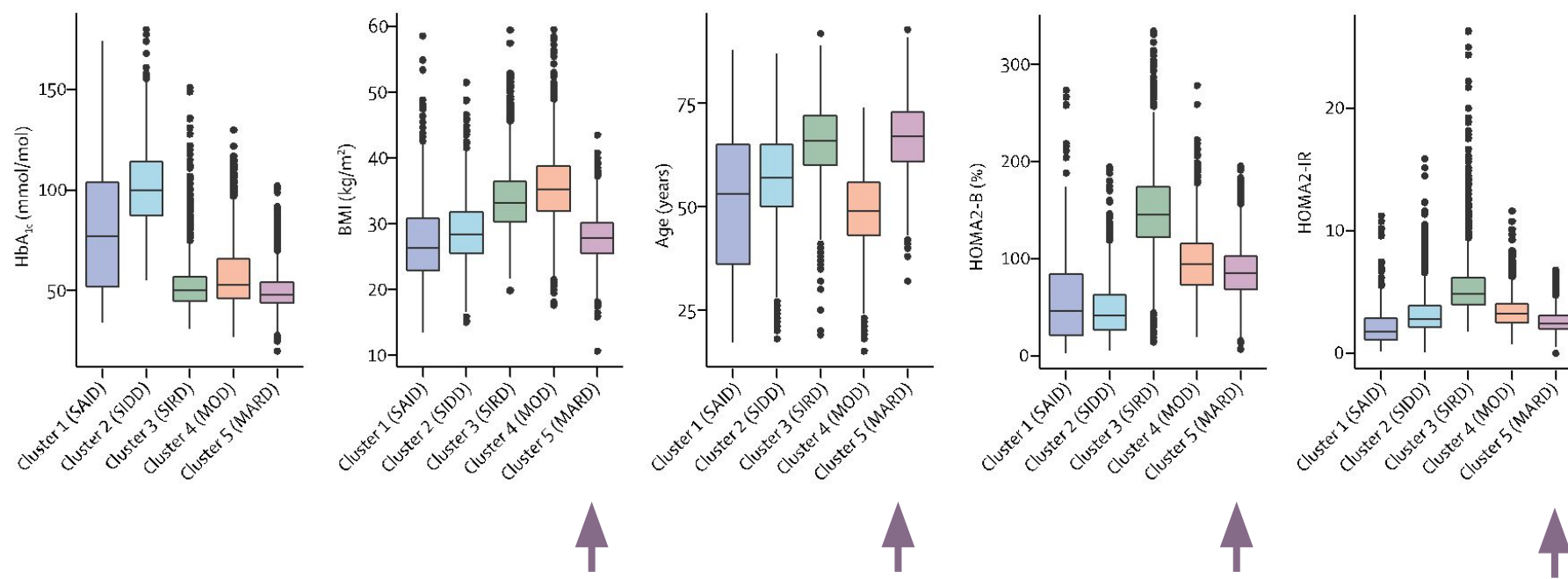
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80%

