Abstract

Aim. – The current sudomotor function tests are too time-consuming to be used for diabetic patients in daily practice. EZSCAN is a new, patented technology that measures electrochemical skin conductance (ESC) through reverse iontophoresis and chronoamperometry. The aim of the present study was to assess the sensitivity, specificity and reproducibility of the method in type 2 diabetic patients in comparison to control subjects with no risk of diabetes.

Methods. – A total of 133 type 2 diabetic patients and 41 control subjects were tested. Participants placed their hands and feet on nickel electrodes, and an incremental low direct current was applied to the anode for 2 min. ESC was calculated from the resulting voltage and generated current. ESC diagnostic accuracy was analyzed by ROC curve modeling, and reproducibility was assessed using Bland–Altman analysis.

Results. – The ESC of hands and feet was significantly reduced in diabetic patients (53 ± 16 µSi and 67 ± 14 µSi, respectively) compared with control subjects (68 ± 16 µSi and 80 ± 7 µSi, respectively; \( P < 0.0001 \)). ESC values had a sensitivity of 75% and specificity of 100%, with an area under the ROC curve of 0.88 at a threshold of 50% on the EZSCAN scale. Coefficients of variation in hand and foot measurements were 15 and 7%, respectively.

Conclusion. – The good sensitivity, specificity and reproducibility of EZSCAN make it a feasible alternative for assessing sudomotor dysfunction, a clinical manifestation of autonomic neuropathy in diabetic patients. The test takes <3 min to perform, and requires neither special patient preparation nor medical personnel training.

© 2010 Elsevier Masson SAS. All rights reserved.

Keywords: Type 2 diabetes; Sudomotor function; Electrochemical skin conductance; Autonomic nervous system; EZSCAN
Conclusion. — La bonne sensibilité, spécificité et reproductibilité de EZSCAN en font une alternative crédible pour évaluer les perturbations de la fonction sudorale, manifestation clinique de la neuropathie du système végétatif chez les patients diabétiques. Ce test ne requiert ni préparation spéciale, ni entraînement du personnel médical et nécessite pour la mesure moins de trois minutes.

Mots clés : Diabète de type 2 ; Fonction sudomotrice ; Conductance électrochimique de la peau ; Système nerveux autonome ; EZSCAN

1. Introduction

Diabetes mellitus (DM) is one of the most common metabolic disorders in nearly all countries around the world. The global burden of DM in adults was estimated to be around 246 million in 2007 [1], and it is now also estimated that the global prevalence among adults will increase from 6.4% in 2010 to 7.7% by 2030 [2]. The diabetes epidemic is accelerating in the developing world, with an increasing proportion of affected individuals being in the younger age groups [2]. This is likely to increase the disease burden even further because of chronic diabetic complications such as neuropathy. Diabetic autonomic neuropathy (DAN) is a common multifactorial disease with a prevalence ranging from 7.7 to 90%, depending on the tests used, populations examined, and type and stage of disease [3]. Risk factors for the development of DAN include diabetes duration, age and long-term poor glycaemic control. Its major clinical manifestations include resting tachycardia, exercise intolerance, orthostatic hypotension, constipation, gastroparesis and sudomotor dysfunction. The clinical diagnostic signs are often silent or difficult to assess routinely, even in patients with peripheral neuropathy, and some studies suggest that small fibres may be injured early in the course of DM and particularly affect sudomotor function [4,5]. As DM can remain asymptomatic for years, the screening, and thus, the diagnosis of neuropathy may be delayed, whereas its early detection could result in appropriate interventions, thereby reducing the incidence of complications such as diabetic foot [6].

Sudomotor function can be assessed through various tests. The quantitative sudomotor axon reflex test (QSART) is the most commonly used, as it is considered to be the most accurate and sensitive [7,8]. This test measures sweat output in a reproducible and dynamic way (after simultaneous axon reflex stimulation), and relies on iontophoresis of quantified acetylcholine [7]. However, it also requires a high level of clinical expertise to perform and specialist facilities, and is too time-consuming for daily practice.

The aim of the present study of type 2 diabetic patients and healthy control subjects was to assess the sensitivity, specificity and reproducibility of EZSCAN, a new, noninvasive and quick method for the precise evaluation of sweat-gland function through electrochemical skin conductance (ESC) measurement.

