

# Is there an association between waist circumference and type 2 diabetes or impaired fasting glucose in US adolescents?

Meghann M. Moore, RD, CD  
Masters Thesis  
Maternal & Child Health Track  
School of Public Health & Community Medicine  
University of Washington  
June 6, 2007

# Background

---

- Rising incidence of type 2 diabetes
- 85 – 96% overweight/obese
- Up to 45% diabetes = type 2
- Total body fat influence
- Abdominal (visceral) body fat influence
- 1/3 of children will develop type 2 diabetes

# Background

---

- Type 2 Diabetes
  - “Adult-onset diabetes”
  - Insulin resistance
  - Reduced insulin sensitivity
  - Elevated fasting glucose levels

# Background

---

- Impaired Fasting Glucose (IFG)
  - “Pre-diabetes”
  - Type 2 diabetes predictor
  - Associated with insulin resistance
  - Fasting glucose levels:
    - $\geq 100$  mg/dl and  $< 126$  mg/dl

# Background

---

- Waist circumference
  - Predicts abdominal fat distribution
  - Associated with insulin resistance
  - Associated with cardiovascular disease
  - Better than body mass index (BMI)

# Study Purpose

---

- To determine if an association exists between waist circumference and *type 2 diabetes* among US adolescents 12-19 years
- To determine if an association exists between waist circumference and *impaired fasting glucose* among US adolescents 12-19 years

# Data Source

---

- 2001-2002 and 2003-2004 National Health and Nutrition Examination Survey (NHANES)
- Interview, physical exam, lab tests

# Subjects

---

- Initial sample
  - 4,653 adolescents 12-19 years
- Exclusions
  - Pregnant adolescents
  - “Other-Hispanic” & “Multi-racial/Other” races
  - Subjects without complete data
- Final sample
  - 923 adolescents 12-19 years

# Subjects-Demographics

<b>Characteristics</b>	<b>Total No. Subjects (N=923)</b>	<b>IFG Cases: 139 (15.06) (%)</b>	<b>IFG Controls: 784 (84.94) (%)</b>
<b>Gender</b>			
Male	463	102 (73.38)	361 (46.05)
Female	460	37 (26.62)	423 (53.95)
<b>Race-ethnicity</b>			
Mexican-American	303	64 (46.04)	239 (30.48)
Non-Hisp. White	302	40 (28.78)	262 (33.42)
Non-Hisp. Black	318	35 (25.18)	283 (36.10)
<b>Age, years</b>			
12-14	359	55 (39.57)	304 (38.78)
15-19	564	84 (60.43)	480 (61.22)

# Subjects-Demographics

Characteristics	Total No. Subjects (N=923)	IFG Cases: (%)	IFG Controls: (%)
<b>BMI percentile</b>			
Normal (<85 <sup>th</sup> )	605	77 (55.40)	528 (67.35)
At-risk for overweight (85 <sup>th</sup> -95 <sup>th</sup> )	146	23 (16.55)	123 (15.69)
Overweight ( $\geq$ 95 <sup>th</sup> )	172	39 (28.06)	133 (16.96)
<b>Waist Circumference</b>			
<75 <sup>th</sup> percentile	714	625 (79.72)	89 (64.03)
$\geq$ 75 <sup>th</sup> and < 90 <sup>th</sup> percentile	126	94 (11.99)	32 (23.02)
$\geq$ 90 <sup>th</sup> percentile	83	65 (8.29)	18 (12.95)

# Methods & Statistical Analysis

---

- Case-control design
- Logistic regression
- Multiple linear regression
- Crude and adjusted parameter/odds ratios
- 95% confidence intervals (CI)
- Results statistically significant at  $p < 0.05$

# Methods-Variables

---

- Independent variable
  - Waist circumference
    - Continuous
    - Categorical (75<sup>th</sup>-90<sup>th</sup> percentile, >90<sup>th</sup> percentile)
- Dependent (outcome) variable
  - Impaired fasting glucose
    - Continuous
    - Categorical

# Results

Odds ratios for waist circumference percentile and IFG

<b>Waist Circumference</b>	<b>Crude OR (95% CI)</b>	<b>Adjusted OR* (95% CI)</b>
<75 <sup>th</sup> percentile	Reference	Reference
≥75 <sup>th</sup> and < 90 <sup>th</sup> percentile	<b>2.025</b> <b>(1.267, 3.238)</b> <b>P&lt;0.0032</b>	1.353 (0.413, 4.433) P<0.6180
≥90 <sup>th</sup> percentile	1.041 (0.368, 2.949) P<0.9390	0.874 (0.087, 8.769) P<0.9092

\*Adjusted for age, gender, race-ethnicity, poverty index, BMI category, skinfolds; CI = confidence interval

# Results

Parameter estimates for waist circumference (categorical variable) and fasting glucose value\*

<b>Variables</b>	<b><math>\beta</math> Coefficient</b>	<b>Standard Error</b>	<b>P-Value</b>	<b>95% CI</b>
Intercept	96.837	0.867	<0.0001	94.989, 98.685
WC $\geq 75^{\text{th}}$ and < 90 <sup>th</sup> percentile	0.255	1.686	0.8819	-3.338, 3.848
WC $\geq 90^{\text{th}}$ percentile	1.531	3.090	0.6274	-5.055, 8.117
<b>Non-Hispanic Black</b>	<b>-3.964</b>	<b>1.022</b>	<b>0.0015</b>	<b>-6.143, -1.786</b>
<b>Age</b>	<b>-1.850</b>	<b>0.533</b>	<b>0.0034</b>	<b>-2.987, -0.713</b>

\*Waist circumference dummy variables, sex, age, race/ethnicity, poverty, BMI category, and skinfolds in model; CI = confidence interval

# Results

Parameter estimates for waist circumference (continuous variable) and fasting glucose value\*

Variables	$\beta$ Coefficient	Standard Error	P- Value	95% CI
Intercept	94.265	4.308	<.0001	85.083, 103.448
Waist circumference	0.039	0.073	0.6001	-0.116, 0.194
<b>Gender</b>	<b>-3.906</b>	<b>0.783</b>	<b>0.0002</b>	<b>-5.575, -2.237</b>
<b>Non-Hisp. Black</b>	<b>-3.925</b>	<b>0.923</b>	<b>0.0007</b>	<b>-5.893, -1.956</b>
Mexican American	1.182	0.613	0.0730	-0.125, 2.489
<b>Age</b>	<b>-2.007</b>	<b>0.699</b>	<b>0.0116</b>	<b>-3.495, -0.519</b>

\*Waist circumference as continuous variable, gender, race/ethnicity, age, poverty, BMI category, and skinfolds in model; CI = confidence interval

# Results Summary

---

- Logistic regression analysis: no data on the association between WC and IFG were statistically significant
- Multiple linear regression analysis: only race, age and gender were independently associated with fasting plasma glucose levels

# Discussion

---

- WC may not be predictor of IFG
- Consistent findings
  - Black youth
  - Boys

# Limitations

---

- Internal WC percentile cut-offs
- Racial/ethnic WC differential
- Cross-sectional data
- Genetics

# Conclusion

---

- Type 2 diabetes a public health concern
- Prevention essential
  - IFG identification and monitoring
  - Simple methods
  - Cost effective
- Goal: improve adolescent population health outcomes

# Acknowledgements

---

- Thesis Committee:
  - Jane Rees, PhD, MS, RD
  - Jonathan Gorstein, PhD
- Statistical Guru and Savior:
  - Nathaniel D. Mercaldo

Supported in part by Project #T76 MC 00011 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, US Department of Health and Human Services

Thank You!

---

Questions?