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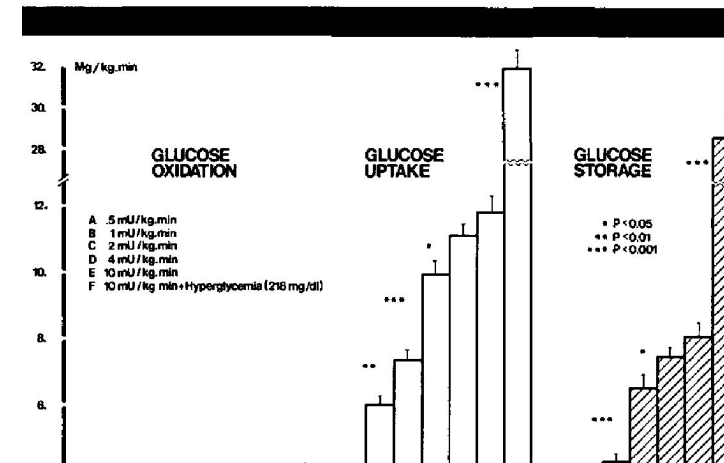
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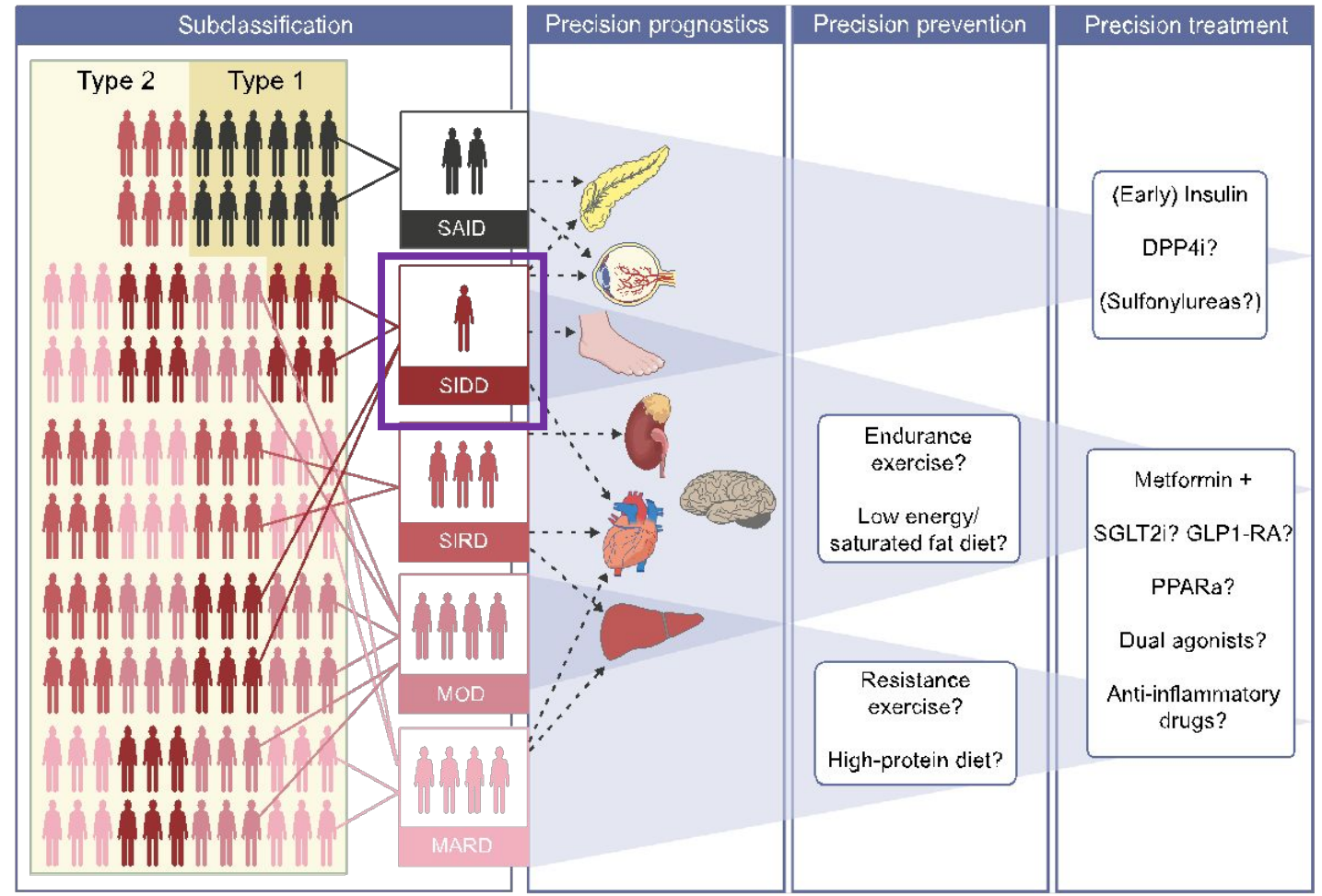
12.6, 4.0, and 8.7 mg/kg · min. The half maximally effective oxidation was al



Lipid stores are large and potentially inexhaustible; however, stores of carbohydrate are limited, comprising **300–500 g of glycogen in skeletal muscle**, 60–100 g of glycogen in the liver and 4–5 g of glucose circulating in the blood in individuals at rest (4113) REQUEST NUMBER: 21513234  
Other images from speaker's stock

# A novel diabetes typology: towards precision diabetology from pathogenesis to treatment

Christian Herder<sup>1,2,3</sup> • Michael Roden<sup>1,2,3</sup>





# TITULO

# TITULO

# TITULO

Contenido.

# TITULO

Contenido.

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Contenido.

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Contenido.

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Contenido.

