METABOLIC RESEARCH IN MONOZYGOTIC TWINS WITH DIABETES MELLITUS

Progress Report*

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An intravenous and oral glucose tolerance test and an intravenous tolbutamide test have been performed in 11 MZ twin pairs, discordant for diabetes mellitus. Blood sugar, immunoreactive insulin, and free fatty acids were determined. The research aimed at finding out whether prediabetic subjects may show any characteristic parameter which could be suggestive of the hereditary disposition. Three MZ twins of juvenile diabetics showed a normal blood glucose, immunoreactive insulin, and free fatty acids during the glucose and tolbutamide loads within a maximum of 10 years observation.

INTRODUCTION

For some years methodically selected series of twins with diabetes have been investigated in order to answer the question whether characteristic parameters for the so-called prediabetic state exist which can be regarded as a hint of hereditary disposition (Daweke et al. 1970). The prediabetic state is considered the phase before manifestation of diabetes mellitus where abnormalities in glucose tolerance cannot be proven. Long-term observations made with 11 MZ sets of twins, behaving discordantly concerning diabetes mellitus, are reported.

METHOD

The sets of twins have been chosen from our systematically selected series. Monozygosity was assessed by anthropological (Siemens 1924, v. Verschuer 1933) and serological characteristics. The twins were submitted to the following tests:

1. Intravenous glucose tolerance test (IVGTT) with 25 g glucose;

2. Oral 100 g glucose tolerance test (OGTT);

3. Intravenous tolbutamide-test with 1.0 g tolbutamide (IVTT).

The assimilation coefficient k for glucose was calculated according to Conard et al. (1953). K-values under 1.0 were considered as pathologic, above 1.4 as normal, and those in between as pathologic in the sense of subclinical diabetes mellitus (Schilling et al. 1965). The OGTT was regarded as normal if the blood glucose (BG) did not rise above 100, 160, 135 and 105 mg/100 ml when measured on fasting, one, two and three hours after glucose load respectively. BG above 130, 225, 150 and 120 mg/100 ml, respectively, were considered manifest diabetes mellitus. Subclinical diabetes was stated if BG were within these limits. The tolbutamide test was evaluated with the T_3 -value by Lange and Knick (1965). The test was pathologic at T_3 -values above -1.5; below -1.5 it was normal.

Glucose was determined in venous blood by the o-toluidin method (Dubowski 1962) in the Technicon Autoanalyzer.

Immunoreactive insulin (IRI) was measured firstly according to Hales and Randle (1960), since 1974 by a solid phase radioimmunoassay (Wide and Porath 1966, Wide et al. 1967, Wide 1969).

The determination of free fatty acids (FFA) was carried out titrimetrically in a modification of Dole's (1956) method.

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RESULTS

The first four sets of twins comprised in Table 1 were absolutely discordant after loads of glucose and tolbutamide. Three index twins out of four were juvenile diabetics, the fourth found to be a subclinical diabetic. The period of discordance of the first three sets of twins was 9, 14 and 21 years. The manifestation age of the diabetics is below 20. The fourth index twin was discovered to have subclinical diabetes mellitus at 30 years. Only in the third and fourth set of twins there is a family history of diabetes. Both parents of the fourth pair were known diabetics. During the IVGTT, OGTT and IVTT the first three sets of twins behaved discordantly with regard to BG, IRI and FFA. In nondiabetic partners BG, IRI and FFA was normal.

The insulin response of the unaffected twin of pair number 2 was delayed and diminished in the OGTT in 1964, 1965 and 1966 but, nevertheless, found to be normal in 1969 and 1974. The nondiabetic partner of the first set of twins showed normal FFA in 1969 and pathologically high values in 1971. In 1974 FFA were within normal limits.

After an oral glucose load, pair number 4 behaved concordantly concerning BG and IRI. Both twins had a normal increase in BG during OGTT. The insulin response, however, was delayed but greater than among normal subjects.

The index twins of pair number 5 and 6 were insulin-requiring diabetics. Their partners had only a decreased k-value. Pair number 7 had clinical diabetes but differed in the treatment: The index twin was insulin-requiring, whereas the partner was treated with diet only. The index twins were 9, 20 and 55 years of age when clinical diabetes was discovered. All three families have a positive history of diabetes. Both twins of pair number 6 showed a diminished insulin response during the IVGTT. The cotwin, however, showed lower BG-values than his diabetic partner. The FFA are more declining in the nondiabetic. A normal insulin response was found in the unaffected twin after oral glucose. Distinct changes in the behaviour after glucose and tolbutamide load could be noticed during long-term observations of the sets of twins numbers 8 to 11.

In 1974 the unaffected partner of pair number 8 showed a subnormal IVGTT in the sense of a subclinical diabetes mellitus. The insulin response was found increased in 1970 and within normal limits in 1974. The decrease of FFA was normal at both times. Neither in 1970 nor in 1974 an abnormal insulin response could be stated after oral glucose.

