

## Glucagon stimulation test(GST)

林口長庚兒童內分泌科

2015. 3. 10 更新

1. 目的：評估  $\beta$  細胞功能。

2. 執行流程：

(1) 住院當晚 midnight NPO (since 0:00am), 隔日 9:00am 開始做檢查

(2) Dose of IV glucagon: 0.03mg/kg/dose (Max 1mg)

(3) 抽血時間點與項目：

時間 (分)	F/S	Blood sugar	Insulin	C-peptide
0	V	V	V	V
Glucagon IV				
3	V	V	V	V
6	V	V	V	V
10	V	V	V	V
15	V	V	V	V
20	V	V	V	V
30	V	V	V	V
40	V	V	V	V
50	V	V	V	V
60	V	V	V	V

\*若已接受 insulin 治療，則不驗 insulin。

\*Maldonado M, et al, 2003: 檢驗時間是 0, 5, 10 min。

3. Interpretation:

(1)  $\Delta$ CP(increment of serum C-peptide during glucagon test)

✧ IDDM:  $\Delta$ CP  $\leq 0.69$  ng/ml

✧ NIDDM:  $\Delta$ CP  $\geq 1.20$  ng/ml

(2) Maldonado M, et al 2003

✧ B-Cell functional reserve was defined as preserved if the **peak C-peptide** response to glucagon was at least 1.5 ng/dl (0.5 nmol/liter) or **fasting C-peptide** concentration was at least 1 ng/dl (0.33 nmol/L).

✧ B-Cell functional reserve was defined as absent if the glucagonstimulated or fasting C-peptide concentrations did not meet these criteria.

(3) Yi-Ching Tung, Wen-Yu Tsai, et al, 2009:

**Table 1.** Clinical characteristics of patients with type 1 diabetes

Age (yr)	0–5 (n=40)	5–10 (n=66)	10–18 (n=51)	Total (n=157)	p
Sex (male:female)	18:22	23:43	19:32	60:97	0.574 <sup>†</sup>
HbA1c*	12.1 (7.8–16.8)	12.3 (6.2–17.3)	13.7 (6.1–18.5)	12.5 (6.1–18.5)	<0.001 <sup>‡</sup>
Ketoacidosis <sup>††</sup>	35 (90)	42 (65)	26 (52)	103 (67)	0.001 <sup>‡</sup>
<b>C-peptide (nmol/L)*</b>					
Fasting	0.14 (0.1–0.49)	0.17 (0.1–1.31)	0.24 (0.1–1.19)	0.19 (0.1–1.31)	0.003 <sup>‡</sup>
Post-glucagon	0.17 (0.1–0.92)	0.32 (0.1–1.98)	0.39 (0.1–2.09)	0.30 (0.1–2.09)	<0.001 <sup>‡</sup>
GADA positivity <sup>‡</sup>	31 (78)	45 (68)	38 (75)	114 (73)	0.544 <sup>†</sup>
IA-2A positivity <sup>‡</sup>	30 (75)	50 (76)	40 (78)	120 (76)	0.917 <sup>†</sup>
IAA positivity <sup>‡</sup>	18 (45)	8 (12)	7 (14)	33 (21)	<0.001 <sup>†</sup>
Multiple antibodies <sup>‡§</sup>	29 (72)	39 (59)	32 (63)	100 (64)	0.377 <sup>†</sup>
No detectable antibodies <sup>‡</sup>	1 (3)	8 (12)	4 (8)	13 (8)	0.219 <sup>†</sup>

\*Data presented as mean (range); <sup>†</sup>one missing data in each age group; <sup>‡</sup>data presented as n (%); <sup>§</sup>more than two β-cell autoantibodies were detected; <sup>‡</sup>Kruskal–Wallis test; <sup>†</sup>Pearson's  $\chi^2$  test. HbA1c = hemoglobin A1c; GADA = glutamic acid decarboxylase autoantibody; IA-2A = insulinoma antigen-2 autoantibody; IAA = insulin autoantibody.

◇ Post-glucagon means: the C-peptide level 6 mins after glucagon injection.

◇ C-peptide: 1 ng/dL=0.33nmol/L

◇ 換算單位為 ng/dL 之參考值整理如下：

Age	0-5	5-10	10-18
Fasting C-peptide (ng/dL)	0.3-1.47	0.3-3.93	0.3-3.57
Post-glucagon C-peptide (ng/dL)	0.3-2.76	0.3-5.94	0.3-6.27

**4. For transient hyperglycemia and prediabetes:** 0.03 mg/kg of glucagon (max. 1 mg) was injected through i.v. Baseline and peak C-peptide level were measured at 0 and 6 min, respectively.

**Reference:**

Ting Chao, Shih-Tzer Tsai, Tian-Shing Lee, Betau Hwang: Clinical implication of transient hyperglycemia in childhood. *Acta Paed Sin* 1996; 37: 444-7.

**4. Reference:**

(1) Juang JH, Huang BY, Huang HS, Lin JD. C-peptide response to glucagons in young diabetics. *J Formosan Med Assoc.* 1989;88:579-583.

(2) Hwang JS, Juang JH. Clinical courses and changes of pancreatic β-cell function in young-onset diabetes: Report of two cases. *Chang Gung Med J* 1998;21:328-332.

- (3) Maldonado M, et al. Ketosis-prone diabetes: dissection of a heterogeneous syndrome using an immunogenetic and b-cell functional classification, prospective analysis, and clinical outcomes. *J ClinEndocrinolMetab.* 88: 5090–5098, 2003
- (4) Yi-Ching Tung, Mei-Huei Chen, Cheng-Ting Lee, Wen-Yu Tsai.  $\beta$ -Cell Autoantibodies and Their Function in Taiwanese Children With Type 1 Diabetes Mellitus. *J Formos Med Assoc.* 2009; 108:11