2. Methods

2.1. Study population

The present study included 133 type 2 diabetic patients (mean age: 58.9 ± 12.1 years; mean diabetes duration: 14 ± 10 years; 28% with nephropathy, 11% with retinopathy, 7% with peripheral neuropathy and 9% with cardiovascular complications; none using beta-blockers or angiotensin-converting enzyme [ACE] inhibitors) who had attended diabetes consultations at Bégin Hospital, and 41 healthy volunteers (mean age: 25.5 ± 6.4 years; no known risk of diabetes) living in Saumur. Approvals for the study protocol, subject information sheet and the consent form were obtained from the relevant ethics committee.

The main inclusion criteria applied to the control subjects, who had to have no risk factors for diabetes (age < 45 years, frequent physical activity, no first-degree relative with diabetes) and fasting plasma glucose (FPG) levels < 7 mmol/L. Criteria for diabetic patients were: diabetes consultation resulting in a diagnosis of type 2 diabetes; and the use of at least one oral medication for diabetes management. Written informed consent was obtained from all study participants.

2.2. Measurement of electrochemical skin conductance

The new EZSCAN device is designed to perform a precise evaluation of sweat-gland function through measurement of sweat chloride concentrations using reverse iontophoresis and chronoamperometry [9,10]. Two sets of large-area nickel electrodes are used as an anode and a cathode, and a direct-current (DC) incremental voltage ≤ 4 V is applied to the anode. This DC generates voltage to the cathode, and a current between the anode and cathode that is proportional to chloride concentration and measurable by chronoamperometry.

The apparatus consists of two sets of electrodes each for both hands and feet, as well as a headband device for the forehead, all of which are connected to a computer for recording and data management (Fig. 1). The sites for electrodes were chosen because of their high density of sweat glands. For the test, the patient places his hands and feet on the electrodes, and places the headband electrodes on his forehead. The patient is then required to stand still for 2 min. During the test, six combinations of 15 different low DC voltages are applied.

The ESC (measured in μSi), the ratio of the current measured over the constant power applied, is calculated for the forehead (left and right), the hands (left and right) and the feet (left and right). These measurements are displayed instantaneously in the form of a graphic representation that allows quick intuitive interpretation, using a standard personal computer (PC). Detailed results are provided in alphanumeric format. Higher μSi readings indicate lower risk of abnormality. A scale (0–100%) calculated with an algorithm is displayed, using different color codes, on the device screen to make interpretation easier. A positive response is defined as a reading that is > 50% on the scale. The cutoff point for the method was evaluated using a
receiver operating characteristic (ROC) curve that maximized three components: area under the curve (AUC), specificity, and sensitivity.

All study data were centrally analyzed by an individual who was unaware of each participant’s group. To assess the reproducibility of the method, sudomotor function in diabetic patients was assessed twice within a 3-h period.

2.3. Statistical analyses

Results were shown as means ± standard deviation (SD), and the means for each group were compared using Student’s t test. For qualitative variables, results were expressed as percentages (%), and a Chi² test was used for comparisons. Bland–Altman tests [11] were used to evaluate reproducibility. A precision index of < 15% was deemed a factor of good reproducibility. The diagnostic performance of ESC measurement was analyzed using an ROC curve [12]. As a rule, a P value < 0.05 was regarded as statistically significant. The statistical analyses were carried out using R 2.9.2 [13] and the ROCR package [14].

3. Results

The participants’ clinical characteristics, including FPG and HbA1c for the diabetic patients, are shown in Table 1. According to the patients’ selection, FPG was higher in the diabetics compared with the controls (9.7 ± 3.5 mmol/L vs 5.3 ± 0.8 mmol/L, respectively; P < 0.0001).

The ESC in both the hands and feet was significantly decreased in the diabetic patients (53 ± 16 μSi and 67 ± 14 μSi, respectively) compared with the healthy controls (68 ± 16 μSi and 80 ± 7 μSi, respectively; P < 0.0001) (Table 2). In contrast, the ESC in the forehead was significantly increased in diabetics compared with controls (29 ± 18 μSi vs 16 ± 13 μSi, respectively; P < 0.0001). There was a slight correlation between age and ESC values in feet (r = −0.39, P < 0.0001), but no other correlations between ESC measurements and other parameters (diabetes duration, FPG and HbA1c) were found. A highly significant difference was seen on the EZSCAN scale between diabetic patients and healthy controls (64 ± 25% vs 8 ± 9%, respectively; P < 0.0001), and all differences in ESC remained significant after adjusting for age. Using the threshold of 50% for the EZSCAN scale, sensitivity was 75%, specificity was 100%, the positive predictive value was 100% and the negative predictive value was 55% (Table 3). The ROC curve is shown in Fig. 2. The variation coefficients of the Bland-Altman tests for intrapersonal variability, using the two measurements taken in diabetic patients, were 15% for hands and 7% for feet (Fig. 3).