In 1970 the insulin response of the partner of pair number 9 was decreased in all three tests. In the IVGTT the FFA initially ascended. There was a marked decrease of FFA in the IVTT. In 1973 this twin exhibited an insulin-requiring diabetes mellitus.

In 1970 the index twin of pair number 10 had a pathologic T_3 -value in the IVTT. In 1974 it was normal. Glucose tolerance tests in her partner were as well normal in 1970 as in 1974 despite a 3 kg increase in body weight.

The partner of the twin number 11 showed in 1971 an improved IVGTT as compared with the previous examination. The index twin showed unchanged results.

DISCUSSION

Three MZ twins of juvenile diabetics showed normal blood glucose, immunoreactive insulin and free fatty acids during glucose tolerance and tolbutamide tests within a maximum of 10 years observation. A diminished or delayed insulin response, described by Cerasi and Luft (1967), to be typical for the prediabetic state could only be temporarily stated in one case.

Tattersall and Pyke (1972) and Johannsen et al. (1974) also report long-term discordances of MZ twins with an insulin-requiring partner. Therefore, it can be assumed as a hypothesis that exogenous factors are of substantial importance for the manifestation of juvenile-onset diabetes mellitus. Interaction of predisposing genes and environmental factors can induce the manifestation of diabetes mellitus. In some cases juvenile diabetes melliturs may be caused by external factors alone (f. i. Coxsackie-B viruses; Gamble and Taylor 1969, Gamble et al. 1969). It may be questioned whether the

Pair no.	Age	Age at diagnosis	Year at test	IVGTT	OGTT	IVTT	Other members of family with diabetes
la	20	D.m. (Ins) 11	1969+ 1971++ 1974	0.60 0.49	path path	+ 0.05 	Grandmother
b		norm. Gl. tlrc. 15	1974 1969+ 1971++ 1974	1.40 1.97 2.15	norm norm norm		
2a	33	D.m. (Ins) 19	1966+		path		none
b		norm. Gl. tlrc. 23	1969+ 1964+ 1965+ 1966+ 1969+ 1974	0.48 2.72 2.59 3.51	path norm norm norm norm	+ 1.90 6.75 9.10	
3a	36	D.m. (Ins) 15	1971 ⁺⁺ 1974	_	-	-1.35 -2.00	none
b		norm. G. tlrc. 33	1971 ⁺⁺ 1974	1.69 1.53	norm norm	-4.30 -2.50	
4a b	37	s.D.m.1 30 norm. Gl. tlrc. 30	1967+ 1967+	1.23 2.88	norm norm		Father, Mother
5a b	13	D.m. (Ins) 9 s.D.m.1 13	1974 1974	0.75	norm		Grandmother
6a b	34	D.m. (Ins) 30 s.D.m.1 40	1970 ⁺⁺ 1970 ⁺⁺	0.19 1.26	path norm	3.30 7.40	Cousin
7a b	66	D.m. (Ins) 55 D.m.(Diet) 62	1970 ⁺⁺ 1970 ⁺⁺	<u> </u>	path path		Cousin
8a	14	D.m. (Ins) 8	1970 ⁺⁺ 1974		path path	-0.30 + 0.35	Grandmother, Mother
b		norm. G. t.rc. 10 s.D.m.1. 14	1970 ⁺⁺ 1974	1.64 1.33	norm norm	-3.35 -3.30	
9a	27	D.m. (Ins) 17	1970 ⁺⁺ 1974	0.05	path	+ 2.15	none
b		s.D.m.1 23 D.m. (Ins) 26	1970 ⁺⁺ 1974	1.21	norm	4 . 80	
10a	52	s.D.m.1 48 norm. G. tlrc. 52	1970 ⁺⁺ 1974	1.69	norm norm		none
b		norm. G. tlrc. 48	1970 ⁺⁺ 1974	2.03	norm norm		
11a	44	s.D.m.2 39	1969+ 1971++	1.12	path path	- 2.55	none
b		s.D.m.l. 39 norm.Gl.tlrc. 41	1969+ 1971++	1.15 1.40	norm norm	4.30 	

Table 1. Behaviour of blood glucose during IVGTT, OGTT, and IVTT

D.m.(Ins) = insulin requiring diabetes mellitus s.D.m.1 = subclinical diabetes with one abnormal glucose tolerance test s.D.m.2 = subclinical diabetes with two abnormal glucose tolerance tests

- norm. Gl.tlrc. = normal glucose tolerance + Data from Daweke et al. (1970)

++ Data from Grote et al. (1971).

