

New Frontiers in Diabetes 19 3 11

Main problems with drugs have been Hypos that can cause death from arrhythmias also the consequences of confusion e.g.falling or crashing the car and the problem of weight gain which worsens the diabetes.

Pioglitazone's limitations include bone thinning in post menopausal or vitamin D deficient South Asian women weight gain and fluid retention leading to heart failure.

Incretin Mimetics Oral ones [Gliptins] are weight neutral and are less powerful in effect than the 2 injectables [Exenatide Liraglutide] which also cause weight loss but with tendency to cause nausea.

Insulins. Use of analogue Insulins and caution when increasing doses can result in fewer hypos. Weight gain is due to no longer losing sugar in the urine plus the advice to snack 3x daily. Reduce the diet. Add Metformin 1G BD. Don't overdo the dose of Insulin. Least hypos with a once daily Insulin [Detemir best, better than Glargine or INH] Next is BD Premix. Worst is a several times a day regime.

Use GLP1 agonists [Exenatide, Liraglutide] before going to Insulin.

Blood Sugar monitoring needed if retaining Gliclazide also advised to halve the Gliclazide.

Liraglutide may become licenced for wt loss in non diabetics.

Hypos sharply increase risk of dying. Problem with Gliclazide and Insulin.

Patients will often choose an injectable Incretin Mimetic if wt loss is on offer. Weight gain with Pioglitazone and Insulin.

3 regimes of Insulin. Novo has Detemir [Long once daily] Aspart [Short 3x daily] and bd Premix [2 of Proteinated Aspart with 1 of Aspart].

Long Acting has the least hypos weight gain and deaths, Premix in between, and Apart tid the worst.

75% patients will have to intensify by adding Aspart to Detemir, adding Detemir to Aspart tid or adding Aspart to Premix. The risks are as before

with the least when adding Aspart to Detemir, in between when adding Aspart to bd Premix and worst when adding Detemir to Aspart tid.

Basal Insulin reduced Fasting BG Prandial Insulin reduces Post Prandial BG.

Analogues have fewer hypos because their effect comes on sooner and goes off sooner so better matches the eating times. There is a better reduction in HBA1C because bigger doses can be given as fewer hypos.

Nocturnal hypos are recognised by either waking sweaty or with headache or with a sharply raised BG [rebound].