4. Discussion

The present study findings indicate that EZSCAN can detect sweat-gland dysfunction, a clinical manifestation of autonomic neuropathy in diabetic patients, which is consistent with the well-known observation that such patients have sudomotor dysfunction especially in the feet [15]. The sensitivity and specificity of this simple noninvasive method, as applied to a population of type 2 diabetic patients compared with healthy control subjects, were 75 and 100%, respectively.

This new method for assessing ESC is based on reverse iontophoresis, involving the extraction of ions from sweat secreted by glands controlled by the sympathetic nervous system. The
impact of chloride in sweat conductance has been fully studied in cystic fibrosis (CF), which is characterized by defective electrolyte transport across epithelia [16,17]. Fajac et al. (unpublished results) used EZSCAN and found that ESC measurements from the hands and feet were significantly higher in patients diagnosed with CF compared with healthy control subjects. In this proof-of-concept study, CF patients vs healthy controls typically had higher sweat chloride concentrations, as evaluated by colorimetry according to guidelines (95 ± 2 nmol/L vs 19 ± 2 nmol/L, respectively). These results are consistent with those of a study by Gonska et al. [18] in which the sweat-gland potential difference was measured and proved able to discriminate CF patients from control subjects.

A self-administered indicator plaster, based on passive assessment using colorimetry of sweat composition, was recently developed to assess sudomotor dysfunction in patients able to perform self-examination. The sensitivity and specificity of this method in diabetic patients (mean duration of diabetes: 13.1 ± 3.2 years) for the diagnosis of clinical neuropathy were 95 and 68%, respectively [19]. Also, there is an ongoing study to assess the sensitivity and specificity of EZSCAN for the diagnosis of peripheral neuropathy in a population of type 2 diabetic patients with established neuropathy using a neurothesiometer with a reference value [20].

The role of poor glycaemic control in damaging the sympathetic small fibres innervating the eccrine glands has been widely recognized and assessed [3]. There is clear evidence to suggest that sudomotor dysfunction due to small-fibre injury can develop early on in diabetes and be detected in diabetic patients during standard clinical evaluation or even earlier in patients with impaired glucose tolerance [21,22]. In a recent study, Grandinetti et al. [23] found that impaired glucose tolerance was associated with postganglionic sudomotor impairment evaluated by QSART. In the present study, the control subjects were specifically selected for having no risk of type 2 diabetes whatsoever to ensure that their sudomotor function was normal. A slight correlation between foot ESC and age was seen. Mishra et al. [24] established that sweat chloride concentrations remained flat beyond the age of 20 years. This means that the differences in ESC, based on chloride concentration, observed between controls and type 2 diabetics cannot be explained by age differences. A preliminary study comparing type 2 diabetic patients and patients with at least one cardiovascular risk, no known risk or symptoms of type 2 diabetes and FPG < 7 mmol/L,
but no oral glucose tolerance test or HbA1c, found a significant, albeit smaller, difference in ESC between the two patient groups (unpublished results). To confirm these data and assess the ability of EZSCAN to detect sudomotor dysfunction in prediabetics, two larger studies in Asia and Europe are currently ongoing in patients at risk of type 2 diabetes, and include more specific evaluation of glycaemia, HbA1c, insulin, proinsulin and lipid profiles. A similar study will also be carried out to compare EZSCAN and heart rate variability (Ewing’s test).

EZSCAN is easy to administer and noninvasive, with high sensitivity and specificity, and appears to be advantageous in the assessment of sudomotor dysfunction, a clinical manifestation of autonomic neuropathy in type 2 diabetic patients, for which no simple, rapid and sensitive test is otherwise available for use in routine daily practice.

Conflict of interest statement

H.M., P.O.M. and B.B. have no potential conflicts of interest to disclose.

Funding: This work was funded by Impeto Medical, 17, rue campagne première, 75014 Paris, France.

References