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Attempt to utilize Classification of Type2 Diabetes mellitus subgroups provided by Ahlqvist to generate individualized treatment methods based on the actions on insulin resistance & βcell function:A move forward to more effective diabetes control from start &avoid End StageDamage

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Type2 Diabetes mellitus(T2D) refers to a syndrome that by definition is secondary to numerous extents of βcells failure in addition to reduction in insulin sensitivity.Despite ,a lot of metabolic Impairment ,most patientsare classified as either presenting with T1D or T2D.Recently Ahlqvist etal.posited a new system of classification for adult onset disease ,keeping in view the heterogenic metabolic phenotypes of this disease.This new classification system might possess the potential for utilization for greater individualization of treatment depending on the underlying metabolic Impairments in this disease ,despite no existing mediation studies have developed data to validate this claim. Thus here we provide a brief introduction on the etiopathogenesis with regard to T2D as well as in patients acquiring Diabetes at adult age ,besides summarize the evolution of classification systems including one we had earlier provided. Subsequently we try to review the actions of various antidiabetic agents on insulin sensitivity along with β cell function in addition to the posited approaches for individualized therapy as per the various subgroups based on Ahlqvist etal's posit.Thus we conclude that the innovative T2D subgroups add to an intriguing model that could stimulate us to get better insight over the pathophysiology of this very wide group of T2D that aids in individualized treatment options on the basis of the underlying etiology of the disease.In these innovative T2D subgroups of adult onset disease that would aid in giving some antidiabetic agents that would prove be more advantageous for certain subgroups ,considering the major pathophysiology in addition to avoidance of endorgan injury .To start with it is just the initiation of trying to get in individualized therapy for T2D,along with studies that start performing evaluation of the current existence in addition to innovative drugs,prospectively in various subgroups possessing separate metabolic phenotypes to succeed in making therapy more individualized.

Key Words:

Type2 Diabetes mellitus; individualized treatment; classification of Diabetes mellitus; insulin sensitivity; βcell function ;SGLT2 Inhibitors;weight control

Biography

Dr Kulvinder Kaur is the scientific director of DR Kulvinder Kaur Centre For Human Reproduction, jalandhar,Punjab, India, where she manages the complicated cases of infertility .She graduated from LHMC Delhi in 1980 topping in medicine in all 3 medical colleges thereby getting the DR Devi Chand Gold medal from the late PM Smt Indira Gandhi&also topped in all the MBBS subjects prior to that eg anatomy, pathology, biochem etc making her basicssound &later she managed the endocrine clinic in PGI Chandigarh during her MD days .Following that she reported the 40th world case hydrometrocolpos working in Saudi Arabia &has been working in the field of neuroendocrinology of obesity. GnRH control along with role of kisspeptins,prokineticins in human reproduction,AIDS &Cancer –during this period she managed to successfully treat the first case of nongestational choriocarcinoma of uterine body in a young girl medically thereby preserving her fertility-the first case in world literature of its kind.Further she has over 300 publications mostly international in her name David J has completed his/herPhD at the age of 25 years from Duke University, USA. He/she is the director/professor of Duke University, USA. He/Shehas over 200 publications that have been cited over 200 times, and his/her publication H-index is 20and has been serving as an editorial board member of reputed Journals.

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