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ANTHROPOMETRICS, % PREDICTED FORCED VITAL CAPACITY (%FVC), AND IMPAIRED GLUCOSE TOLERANCE (IGT) IN CYSTIC FIBROSIS (CF). W.P. Zeller, J. Hannigan, K. Ozog, C. Suarez, C. Anderson, N. Emanuele, L. Sandberg, A.M. Lawrence, R.M. Hurley and L. Gibson (Supp. R&E#050-15-211) Loyola University, Stritch School of Medicine, Foster G. McGaw Hospital, Maywood, IL, and Hines Veterans Hospital, Hines, IL.

Impaired glucose tolerance (IGT) occurs in 40-60% of individuals with CF. The standard approach to describe IGT has not included simultaneous height and weight ages, skin fold thickness, ponderal index, %FVC and glycosylated hemoglobin (HbA_{1c}) in CF. We employed these parameters in addition to standard oral glucose tolerance testing as an aid in identification of IGT in 18 fasted calorically prepared, sweat chloride proven CF patients with a $\bar{x}$ age of 17 yrs. IGT was defined as fasting glucose (G) <140mg/dl and 2°G >140mg/dl. G was done by glucose oxidase, insulin (I) by radioimmunoassay, dialyzed HbA_{1c} by mini-column and fetal Hb by alkaline denaturation. No anthropometric data correlated with IGT. %FVC correlated with HbA_{1c} ($r = -.47$, $p < .05$). Fetal Hb levels were normal. (** = $\bar{x} \pm SD$ * = $p < .005$)

	%HbA _{1c} **	0 Time (min.)	60	120
IGT	$7.4 \pm 0.6^*$	G 79 ± 9 mg/dl	$217 \pm 41^*$	$185 \pm 31^*$
n = 9		I 1.1 ± 1.0 μ U/ml	22 ± 11	26 ± 13
GT	6.8 ± 1.2	87 ± 13	151 ± 17	112 ± 21
n = 9		1.4 ± 1.3	20 ± 10	21 ± 21

Anthropometrics did not identify IGT. +%FVC correlates with +HbA_{1c} $p < .05$. Fasting dialyzed HbA_{1c} was a useful adjunct in dx of IGT in CF $p < .005$. +%FVC and/or +HbA_{1c} merits investigation for IGT. Full significance of IGT in CF remains to be established.