



## Characteristics of Glycemic Control and Long-Term Complications in Patients with Young-Onset Type 2 Diabetes (*Endocrinol Metab* 2022;37:641-51, Han-sang Baek et al.)

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The recent query by Dr. May Thu Hla Aye, Dr. Saijd Adhi Raja, and Dr. Vui Heng Chong regarding our article “Characteristics of glycemic control and long-term complications in patients with young-onset type 2 diabetes” merits a response, and the opportunity to address their concerns is much appreciated. In our research, we showed that patients with young-onset diabetes mellitus (DM) ( $\leq 40$  years) had higher blood sugar levels at diagnosis and overall poorer control on follow-up [1]. Poor glycemic control influenced the development of complications, especially in young patients. However, Dr. Hla Aye and Dr. Chong expressed the concern that because the conclusions of our study were based on fasting glucose levels recorded over three time points within the 1st year of diagnosis, it assumes that DM control is static. They pointed out that DM control is dynamic and is influenced by many factors.

We completely agree with their opinion. In this regard, we did not intend to determine the patients' long-term glycemic control results from the 1st year of glycemic control. Instead, we wanted to identify the most important risk factor for developing dia-

betic complications. We used the degree of glycemic control in the 1st year as an indicator. We did not assume that glycemic control is static; instead, we also assumed that glycemic control has a dynamic aspect. Therefore, we suggest that physicians could counsel their patients about the possibility of complications and encourage them to improve their glycemic control.

As mentioned in our study's limitation section, 1 year is a relatively short period. However, in real-world practice, patients (especially young patients) often want to track their disease course within a short time frame. However, the key point of our study—the calculated risk for complication from 1 year glucose level—is not a judgment; it is, instead, a kind of warning.

As Dr. Hla Aye and Dr. Chong mentioned in their letter, glycemic control could be influenced by many factors [2], from genetic factors [3] to medication adherence or the healthcare system [4,5]. We also discussed this issue in our manuscript [1]. Furthermore, as Dr. Hla Aye and Dr. Chong pointed out in their letter, patient-related factors, including the patient's awareness, seem to be most important. We hope that our study's results

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could be used to educate patients about their condition in the 1st year of treatment and to advise them on future treatment plans.

### CONFLICTS OF INTEREST

No potential conflict of interest relevant to this article was reported.

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