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Table 2 a. Blood glucose (mg/100 ml) during tolerance tests

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Table 2 b. Serum insuline (uU/ml) during tolerance tests

IVC	VGTT						•			IVTT	TT							i		
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Year		••	2.5'	5	.01	20		60'	120	•		•	2,5'	5	1	-02	Ř	45.	• 0 •	120
-	1969	722	•	633	585	540		442	•	-	1969	790	٠	179	713	553	609	657	558	109
	1161	586	•	•	512	581		536	·,		1974	376	389	166	362	370	338	225	267	370
م	1969	508	•	497	415	404		309	•	۵	1969	598	•	463	517	327	407	512	670	558
	1791	803	•	•	726	565		428	•		1974	786	101	100	108	27.6	7.4.7	348	26.9	
	1974	326	31	303	298	241		230	225		1040		:		144				i	
5.	1969	533	•	472	424	452		327	•				•			3	•		•	
•	1966	820	•	•	. 775	882		687			1969	884	•	404	424	;	•	384	378	375
	1969	548	•	466	428	377		297	,		1974	598	563	555	518	1 43	395	379	342	427
	1974	769	683	643	•	430		462	374		1971	464	•	•	133	388	۰	417	457	•
96	1971	592	٠	•	5 9	115		304	•		1974	404	346	346	116	300	298	279	290	442
	1974	546	510	503	452	388		490	615	۵	1971	525	•	,	407	354	•	351	378	•
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•	1967	613	•	602	597	582		544	•		1961									
ê.ê	1970	566	•	•	495	468		386	•				•			700		•		
٥	1970	489	•	•	166	357		•	•		1967	656	•	593	567	•	551	•	288	265
9	1970	528	•	•	464	5/5		•	•		1970	111	•	424	418	H 3	534	604	621	969
	1974	964	827	824	789	585		395	580	۵	1970	510	•	488	462	389	179	260	505	553
•6	1970	284	•	310	332	284		268	•	88	1970	649	•	573	517	453	416	512	525	
۵	1970	294	•	458	92	308		297	•		1970	585	•	405	370	327	322	116	302	302
9	1.970	285	•	497	403	619	ŧ	• ;	' :		1970	140	•	312	162	260	250	244	241	129
	1974	5;	2		124			202	6 9		1970	436	٠	•	298	348	197	238	200	505
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2	1791	176	•	•	442	426		359	۰		1969	458	•	450		181	347	117	332	412
٥	1969	435	•	387	327	263		142	•		6961	458	•	404 1	373	312	296	323	289	365
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Table 2 c. Fatty acids (uMol/l) during tolerance tests

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G	Dein				Year		
Sex	Pair no.	1974	1971	1970	1969	1967	1966
	1a	57.9 0.78	53.0 0.73		45.1 0.71		
MM	b	66.0 0.86	61.4 0.81		50.8 0.75		
	2a				66.5 0.88		62.9 0.80
ММ	b	66.7 0.90	1		65.0 0.88		58.6 0.78
	3a	82.3 0.94	76.9 0.89				
MM	b	107.5 1.18	103.5 1.14		· · ·		
	4a					94.0 1.14	
MM	b					91.0 1.11	
	5a	38.0 0.85					
FF	b	47.9 0.86					
FF -	6a			67.5 0.69			
MM	b			69.2 0.99			· ·
FE	7a			63.5 1.22			
ГГ	b			73.5 1.55			
PP	8a	38.5 0.65		29.6 0.72			
ГГ	b	47.6 0.71		30.6 0.71			
	9a	61.0 0.79		60.4 0.79			
IVI IVI	b	63.0 0.82		61.0 0.81			
FF - MM	10a	56.3 1.08		56.9 1.11			
rF	b	61.6 1.14		58.3 1.08			
	11a		71.4 1.08		72.7		
MM	b		79.2 1.14		77.1		

Table 3. Body-weight (first line) and Broca-index (second line) at test

development of diabetes progresses in every case from prediabetes via the latent to a manifest diabetes. The diminished k-value in MZ twins of insulin-requiring diabetics was not always due to an abnormal insulin secretion. The cotwin who developed an insulin-requiring diabetes mellitus during our investigation was found to have an impaired glucose tolerance with markedly reduced insulin release prior to manifestation of the disease.

However, other identical twins were found to have normal blood glucose values in spite of an insignificantly diminished insulin response. Two partners showed a slightly reduced decline of blood glucose together with normal insulin release. It is to be expected that not only the insulin secretionbut also other mechanisms — unknown up to now — play a part during the development of diabetes mellitus. Further observations will have to show whether only these MZ twins of insulin-requiring diabetics develop a manifest diabetes mellitus in whom a reduced insulin response is correlated with reduced glucose assimilation.

These results no longer justify our former assumption (Grote et al. 1971) that increased fasting values of free fatty acids could be a first sign of the manifestation of diabetes mellitus.

Toeller and Knussmann (1973) report dissimilar blood glucose levels after repeated oral glucose loads under similar conditions. A phenomenon alike can be suggested concerning the insulin response. With these reservations it will have to be decided whether transitional abnormalities of insulin secretion are a hint for the genetic disposition of diabetes mellitus (Daweke et al. 1970).

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