DOI: 10.1111/j.1365-2362.2012.02654.x

LETTER TO THE EDITOR

Role of IGF-1 and glycaemic control in diabetic retinopathy

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Eur J Clin Invest 2012; 42 (7): 804

Sir, in their study about the risk of diabetic retinopathy in patients with type 2 diabetes at different levels of IGF-1 and HbA1c, Chen *et al*. [1] report a significantly increased risk of progression of diabetic retinopathy in patients with relatively good glycaemic control and high serum IGF-1 levels. They conclude that IGF-1 might contribute to severe diabetic retinopathy and that this effect could be masked by poor glycaemic control. However, the authors do not discuss any potential mechanism by which this possible effect of IGF-1 on diabetic retinopathy could be masked in patients with poor glycaemic control, nor do they present data which support this conclusion.

The authors mention that glycaemic control is the most important factor influencing retinopathy. Assuming the authors refer to the HbA1c, this statement is very relative as the total glycaemic exposure (HbA1c and duration of diabetes) explains only ~11% of the variation in retinopathy risk in the DCCT (Diabetes Control and Complications Trial) cohort [2,3].

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Received 26 November 2011; accepted 18 January 2012

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