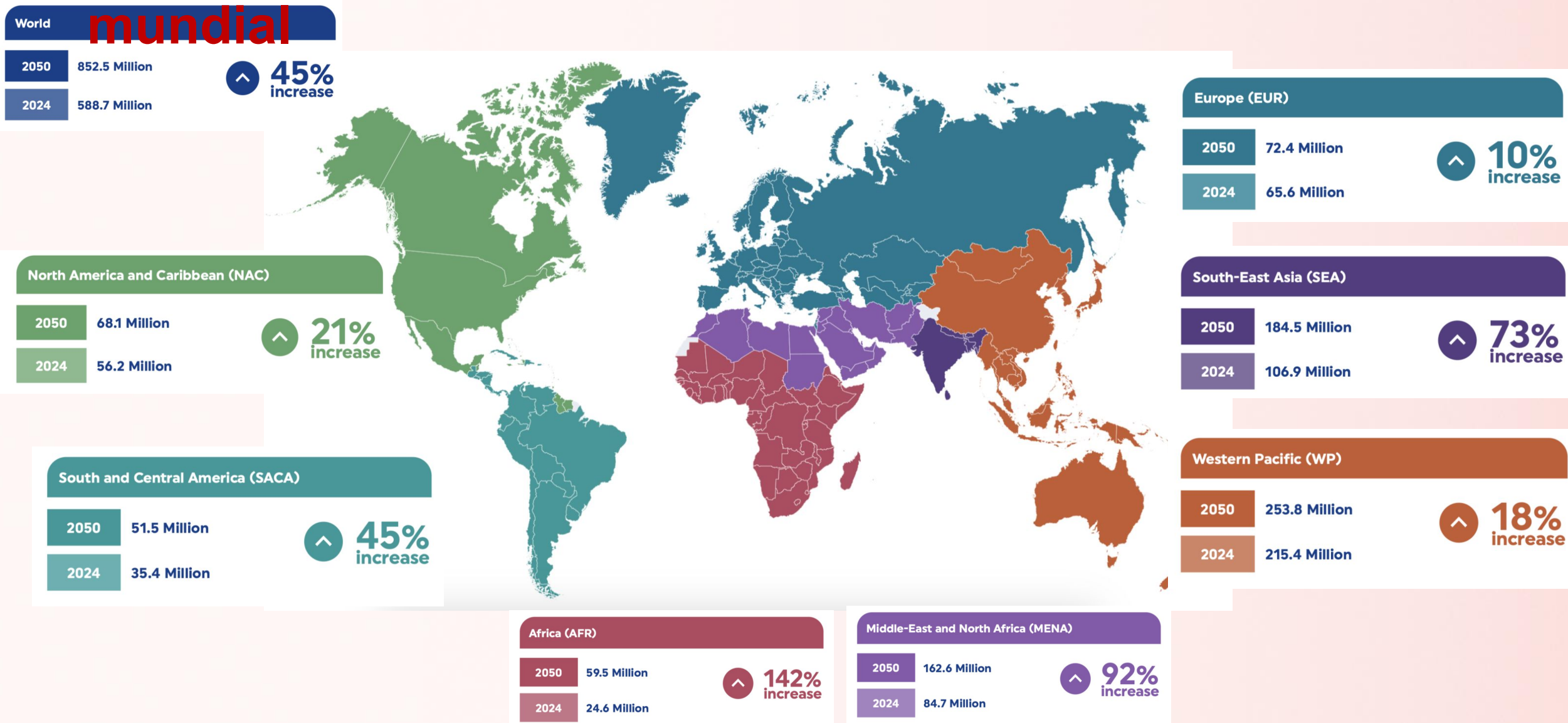
# TITULO

Contenido.

# TITULO

Contenido.

# La prevalencia de la diabetes está aumentando a nivel mundial



## Country summary in IDF South and Central America Region 2024

South and Central America					
Country or territory	Number of adults with diabetes (20–79 years), in 1,000s	Diabetes prevalence adults (20–79 years), (%)	Age-adjusted comparative diabetes prevalence (20–79 years), (%)	Proportion of undiagnosed diabetes (20–79 years), %	Age-adjusted comparative prevalence of impaired fasting glucose (20–79 years), (%)
<b>SACA</b>	<b>35,400</b>	<b>10.0</b>	<b>10.1</b>	<b>30.4</b>	<b>9.0</b>
Argentina	4,342.1	14.1	14.0	29.1	10.0
Bolivia (Plurinational State of)	194.0	2.6	3.4	25.5	8.7
Brazil	16,621.4	10.7	10.6	31.9	9.7
Chile	1,863.7	13.0	12.2	17.1	4.8
Colombia	3,033.8	8.3	8.4	16.2	9.4
Costa Rica	375.7	10.0	9.8	26.4	9.4
Cuba	847.4	10.1	9.4	39.0	9.1
Dominican Republic	1,203.7	16.6	17.6	42.8	9.5
Ecuador	552.8	4.6	4.9	20.0	8.3
El Salvador	463.3	11.2	12.7	23.2	9.0
Guatemala	1,103.7	10.5	13.2	48.8	7.5
Honduras	259.6	4.0	5.0	51.9	8.0
Nicaragua	377.0	8.7	10.4	44.6	8.0
Panama	312.8	10.7	11.1	39.8	4.7
Paraguay	352.2	8.2	9.4	33.2	8.2
Peru	1,335.8	6.0	6.4	25.5	9.2
Puerto Rico	345.8	14.1	10.9	26.9	4.9
Uruguay	201.5	8.4	7.8	48.9	4.9
Venezuela (Bolivarian Republic of)	1,580.7	8.5	8.6	33.6	9.8

## Pacientes con IAM

Hiperglucemia se asocia a mayor número de desenlaces adversos en individuos latinoamericanos con infarto agudo de miocardio

Diego Gomez-Arbelaez<sup>a,b,c</sup>, Gregorio Sánchez-Vallejo<sup>d</sup>, Maritza Perez<sup>e</sup>, Ronald Gerardo Garcia<sup>b,f</sup>, Jhon Freddy Arguello<sup>f</sup>, Ernesto Peñaherrera<sup>g</sup>, Yan Carlos Duarte<sup>g</sup>, Maria Eugenia Casanova<sup>h</sup>, Jose Luis Accini<sup>i</sup>, Aristides Sotomayor<sup>j</sup>, Paul Anthony Camacho<sup>a</sup> y Patricio Lopez-Jaramillo<sup>a,b</sup>

