

 <b>Sistema Socio Sanitario</b> <b>Regione Lombardia</b> <b>ASST Nord Milano</b>	<b>INFORMATION SHEET</b> <b>ORAL GLUCOSE TOLERANCE TEST 75 g (OGTT)</b>	Rev. 1	Page 1 of 1
		ASSTNM-FI-442	

## ORAL GLUCOSE TOLERANCE TEST (OGTT)

The **Oral Glucose Tolerance Test (OGTT)** is a functional test used to study sugar metabolism. It is utilised for diagnosing gestational diabetes between the 24th and 28th weeks of pregnancy. It is also indicated in cases where diabetes mellitus is suspected but cannot be diagnosed through fasting blood glucose concentration levels.

### Guidelines to follow:

- arrive **fasting for at least 8 hours** but no more than 14 hours;
- remain **seated and at rest** at the Blood Collection Centre, do not eat or smoke;
- stay **fasting** until the end of the test. Approximately 15 minutes after consuming the glucose solution, you can drink still water.

**Important note:** The glucose tolerance test **should not be performed during acute illnesses** (flu, fever, etc.), **in the convalescence period following surgical interventions, in gastrectomized patients, or in individuals with confirmed diabetes.** If you are temporarily taking medication, it is advisable to consult your GP before undergoing the test.

The test involves an initial blood sample to measure baseline glucose levels, which determines the suitability for the test. It includes the intake of 75g of glucose in solution (according to the pharmacy's current supplies) and subsequent venous blood samples at set times:

- for pregnant women: 3 blood samples at 0' (baseline), 60', and 120';
- for all other cases: 2 blood samples at 0' (baseline) and 120';
- if measuring insulin/c-peptide levels along with the glucose load, the glucose curve must match the insulin/c-peptide curve points at 0', 30', 60', 90', 120', (180') (6-point curve).

Some side effects associated with this diagnostic procedure may include nausea/vomiting, allergic reactions, and, exceptionally, bronchospasm due to the presence of parahydroxybenzoate in the syrup.

### **Dear user, please fill in the following form**

I, the undersigned,....., Parent/legal representative of the  
 patient..... Born in..... on...../...../.....

Declare that I have been referred to the Medical Laboratory for some tests:

- ☐ useful to understand the nature of some symptoms initially attributed to suspected glucose intolerance or diabetic disease;
- ☐ useful to study the progression of the disease I have been suffering from for some time;
- ☐ useful for pregnancy monitoring.

Most recent glucose level:.....mg/dL, tested on.....(no more than 30 days ago).

Medication intake, reported allergies.....

*Patient's signature*.....

*Signature of the operator administering the glucose*.....

*Date*.....