

한국형 당뇨병은 존재하는가?

Is Diabetes in Korea Different?

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Abstract

The prevalence of diabetes mellitus(DM) is increasing in Korea and is estimated at 7~8%. This high prevalence is most likely the result of a complex interaction between genetic and environmental factors. The lifestyle and diet of the Korean population have changed significantly during the last several decades. In general, the Koreans have become more sedentary and they consume westernized diet. In addition to the increase of prevalence, the clinical characteristics of DM in Korea are somewhat different from those in Western countries. The incidence rate of type 1 DM in Korea is one of the lowest reported in the world. There are many patients with atypical type 1 or type 2 DM, initially classified into type 2 DM but requiring insulin eventually. There are many patients with non - obese type 2 DM, and many of them lose weight significantly during the course of disease. In addition, some patients with type 2 DM have autoantibodies to the beta cell - specific antigen. The defect in insulin secretion is prominent in non - obese subjects with impaired glucose tolerance or early phase of type 2 DM. The Korean patients with type 2 DM have a markedly decreased beta cell mass. The impaired insulin secretion may play a role in the pathogenesis of non - obese type 2 DM in Korea. Of note, similar features are also observed in Japanese patients. Unfortunately, there are few studies that evaluated the pathogenesis and clinical characteristics of Korean patients with DM, particularly in a cohort - based prospective manner.

Keywords : Type 1 diabetes; Type 2 diabetes; Korean

가
가

가
4

가

, , 가

가

1.		1		(10)		()	
				0.70		136	
(1)	1985~1987	15	0.58	0.78		15%	
				1.86		100	
(3)	1994	15	1.45	2.16	71	69%	
				1.06		100	
(3)	1994	15	0.87	1.25	294	53%	
				1.36		291	
(4)	1995~2000	15				24%	

가 1 , , 1 .

(Seoul ADDM registry) 100,000 0.70 (95% 0.55 ~ 0.89) ,

50% 가 1 ~ 14 (1).

1. 1

「(2) 1994 15

100,000 1.86 .

10 15 ~ 30

가

가 2001

가 가가 가 , 1995 2000 1

15 10 1.36 (95% 1.05 ~ 1.66) . 1:1.57,

10 , 12 가 (3, 4).

가 1

2 가 2. 2

1 가

(5). 2 .

가 1960 0.5% , 1993

1 30

GAD 64.0%, 3,804 2,520 (66%)

60.3% 75g .

. IA - 2 15 9.1% . 2003

3.6 36.7%(6), 4.0 30

20% (7) 5 20,222 5% 1,011

60% 774 75g

가 , 1997 가

HLA 1 .

95% HLA - DR3/DR4 DR3 DR4 8.4% (2).

가 60

DR4 DR9 가 . 20.5% 가

HLA - DQ .

DQA1*0301 - DQB1*0302 DQA1*0501 - DQB1* 2

0201 (8, 9), DQA1*0302 - DQB1*0401

DQA1*0302 - DQB1*0303(10) 1 . 2

가 가 ,

DQA1*0301 , DQB1 ,

가 (11). . 2

1 , , , (19)

(20)

2

1 .

35%가 2

가 2

. , 가 가

가 (21) 10~20

2.		2					
						(%,)	
(12)	1971	2 50g	10 134,238	18,156		0.91	
						1.41	0.42
						1.5	
						2.5	0.7
(13)	1990	Glucometer 120mg/dL 2 200mg/dL	30 25,967	20,047		7.9	
						5.1	8.7
(14)	1993	75g (WHO)	30	3,804	2,520	9.1	
						10.6	7.9
	1995		30	4,012	1,913	12.8	
(15)	1997	75g (WHO)	40	28,380	1,791	7.1(WHO)	
						8.5(ADA)	
(16, 17)	1998					3.46	
						3.61	3.33
						7.8	
						8.6	7.1
		75g (ADA)	30	1,011	774	8.4	
						13.6	5.8
(18)	1999	75g (ADA)	60	1,737	1,389	20.5	

(22). 가

(23), 2

가

가 (24).

2

가 (true insulin) C - peptide 가
가 (25). 가 (35).

가 (26, 27) 2 (36) .
2 7.9 ~ 17%
가 (28) 가 가
가 , 2 (37). 가
. 가 가
가 LADA(latent autoimmune dia-
2 betes in adults) SPIDDM(slowly progressive
(29), insulin dependent diabetes mellitus) .
가 (30), GAD 2
가 가 1
가 SPIDDM LADA
(31). (32) 5 (38).
2 2
가 ,
, .
가 (60%) SPIDDM LADA 가
40% ,
(33) 가
2 가 가 .
(34)
2 가 ,
. , 2

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35.

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