Deacon's Challenge No. 85 Answer

A 35-year old woman was found to have a fasting plasma glucose concentration of 6.2 mmol/L. One week later, the baseline sample of an Oral Glucose Tolerance Test gave a glucose of 5.5 mmol/L. The Hoorn study in a largely elderly Caucasian population has shown that the biological coefficient of variation (CV) for fasting plasma glucose is 6.3% and your assay runs a standard deviation (SD) of 0.04 mmol/L, on its low control at 2.4 mmol/L. Is it likely that the patient was not fully fasting for the first sample? Justify your answer and state any assumptions you make.

MRCPath, Autumn 2007

The difference between the two "fasting" plasma glucose concentrations is 6.2 - 5.5 = 0.7 mmol/L. This difference will hopefully be normally distributed and, if there is no real difference between the means of the two hypothetical sets of data to which they belong, the mean difference will be zero. It can be shown that if two individual results are not statistically significantly different (i.e. their difference falls within 95% confidence limits of a distribution for differences with mean zero) then their difference must be less than 2.8 standard deviations.

A problem which always arises in a question of this type is that the standard deviation (SD) and hence 2.8 SD, may not be the same at both plasma glucose concentrations which can sometimes lead to a different interpretation depending upon which value is used. The easiest way to get around this difficulty is to calculate the SD at the mean of both values [i.e. (6.2 + 5.5)/2 = 5.85 mmol/L].

Our task is therefore to determine a value for the standard deviation to be used. This should be the total SD calculated from the component intra-individual biological variation and analytical variation. The biological coefficient of variation (CV) quoted from the Hoorn study must reflect either total biological variation or more likely inter-individual biological variation whereas for a single patient it is intra-individual variation which is relevant. This difference will have to be ignored. The next step is to convert this biological CV to the SD at the mean plasma glucose of 5.85 mmol/L:

Biological SD at 5.85 mmol/L = (Biological CV at 5.85 mmol/L) x 5.85

14 ACB News Issue 541 • May 2008

MRCPath Style Calculations Practice MRCPath Style Calculations

=
$$\frac{6.3 \times 5.85}{100}$$
 = 0.37 mmol/L (2 sig figs)

Another problem which occurs is that the analytical SD for the laboratory's glucose method is given at a concentration of 2.4 mmol/L and this may or may not apply at the observed plasma levels. This analytical SD can be corrected by assuming that the SD is proportional to concentration (i.e. that CV is constant) so that at the mean plasma glucose of 5.85 mmol/L the analytical SD is $0.04 \times 5.85/2.4 = 0.10 \text{ mmol/L}$ (2 sig figs).

The total SD can then be calculated as follows

Since the difference in the two plasma glucose concentrations (0.7 mmol/L) is much less than 2.8 SD there is no statistically significant difference (i.e. P>0.05) between them and it is quite likely that the patient fasted fully on both occasions.

N.B. even assuming that the analytical SD remains at 0.04 mmol/L, 2.8 SD becomes 1.0 mmol/L which makes no difference to the overall conclusion. If the intra-individual biological variation had been available then 2.8 SD would be even lower but it is impossible to predict what effect this would have).

Question 86

Lactate can be measured enzymatically by oxidation to pyruvate by lactate dehydrogenase (LDH) in the presence of NAD*:

<u>Method</u> To 2.0 mL buffer, add 0.1 mL sample, 0.2 mL NAD* (27 mmol/L) and 30 μL LDH solution.

nce change (relative to a reagent blank, using a standard 1 cm cuvette) in the assay was 0.82.

MRCPath, Autumn 200