

BOOK REVIEW

PROCEEDINGS, OF DIABETES UPDATE NOVO NORDISK, BANGALORE 1992

This is a monograph on the proceedings of an update under the auspices of Novo Nordisk. There are 33 titles covered in 183 pages with 26 Indian contributors, many of whom are stalwarts in the diabetes field in the southern states of our country.

Frontiers in Diabetes Research is presented by Dr. Anders Dejgaard, Director, medical Department, Diabetes Care Division, Novo Nordisk A/S, Denmark.

There is abundant information provided in this publication and the review is presented under three headings

- (a) Characteristic profile of diabetes as observed in southern India.
- (b) Controversial issues in relation to management or natural history of diabetes.
- (c) Emerging trends in care of diabetes in the year 1992.

Profile of Diabetes in Southern India

M. Viswanthan has now three decades of follow up of 8,620 families with both parents being diabetics (total diabetics registered 70,000), prevalence of NIDDM amongst the offspring of conjugal diabetic parents being 62%, the highest prevalence rate reported so far. While Diabetes Research Centre has ongoing studies on genetic markers, as yet these seem elusive. In North India, HLA and DQ studies have shown Caucasoid pattern and in multiplex family studies with identical haplotype only 50% penetrance has been observed. It is thus worthwhile conducting further studies on populations of Dravidian origin and also studies pedigrees to see if parents are distantly interrelated. Observations on large vessel disease as IHD are contributed from Bangalore. One third of patients undergoing CABG are a diabetic; early mortality is 8% in diabetes compared to 4.3% amongst the non-diabetics (exact prevalence of IHD amongst diabetics is not stated).

In small vessel disease retinopathy is observed in 33.7% of NIDDM (Rema Mohan) while nephropathy is present in 19.7% (Lily John). Again vascular disease seems more prevalent in Southern populations than other regions. This impression may be due to such high figures being observed at referral centres.

A significant issue is made of marked dehydration contributing to mortality in DKA. Higher CVP is recorded in those who expired (18/24) versus that (11/29) that survived. Again, in another study over a period of 2 years hyperosmolar non-ketotic coma (osmolality ranging 340 to 365 osm) was observed in 9 cases while DKA was seen in 98 patients. Is it possible that people in tropical climate have lower intake of fluids per day?

Controversial Issues

Amongst controversial issues, one finds presentation such as

- (a) Metabolic control : Does it matter
- (b) Biochemical basis of longterm complications : Do any of them provide rational explanation or does vascular disease occur independently?
- (c) Malnutrition related : Do we have an agreed criteria to diagnose this type?

Authors, who have laboured to review literature widely, however did not present their own findings or experiences on these issues.

Emerging Trends

In the emerging trends in diabetes care, there is exposition of new delivery systems; nasal routes being tested on long-term basis while implantable pumps have not even been referred to.

Based on the hypothesis of free radical involvement, interventional studies with EFA supplementation have been stated so as to normalise W6 to W3 ratio. Authors have observed salutary effect on glycaemic control and expect that long-term complications will be ameliorated. We need to wait for more substantial evidence.

Another observation relates to bedtime administration of intermediate acting insulin to ensure glycaemic control of NIDDM subjects who are refractory to a combination of maximum therapeutic dose of sulphonylurea and biguanide.

Murali has pioneered the decompression technique for infected diabetic foot.

Perhaps some blanket statements might have escaped editorial scrutiny and so are referred to herewith.

Retinopathy is almost always present when nephropathy is established (one now need not consider the two to be parallel).

Calcium supplements help in retarding bone loss (this is true if adequate Vit D₂ is also there).

Glycated haemoglobin correlated well with plasma triglyceride and cholesterol (not true unless lipid alterations are only due to uncontrolled glycaemia).

I am sure that the inclusion of discussions would have further enlivened the proceedings.

The monograph will be valuable to those who wish to update their knowledge of diabetes and are involved in the clinical care of diabetics. Those interested may write to DR. Anil Kapur of Novo Nordisk for a complimentary copy.

---M.M.S. Ahuja