



of ICA detection at titer  $\geq 1:20$ , the sensitivity and the specificity of ICA detection by this method were 11.11% (2/18) and 97.42% (151/155), respectively.

In this study, the slot-blot ELISA for the detection of anti-GAD antibodies was also developed. The optimal concentration of GAD for determining anti-GAD antibodies was 50 ug/ml and the optimal dilution of the anti-human IgG alkaline phosphatase conjugate was 1:1,000. The optimal time for incubation of sera and the conjugate was 1 hour, at room temperature.

By using the slot-blot ELISA developed, anti-GAD antibodies titer  $\geq 1:16,000$  were found in 20% (6/30) of patients with IDDM, 20% (7/35) of those with NIDDM, 15.38% (2/13) of FCPD patients and 1.59% (1/63) of normal controls. The proportion of IDDM patients and NIDDM patients who had anti-GAD antibodies at this level was significantly higher ( $p < 0.05$ ) than that of normal controls, while there was no significant difference ( $p > 0.05$ ) between the group of FCPD patients and the latter. By using the cut-off level for positive result of anti-GAD antibodies detection at titer  $\geq 1:16,000$ , the sensitivity and specificity of anti-GAD antibodies detection by using slot-blot ELISA were 20% (6/30) and 90.99% (101/111), respectively.