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ackground;
e been designed for measurement of
dysglycaemia (Impaired fasting
se tolerance). Community based
r in Nigeria are lacking, hence the

Objective;
e and validity of (fasting plasma
cose and HbA1c) as screening tests
mmunity based study.

Methods;
unteered in a community-based study
using a multistage cluster random
r a fasting plasma glucose (FPG) or
G).
e test (OGTT) and HbA1c was
ith RPG of 6.1 – 6.9mmol/l or CPG
Urinalysis was performed for all the
rolled for the study had urinalysis
arly morning urine sample.
udy was obtained from the
Teaching Hospital.
-based questionnaire was used for
blood was collected via the
se estimation.
creening tests was calculated using

well as blood pressures were
s.

Result;
pleted the study with a mean ±SD

Discussion
Although there has been considerable
screening and diagnosis of diabetes r
paucity of data on the effects of such
mobidity. 1
Various screening tools have been de
degrees of precision, suitability and re
introduction of HbA1c test, OGTT still
and should be utilized until other tests
In our study, utilizing the OGTT as go
that the urine glucose tests have a ve
has a good specificity, this is keeping
studies. 2 The WHO recommends tha
should not be used for the diagnosis
Casual plasma glucose and fasting p
well in our study similar to findings fro
HbA1c test had a lower sensitivity co
casual plasma glucose just like in oth

Prevalence of Dysglycaemia

Table 1. Prevalence of Dysglycaemia (IFG, IGT, a

Prevalence of Dysglycaemia (IFG, IGT, and A1c)

Gender	IFG N		%	IGT N		%
Male	18		4.30	8		1.91
Female	7		1.16	5		0.83
Total	25	289	8.6	13	71	16.6

IFG= Impaired Fasting Glycaemia; IGT= Impaired